Rother House Medical Centre

Inspection report

Alcester Road
Stratford Upon Avon
Warwickshire
CV37 6PP
Tel: 01789269386
www.rotherhouse.org.uk

Date of inspection visit: 24/04/2018
Date of publication: 07/06/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

We carried out an announced comprehensive inspection at Rother House Medical Centre on 24 April 2018 as part of our inspection programme.

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had clear systems, processes and practices in place to protect people from abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads.
- The practice informed us that they carried out appropriate staff checks at the time of recruitment and on an ongoing basis. On the day of the inspection the practice were unable to evidence that the necessary checks had been carried out for a locum GP. After the inspection, the practice provided evidence that recruitment checks had been completed for the locum GP and that indemnity cover was place.
- There was an effective system to manage infection prevention and control.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice responded to complaints in an efficient and open manner.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had suitable facilities and was well equipped and maintained to treat patients and meet their needs.

The areas where the provider **should** make improvements are:

- Develop an effective system to record, monitor and track prescription stationery.
- Review the system to track and monitor safety alerts effectively.
- Continue to monitor the effectiveness of new initiatives to increase the uptake for cervical screening.
- Review systems to ensure that staff remain up to date with training considered essential by the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and a member of the CQC medicines team.

Background to Rother House Medical Centre

Rother House Medical Centre is located in Stratford town centre, next to the railway station. The practice was formed in 1937 and moved to its current purpose built location in 1976. Since then, the practice has expanded to include a dispensary for practice patients who live over one mile (1.6km) from the surgery. There is also a branch surgery at the Rosebird Centre, on the opposite side of Stratford town centre. This is located within the Rosebird Centre Pharmacy. We visited the branch surgery as part of our inspection.

The practice has 14,547 patients registered. The area has a high elderly population and most patients speak English as their first language, including a large Polish community served by the practice. There is also a traveller community registered at the practice. The practice population is the ninth least deprived decile in England. Level one represents the highest levels of deprivation and level 10 the lowest.

Rother House Medical Centre offers a range of NHS services including NHS health checks, family planning, well-woman, baby clinic, smoking cessation, weight and cholesterol monitoring. It is also a training practice and regularly hosts trainee GPs. Apprentice administrative staff are also employed and are provided with full training for a range of administrative roles.

Parking is available on site and the practice has facilities for disabled patients.

The practice team works across both sites and consists of seven GP partners, seven salaried GPs, (GPs are male and female) six practice nurses, four healthcare assistants, three dispensary staff, including the dispensary manager, a partner practice manager, assistant practice manager and a team of administrative and reception staff.

Rother House Medical Centre is open between 8am and 6.30pm Monday to Friday with extended opening on Mondays and Thursdays 6.30pm until 8pm and alternative Saturdays 9am until 12pm. Home visits are available for patients who are too ill to attend the practice for appointments.

The practice has a higher than average number of patients over 65 years.

The practice does not provide an out of hours service to their own patients. When the practice is closed patients are directed to contact Care UK via 111.

The practice website can be viewed at: www.rotherhouse.org.uk

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had policies which were regularly reviewed and updated. Staff received safety information for the practice as part of their induction and refresher training. Policies were accessible to all staff and they outlined who to go to for further guidance.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. Staff knew how to identify and report safeguarding concerns and had access to internal leads. The practice held fortnightly safeguarding meetings with multidisciplinary teams and were able to share examples of how they would protect patients from neglect and abuse. We saw evidence that the practice routinely followed up and monitored children who did not attend hospital or medical appointments.
- All staff had received up-to-date safeguarding and safety training appropriate to their role, however on the day of inspection the practice were unable to provide evidence that safeguarding training had been completed for all of the GPs. There was no evidence to demonstrate that the locum GP employed had received training in safeguarding. After the inspection the practice provided evidence that the GPs' training was in date. Although safeguarding training was out of date for the locum GP the practice could evidence that they had put this in place.
- Staff who acted as chaperones were trained for the role. Some staff had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) . We saw that the practice had carried out a risk assessment to determine whether a DBS check was required for non-clinical staff who might be asked to act as chaperones. The risk assessment had determined that due to the specific role carried out by these non-clinical staff, a DBS check was not required. Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice informed us that they carried out appropriate staff checks at the time of recruitment and on an ongoing basis. On the day of the inspection the practice were unable to evidence that the necessary checks had been carried out for a locum GP. After the inspection, the practice provided evidence that recruitment checks had been completed for the locum GP and that indemnity cover was place.
- There was an effective system to manage infection prevention and control (IPC) across both sites. There was a designated infection control lead. We saw evidence that IPC was discussed at regular meetings in the practice.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. The practice had a record of equipment calibration and portable appliance testing.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction for temporary staff tailored to their role. For example, the practice showed us evidence of an induction pack for staff. When locum staff were employed, the practice informed us that they would use locum GPs known to the practice.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. For example, we saw evidence that the practice provided information on sepsis in the reception areas and in practice newsletters.

Good

Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, staff going on annual leave.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results and staff were able to evidence the process undertaken.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Records we viewed showed clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. We reviewed records for patients and found that all patients had been monitored appropriately.
- Although prescription stationery was stored safely, we found that there was no monitoring of blank prescription stationery. The practice told us that they would introduce a monitoring system for blank prescription stationery with immediate effect.
- The arrangements for dispensing medicines at the practice kept patients safe. There was a named GP responsible for the dispensary and all members of staff involved in dispensary had received training to the appropriate level, or were fully supervised in apprenticeship roles.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients.
- Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to reauthorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date; however a medicine to treat inflammation was not available.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. For example, we saw evidence of fire risk safety and health and safety.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. All staff we spoke with were able to provide an example of a significant event, the action taken and learning shared. Staff told us they felt supported by leaders and managers when they did so.

Good

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence that the practice held quarterly significant event meetings. They had recorded 10 significant events in the last twelve months.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. There was a responsible person within the practice to ensure that safety alerts were appropriately managed. However this process needed strengthening to ensure that actions taken could be tracked and monitored effectively. On the day of the inspection the practice told us they would review and implement a new system.
- The practice had shared an alert about a medicine used in women to treat fibroids. An audit was completed and women at risk were identified and action was taken as required.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Lead GPs had up to date information about medicines and links to National Institute for Health and Care Excellence (NICE) guidelines on their computer and used this regularly. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patients gets fair access to quality treatment).

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- GPs attended and hosted local education events to improve practice in relation to new guidance and standards.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or might be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 709 patients a health check. 118 of these checks had been carried out.
- The practice cared for patients living in nursing homes and within the Nicol Unit (primarily for elderly care) located within Warwick Hospital.
- The practice was contracted to provide medicial assessment and care to patients as part of the discharge to assess (D2A) programme in South Warwickshire (supporting people to leave hospital when safe to do so).This strengthened the communication for patients on admission to hospital and the follow up of older patients discharged from hospital. It ensured there was continuity of care and that care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care which included home visits.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, nurses had qualifications in diabetes.
- The practice participated in annual vaccination programmes for this age group, including annual flu as specified in the national programme.
- The clinics included diabetes, asthma, chronic obstructive pulmonary disease (COPD), anticoagulation (blood clinic), wound and ulcers dressings. Combined clinics or longer appointments were available for patients with multiple conditions.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people

with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Data showed that patients with long term conditions such as high blood pressure, diabetes and asthma were comparable to the Clinical Commissioning Group (CCG) and national averages.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP and nurses worked with other health and care professionals to deliver a coordinated package of care.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above with a range of 91% to 99%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. Midwives were available on site and the practice had good communication with them.
- The practice had arrangements for following up failed attendance of children's appointments in the practice and in secondary care.
- Fortnightly safeguarding meetings were held with the lead GP to monitor all looked after children and those at risk of harm.
- The practice offered a full range of family planning services which included intra-uterine device (coil) insertion, barrier contraception, hormonal contraceptive implants and injections and sexual health advice.
- The practice building was suitable for children and babies with changing and feeding facilities.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 69%, which was below the 80% coverage target for the national screening programme. One of the GP partners had become a lead in this area and the practice had recently introduced new initiatives to improve the uptake of cervical screening. This included opportunistic screening during routine appointments and Saturday appointments.
- The practice's uptake for breast and bowel cancer screening was in line with local and national averages.
- The practice had systems to inform eligible patients to have appropriate vaccines.
- Patients had access to appropriate health assessments and NHS checks for patients aged 40-74 years. There was appropriate follow up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had systems to inform eligible patients to have appropriate vaccines.
- The practice offered online access to appointments and telephone consultations and electronic prescribing for routine prescriptions.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, substance misusers and those with a learning disability.
- The practice had 76 patients registered with a learning disability. Of these, 46 had received an annual health check for 2017/18.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Carers were offered annual flu vaccinations. Details were noted on the records so they could be signposted to appropriate services for additional support if required.
- The practice worked in conjunction with substance misuse services to support patients with drug and alcohol issues.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity,

obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice actively telephoned patients with mental health issues who had not attended for appointments. There were designated GPs to ensure continuity of care for patients who were most vulnerable.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the local and national average.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local and national average with an overall low exception reporting rate compared to the local and national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had carried out audits to include a full cycle audit about a medicine used in women of child-bearing age due to the risk of developmental disorders. The audit carried out demonstrated that action was taken as required.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked with primary care services in providing anticoagulation services.
- The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 99% and national average of 95%. The overall exception reporting rate was 11% compared with a national average of 9%.(Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives such as flu vaccinations and smoking cessation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

Staff worked together with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. These teams included health visitors, community nursing teams and mental health workers.

Good

Are services effective?

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice identified patients at the end of their life and ensured these patients were able to access GPs in a quick and efficient manner. Meetings were held with external healthcare partners to discuss patients and complex needs. This ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- The practice gained appropriate written consent for minor surgery procedures.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients on the day of inspection was very positive about the way staff treat people.
- All of the 18 comment cards we received were positive about the service experienced. Whilst some patients commented on the difficulty in accessing appointments via the telephone, the practice had listened to feedback and employed additional staff to answer telephones during peak times of the day.
- The practice carried out palliative care and end of life treatment during out of hours to give patients continuity of care.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice was in line with local and national averages for outcomes relating to kindness, respect and compassion on the national GP patient survey.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. We saw evidence that the practice had installed additional hearing loops and had reviewed the accessibility for disabled access.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice had identified 283 carers and supported them; this was approximately 2% of the practice population.
- The practice was in line with local and national averages for outcomes relating to involvement in decisions about care and treatment on the national GP patient survey.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescriptions, advanced booking of appointments and advice services for common ailments.
- The practice had a clear approach to seeking out and integrating services. It specifically set up its branch surgery inside a pharmacy on a retail site to meet the needs of its population.
- The practice was contracted to provide medicial assessment and care to patients as part of the discharge to assess (D2A) programme in South Warwickshire (supporting people to leave hospital when safe to do so). GPs made daily visits to the hospital to assess and coordinate care packages with other services. This work had a positive impact for the assessment and management of patients leaving hospital. The practice could evidence the financial savings this had across the health and social care sector.
- The practice continued to provide non-contracted work to a nursing home for continuity of care for its patients. This involved weekly ward rounds and multidisciplinary meetings to coordinate care and treatment. The practice had received positive feedback from staff on the service it provided.
- The practice provided daily medical care at the Nicol Unit (primarily for elderly care) located within Warwick Hospital. It provided step up and step down care, including those at the end of their life. The practice received positive feedback from people who had benefitted from the service. In addition the practice could evidence that the average stay in hospital had been reduced from 35 to 16 days in the past seven years.
- GPs had delivered health education sessions in a local school on topics such as breast and testicular examinations.
- The practice had reviewed and improved its workforce to help meet the demands of its patients. For example, additional staff were brought in to support the telephone access during peak times of the day.
- The practice improved services where possible. For example it held weekly social prescribing appointments (support for non-clinical services) at the practice and coordinated sessions with Age Concern during times throughout the year.
- Telephone and consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were provided for patients who were housebound or had enhanced needs.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice provided their own out of hours services for patients approaching the end of life.
- The practice provided dispensary services for people who needed additional support with their medicines, for example weekly or monthly blister packs, large print labels.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Care and treatment for patients with multiple long-terms conditions and patients approaching the end of life was coordinated with other services.
- The practice offered its own out of hours services for palliative care patients.

Good

Are services responsive to people's needs?

People with long-term conditions:

- The practice had systems in place to ensure patients were assessed and reviewed on a regular basis. Patients with multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered home visits for annual review of long term conditions for patients that were unable to easily access the practice.
- Patients were sent appointments by telephone, text messages or letters whichever method was appropriate.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- There was a lead GP for safeguarding and fortnightly meetings were held to monitor all looked after children and those at risk of harm.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours.
- The practice offered a full range of family planning services which included intra-uterine device (coil) insertion, barrier contraception, hormonal contraception implants and injections and sexual health advice.
- The practice built links with local schools and delivered health education programmes.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were provided on Monday, Thursday and Saturday to offer the greatest flexibility for patients.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered advanced bookings of appointments up to at least four weeks.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, substance misusers and those with a learning disability.
- There was a clinical lead for managing the vulnerable care of adults and children.
- The practice held regular meetings multidisciplinary meetings to review vulnerable patients and coordinate care.
- The practice was proactive in understanding the needs of patients, such as those approaching the end of their life or housebound patients. Each patient was assessed according to their need of support.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There were designated GPs to ensure continuity of care for patients who were most vulnerable.
- Patients who failed to attend appointments were proactively followed up.
- A psychologist provided weekly clinics at the practice to support patients experiencing poor mental health.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a telephone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable

timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Good

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had employed additional staff to support the telephone access during peak times of the day.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, an increase in patient demand and an older population.
- Staff told us that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff had lead roles and were aware of their roles and responsibilities.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. This included a comprehensive five year plan.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. For example, the practice completed regular visits to care homes.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. All staff we spoke to on the day of the inspection told us there was an open and honest culture.
- The practice focused on the needs of patients. The practice could demonstrate they had changed and adapted to meet these needs.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The practice held social events which encouraged staff to build on the positive working relationships.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff told us that they felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Good

Are services well-led?

- All GP partners had lead roles and specific areas of interest and expertise. This included governance with clearly defined lead management roles and responsibilities.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, the process for training needed strengthening to ensure that GPs were up to date with training considered essential by the practice.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had oversight of the training of staff, however not all staff had received up-to-date training in areas considered essential by the practice to enable them to carry out their duties.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG).
- The PPG were very positive about their role within the practice and how leaders interacted with them. The PPG met with the practice quarterly and felt that staff listened to their views and made improvements such as better access for disabled patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice regularly hosted educational events for GPs in the area.
- Staff knew about improvement methods and had the skills to use them.
- There was a clear approach to seeking out and integrating services to improve patient care. For example, the branch surgery was located inside a pharmacy on a retail site to meet the needs of its population.

Good

Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared internally and externally to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.