Eightlands Surgery

Quality Report

Dewsbury Primary Care Centre
Wellington Road
Dewsbury WF13 1HN
Tel: 01924 351595
Website: www.eightlandssurgery.nhs.uk

Date of inspection visit: 11 January 2018
Date of publication: 14/02/2018

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 service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall, but as Requires Improvement for providing responsive services. A previous inspection, carried out on 23 February 2016 rated the practice as requires improvement overall, with the safe and effective key questions rated as requires improvement. Breaches of regulation were identified on that occasion. A focused follow up inspection carried out on 10 August 2016 found the practice had carried out the necessary improvements; and was rated as good overall, with the safe and effective key questions rated as good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Eightlands Surgery on 11 January 2018. The inspection was carried out as part of our inspection programme

- The practice had clear systems to manage risk so that safety incidents were appropriately managed. We saw evidence that when incidents occurred, the practice had an open and transparent system for reporting in place. They demonstrated that processes were improved as a result of incidents; and learning was shared to prevent future recurrences.
- Staff recruitment and induction processes were appropriate. The practice was in the process of recruiting additional clinical staff into the practice.
- 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.
- Patients told us they found the telephone appointment system difficult to use. The practice showed us evidence of efforts they were continuing to make to improve the efficiency and responsiveness of the telephone system.

Summary of findings

- There was a focus on continuous learning and improvement at all levels of the organisation. We saw evidence that staff had been encouraged to develop within their roles, and progress onto other roles within the practice when appropriate.

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

- Review and improve the frequency of infection prevention and control audits carried out in line with the latest guidance and complete any identified actions required.
- Review and improve the supervision and review process for newly appointed clinical staff when appropriate.
- Continue to review, act on and improve patient satisfaction in accessing services at the practice. Patient satisfaction in these areas was significantly below local and national averages.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Eightlands Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.**The team included a GP specialist adviser and a second CQC inspector.

Background to Eightlands Surgery

Eightlands Surgery is located within Dewsbury Primary Care Centre, Wellington Road, Dewsbury, WF13 1HN. Dewsbury Primary Care Centre also hosts another GP practice and some community services. It is situated approximately half a mile outside Dewsbury town centre. Eightlands Surgery is situated entirely on the first floor of the shared building. There is lift access to the practice for patients with mobility issues. The practice is accessible by public transport. There are adequate car parking facilities, including disabled parking spaces.The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England.

There are currently 6,600 registered patients. The practice list size has recently grown due to the addition of approximately 700 patients as a result of the closure of an adjacent practice. The Public Health General Practice Profile shows the ethnicity of the practice to comprise approximately 29% Asian ethnicity, with 2% being of mixed ethnicity. The level of deprivation within the practice population is rated as three, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest. People living in more deprived areas tend to have greater need for health services.

The age/sex profile of the practice is in line with national averages. The average life expectancy for patients at the practice is 77 years for men and 82 years for women. The national average life expectancy is 79 years for men and 83 years for women.

The practice offers a range of enhanced services which include meningitis vaccination and immunisation, extended hours access, timely diagnosis and support for people with dementia and minor surgical procedures.

Clinical care is provided by two GP partners, one male and one female; one female advanced nurse practitioner (ANP), one female practice nurse who was in the process of completing her competencies in all areas relevant to practice nursing, one female health care assistant (HCA) and a female phlebotomist. The clinical team is supported by a practice manager and a range of administrative, reception and secretarial staff. At the time of our visit the ANP was providing only very limited input into the practice for reasons beyond the control of the practice. A locum practice nurse was providing support to the practice in relation to cervical cytology.

The practice was in the process of recruiting an additional practice nurse and ANP, and was seeking to recruit an additional salaried GP.

The practice is open from 8am to 6.30 pm Monday to Friday. Extended hours are available on Tuesday and Thursday between 7.30 and 8am; and on Monday from 6.30 to 8pm.

Out of hours care if provided by Local Care Direct, which is accessed by calling the surgery telephone number, or by calling the NHS 111 serviceWhen we returned for this inspection we checked, and saw that the previously awarded ratings were displayed, as required, in the practice premises and on the practice website.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- At the time of our visit weekly cleaning audits were undertaken. We identified that some infection control measures were not always thoroughly implemented. For example we saw that two sharps bins were out of date, disposable curtains were overdue to be replaced, and pedal operated bins were not available in all rooms. Following our feedback the practice provided evidence, within two hours of the inspection being completed, that all these issues had been addressed. In addition, a more thorough infection prevention and control audit tool had been accessed, a clear lead for IPC had been nominated; and the practice assured us the audit would be completed, to include any identified action plans.
- The practice, in conjunction with an external facilities management company, ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had a rota system in place for administrative and reception staff. The practice recognised the need for additional clinical staff. At the time of our inspection recruitment of an additional practice nurse and ANP was underway. In addition there were plans to recruit a salaried GP.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example, sepsis. Reception staff told us that children under two years were given priority for same day appointments. We were told of a recent incident in the practice which demonstrated that staff were able to manage emergencies effectively.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Good

Are services safe?

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice monitored their antimicrobial prescribing. There was evidence of plans being put into place to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice had a process in place for re-issuing Warfarin prescriptions. Following our feedback the practice provided evidence that their policy had been updated and improved, to ensure that test results for INR (international normalised ratio) had been carried out and results received within the practice, before doses were updated and prescriptions issued. Warfarin is an anti-coagulant medicine used to treat patients who have had a condition caused by a blood clot, such as stroke or heart attack. INR is a way of monitoring blood thinning. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- Risk assessments were carried out in conjunction with an external agency, in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The leadership team supported them when they did so.
- There were clear 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. For example, a recent incident had occurred where a large number of patients had received the incorrect pneumococcal immunisation. We saw that a root cause analysis had been carried out to help them understand how the incident occurred and identify key points at which errors or omissions were made. Patients were informed of the error, recalled and the correct immunisation was offered to all affected patients. Detailed recommendations and actions had been put in place to prevent a similar incident happening again. We saw that lessons learned were disseminated to all staff.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

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.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing rates for hypnotics were higher than local and national averages. Hypnotics are a range of medicines which work on the central nervous system to relieve anxiety, aid sleep or have a calming effect.
- Prescribing rates for antibacterial items were higher than local and national averages.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was in line with CCG and national averages. These antibiotics should only be used in specific circumstances or when other antibiotics have failed to prove effective in treating an infection.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

During the inspection we discussed the higher than average antibiotic prescribing. The practice told us they were working with care homes for older people to advise of prescribing protocols for patients using urinary catheters. In addition they were planning to carry out a formal audit of their antibiotic prescribing. They had signed up as 'antibiotic guardians' and information relating to appropriate prescribing of antibiotics was detailed on their website, to improve patients' awareness of this.

In relation to their hypnotic prescribing, the practice told us they worked closely with "Clarity", a local drug support service, which was influencing their prescribing of hypnotics. They told us they continued to monitor their prescribing patterns in relation to this group of medicines.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. 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.
- Before the inspection we sought feedback from a residential home for people with dementia which had residents who were registered at the practice. They told us the service provided by the practice to these residents was effective in relation to reviewing and addressing any identified needs.
- The practice reviewed hospital discharge details for older people. Where appropriate a telephone call or home visit was carried out to ensure that all their needs were being met.

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. At the time of our visit these reviews were being carried out by GPs until the newly appointed nurse had achieved the necessary competencies. The practice told us they had recently introduced a system of offering one appointment to review multiple long-term conditions at one time. Monthly multidisciplinary (MDT) meetings were held to plan and deliver a coordinated package of care.
- At the time of our inspection the newly appointed practice nurse was in the process of accessing the relevant training opportunities to enable them to carry out reviews for patients with long-term conditions.
- One of the GPs had recently completed a course for managing injectable diabetic treatment packages. This enabled this group of patients to be managed in-house.

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 the exception of children aged two who had received the pneumococcal booster vaccine, which was 86%. Childhood

Good

Are services effective?

(for example, treatment is effective)

vaccinations and immunisations were carried out by a local immunisation team and were not managed by the practice. However, we were made aware that there was a supply issue in relation to this vaccine.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 81%, which was in line with the CCG average uptake of 82% and the national average uptake of 81%.
- The practice had systems to offer eligible patients the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Smoking cessation support was available in-house.
- The practice had registered 1,464 patients (22% of their practice population) for online services.
- Extended hours were available on Monday evening between 6.30pm and 8pm (including nurse appointments); and on Tuesday and Thursday mornings between 7.30am and 8am with a doctor, health care assistant or phlebotomist.

People whose circumstances make them vulnerable:

- The practice had hosted a "Jo Cox" get together coffee morning with the aim of helping to include patients experiencing social isolation. A wide range of local voluntary and statutory agencies had attended, with a view to highlighting the range of local support services available to patients; such as carers' groups, walking football groups, police and the fire service.
- 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 those with a learning disability. In accordance with the 'accessible information standards the practice had written to all patients thought to have needs which may make them more vulnerable. This encouraged patients to communicate any additional needs they may have to the practice.

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the CCG and national average of 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 91%, and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95%, whilst the CCG average was 92% and the national average was 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99% compared to the CCG average of 97% and the national average of 95%.
- Patients registered at the practice were able to access support from a local support group for patients with mental health needs.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, an audit had been carried out to review the number of patients with atrial fibrillation who were receiving anti-coagulant therapy. As a result, the numbers of patients receiving appropriate treatments, with their consent, had increased. Atrial fibrillation is a heart condition which causes an irregular and often abnormally fast heart rate. Patients experiencing atrial fibrillation may be at higher risk of other conditions, such as stroke or heart attack. Where appropriate, clinicians took part in local and national improvement initiatives. For example, they had

Good

Are services effective?

(for example, treatment is effective)

carried out a review of patients with musculo-skeletal (MSK) conditions to analyse whether patients were treated by MSK services or orthopaedic clinics. The results of this work was shared within their local 'cluster' of GP practices.

The most recent published Quality Outcome Framework (QOF) results (2016/17) were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The overall exception reporting rate was 10% compared with the CCG average of 9% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)

- 100% of patients diagnosed with cancer in the preceding 15 months had a patient review recorded within six months of diagnosis, compared to the CCG and national averages of 93% and 89% respectively. The exception reporting rate was 41% which was higher than the CCG average of 32% and the national average of 25%. We explored this during the course of the inspection. The practice provided evidence from their system which showed that only one patient had been exception reported in 2017, due to their personal wish to be with family overseas following their diagnosis. We saw that the practice had a clear policy in place to contact patients within four months of a new diagnosis of cancer; and to arrange an appointment for a review to be completed.
- The practice was actively involved in quality improvement activity. For example, an audit of outcomes for minor surgery had been carried out. This showed a low level of infection or identified malignancy. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was participating in the 'Productive General Practice' initiative, and had developed a process for monitoring and managing non-clinical workload tasks which ensured that routine and non-routine tasks were carried out in an efficient and effective way.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation. At the time of our inspection cervical cytology was carried out by a locum nurse who attended the practice on a monthly basis. We were assured that staff carrying out these duties had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and 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, appraisals and mentoring. Clinical supervision was offered on an informal basis. Following our feedback the practice provided evidence that a formal process of support and supervision had been implemented for their trainee practice nurse. This included a weekly review meeting and a monthly mentoring meeting. The induction process for healthcare assistants included the requirements of the Care Certificate.
- We saw evidence that there was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 ensured that end of life care was delivered in a co-ordinated 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 worked 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

Good

Are services effective?

(for example, treatment is effective)

lives, patients at risk of developing a long-term condition and carers. The practice had introduced a 'care navigation' system. This made use of a template to enable non-clinical staff to signpost patients on to support services available locally when appropriate. This allowed the practice to optimise the use of GP and nurse appointments.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice had embraced a 'social prescribing' model of care. This ensured that patients were made aware of additional local support and voluntary services available to help with education and self-management when appropriate.
- 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 and tackling obesity. Smoking cessation support was available in-house.

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. Staff we spoke with demonstrated their understanding of mental capacity issues.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 301 surveys sent out and 101 were returned. This represented 34% of the surveyed population, and 2% of the practice population. The practice was in line with local and national results for its satisfaction scores on consultations with GPs and nurses; although satisfaction scores in relation to receptionists were significantly lower than average. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 91% of patients who responded said the nurse was good at listening to them which was the same as CCG and national averages.
- 90% of patients who responded said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 60% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice told us they continually sought patients' views, reviewed patient feedback on a regular basis; and learned from patient comments. They had introduced a "you said, we listened, we did" feature on their practice website to demonstrate their feedback to patient comments. The practice accepted that some staff may benefit from further customer support training. They told us they would facilitate this for relevant staff.

Involvement in decisions about care and treatment

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

- Telephone interpretation services were available for patients who did not have English as a first language. We learned that the practice had recently registered a number of patients from Eastern European backgrounds. The practice told us they had engaged with local community leaders to help them understand the needs of this group of patients. In addition some staff spoke languages which were compatible with some of their patient population. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. Their 'care navigation' system formalised and streamlined appropriate signposting for patients.

The practice identified patients who were carers, when they registered as a new patient, and opportunistically during consultations, or through discussions with other members

Good

Are services caring?

of the multidisciplinary team. The practice computer system alerted GPs if a patient was also a carer. The practice had identified 71 patients as carers (1% of the practice list).

- Carers were signposted to the local carer's support service. They were able to access an annual health review, and were invited for a seasonal influenza immunisation.
- Staff told us that regular liaison with the palliative care team enabled GPs to be aware of patients approaching end of life. When families had experienced bereavement the practice liaised with the multidisciplinary team and made contact with the family to offer additional support if indicated.

Results from the national GP patient survey showed patients' responses to questions about their involvement in planning and making decisions about their care and treatment were slightly lower than local and national averages:

- 80% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice acknowledged these results. They understood that due to recent pressures on clinical time, due to the loss of some nursing time, the impact had been felt across the board during clinical consultations. As a result, the practice showed us evidence that they had introduced an additional 7 appointments every day, telephone or face to face. This increased access to appointments by 15%. An additional practice nurse and ANP were being recruited at the time of our visit, and an advertisement for a salaried GP was being developed to increase patients' access to appointments with clinicians. In addition, they were engaging with their patient participation group (PPG) to keep patients aware of current and planned changes to the clinical team.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

The practice was rated as requires improvement for providing responsive services because:

- Services did not always meet people's needs. The practice was significantly below both local and national averages for its patient satisfaction scores on timely access to the service. We also received feedback on CQC comment cards from a number of patients who responded that supported this. The practice were aware of poor satisfaction rates within their patient group and action had been taken, or was in the process of being taken, to improve this. At the time of the inspection, the practice were not in a position to be able to demonstrate the actions taken to date had resulted in the significant improvements required in patient satisfaction in a number of key areas highlighted by the national GP patient survey.

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, in response to patient feedback about pre-bookable appointments, the practice had set up a system of releasing appointments on seven or fourteen day embargoes to improve patient choice.
- The practice improved services where possible in response to unmet needs. They had liaised with local community leaders for their Eastern European patients to enable them to better understand the needs and expectations of this group of patients.
- 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 patient feedback had indicated that some patients had difficulty registering for online access; as a result the practice had purchased a tablet to enable staff to provide assistance to patients to register whilst they were on site at the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

All of the population groups were rated as requires improvement for responsive services as poor patient satisfaction on timely access to the service affected all patients.

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. Before the inspection we requested feedback from a care home for older people who told us the practice provided a responsive service for their residents who were registered with the practice.
- 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 health issues.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions had recently begun to be reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and other relevant staff, to discuss and manage the needs of patients with complex medical issues.
- One of the GPs had recently completed a course enabling them to manage diabetics using injectable treatments in-house.

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.
- Children under two years of age were given priority for same day appointments. If all appointments were taken,

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

the duty doctor made contact with the parents to assess level of urgency, and patients were seen on the day, or appropriate advice was given to families to manage and monitor the situation.
- The practice carried out six week checks for babies and new mothers. Appointments were offered consecutively for patient convenience. Those patients who failed to attend for this appointment were followed up by the practice.
- The practice held regular meetings with health visitors, where children and families identified as being vulnerable or with additional needs, were discussed, and their care plans updated.

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 as accessible and flexible as possible. For example, extended opening hours were available on Tuesday and Thursday mornings between 7.30am and 8am; and on Monday afternoon between 6.30pm and 8pm.
- Telephone triage consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had been an early adopter of the 'e-consult' option for patients. We saw that an audit had been carried out, which showed that demand for this service had risen from 50 e-consultations during 2016, to 211 in 2017. The audit showed that this improved patients' access to advice in relation to medicines queries, test results, or reassurance around self-management. A further audit was planned for 2019.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments of up to 30 minutes were available when required.
- The practice had hosted a "Jo Cox get together" coffee morning. A number of local voluntary and statutory agencies had attended, to make this group of patients aware of additional support services which were accessible to them.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had some patients who were resident in a nearby residential home for people with dementia. They offered home visits, and provided support identified by the staff to support these patients.
- The practice had links with a local voluntary agency which offered support to those patients experiencing mental health difficulties.

Timely access to the service

We identified some delays in some cases for patients accessing care and treatment from the practice.

- The practice telephone line was shared with other services. The system had proven to be unsatisfactory for both staff and patients, and was unable to deal with times of high demand. We saw evidence that the practice had made, and was continuing to make, all efforts to effect an improvement and update the infrastructure of this system. The PPG also told us they were engaged in supporting the practice with this.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients had told the practice they were having difficulties registering for online access. As a result the practice had purchased a laptop to enable staff to support patients to register whilst on-site at the practice. In response to patient feedback in relation to advance appointments, the practice had introduced a system whereby appointments were released on seven or fourteen day embargoes.
- Thirty of the 37 patient Care Quality Commission comment cards we received during the inspection, were positive about the service experienced. Some patients highlighted difficulties with accessing the practice by telephone. Some of the comment cards we received cited some reception staff as being 'unhelpful' at times. We were advised during the inspection of the efforts the practice had made to improve their telephone system which was shared by other practices.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower, and in some cases significantly lower than local and national averages.

- 66% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 38% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%.
- 67% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 81% and the national average of 84%.
- 60% of patients who responded said their last appointment was convenient compared to the CCG average of 79% and the national average of 81%.
- 47% of patients who responded described their experience of making an appointment as good compared to the CCG average of 68% and the national average of 73%.
- 54% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 58%.

The practice had responded to these patient survey results. In response to the low satisfaction rate with opening hours, the practice had begun offering extended hours on Monday evening between 6.30pm and 8pm; and on Tuesday and Thursday morning between 7.30am and 8am with a doctor, health care assistant or phlebotomist. There were identified difficulties in relation to the telephone system infrastructure. The practice provided us with evidence to show the efforts the practice had made and were continuing to make in relation to updating and improving this system in response to patient and staff feedback. In addition, the previously reduced access to nursing appointments had resulted in GPs undertaking some nursing tasks. The practice made use of regular GP locums, and at the time of our inspection was in the process of recruiting an additional practice nurse and ANP, as well as a salaried GP. The practice continued to seek the views of patients, via their comments box, NHS choices, PPG feedback and formal and informal patient complaints.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Thirteen complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- 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 a complaint had been received in relation to appointments at secondary care which had been missed; of which the patient had not been made aware. The practice investigated, and found that the hospital letter had been scanned onto the incorrect patient record of the same name. As a result a system was introduced whereby patients' date of birth as well as their name was checked before scanning letters onto patient records.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

The leadership, governance and culture supported the delivery of a quality, person-centred service.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- GP partners and the practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- The practice aims and objectives were to provide a caring, person-centred service, with improved patient experience.
- The practice developed its vision, values and strategy jointly with the patient participation group and staff.
- 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.
- 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.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance which were inconsistent with the vision and values.
- We viewed a number of complaints and saw that 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 personal development plans. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Following our feedback, the practice told us they would formalise their system of clinical supervision for the trainee practice nurse.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally. We were told that time was allocated in clinicians' work schedules for prayer time when appropriate. In addition, staff received an annual bonus; either at Christmas, or Eid, dependent on preference and religious beliefs.
- Staff described positive relationships between staff and the leadership team.

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.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff were clear on their roles and accountabilities including in respect of safeguarding. Following our feedback the practice introduced a formal infection prevention and control audit to complement the daily cleaning audits already in place.
- The practice 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.

· 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 Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.

- Clinical audit had a positive impact on the 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 submitted data or notifications to external organisations as required.
- There were 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. The practice had made contact with community leaders from the Eastern European community to help them understand the expectations of this group of patients in relation to healthcare.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. We heard of examples of how staff had been supported to develop new skills and develop their role within the practice. In addition we learned that the practice was participating the Productive General Practice programme to develop streamlined workstreams for routine and non-routine tasks.
- The practice had been involved in General Practice Development sessions, and had adopted a 'social prescribing' model to optimise the use of additional social support services to relieve pressure on clinical staff appointments.