

Rawnsley Surgery

Inspection report

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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 previously carried out an announced comprehensive inspection at Rawnsley Surgery on 25 September 2017. The overall rating for the practice was good. The practice was rated as requiring improvement in providing safe services. A breach of legal requirement was found and a requirement notice was served in relation to safe care and treatment. The full comprehensive report on the September 2017 inspection can be found by selecting the 'all reports' link for Rawnsley Surgery on our website at www.cqc.org.uk

This inspection was an announced comprehensive inspection carried out on 22 October 2018 to confirm that the practice had met the legal requirements in relation to the breach in regulation that we previously identified in addition to the good practice recommendations we made.

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

At this inspection we found:

- The practice leaders had taken the findings from the previous CQC inspection to improve the services provided and patient safety and care. Each area for improvement had been actioned and our findings at this inspection showed improvements had been made and sustained.
- The practice had systems, processes and practices in place to protect people from potential abuse.
- There were systems in place for identifying, assessing and mitigating risks to the health and safety of patients and staff. The system for the monitoring of patients on high risk medicines had improved. There was now an effective system in place to ensure that patients on repeat medications received regular and appropriate medication reviews. Also, the process used to track prescriptions across the practice had been strengthened to help minimise the risk of fraud.

- The practice had improved the health and safety arrangements in place with a written fire risk assessment and had completed a hard wire check for the building in line with statutory health and safety regulations. However, further work was required.
- The practice had 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. However, we identified one incident that had not been considered or investigated as a significant event. However, the incident did not impact on patient safety or care.
- Following the last inspection, the practice had pro-actively identified and increased the number of carers registered and were signposting carers to local support groups.
- Most patients felt staff treated them with compassion, kindness, dignity and respect.
- Some patients reported difficulties getting an appointment.
- The patient participation group (PPG) had recently been re-established to represent the needs of the patients.
- The practice was limited by the size of their facilities; however it was equipped to treat patients and meet their needs.
- Staff had access to training opportunities to equip them in their work. However, staff required updates in essential training.
- The practice management had workforce planned and reviewed the staff skill mix to meet the needs of their patient population.

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

- Ensure staff are up to date with all essential training and effective systems are in place to monitor staff training.
- Ensure all policies are easily accessible to staff; are in line with local and national guidance and systems are in place to ensure staff have read them.
- Improve the management of incidents.
- Review the approach to meeting the Accessible Information Standard.
- Consider developing an internal patient survey.
- Review the security of clinical rooms.
- Develop a documented business plan to support the practice vision and strategy and achieve priorities.

Overall summary

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

**Please refer to the detailed report and the evidence
tables for further information.**

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager advisor.

Background to Rawnsley Surgery

Rawnsley Surgery is registered with the Care Quality Commission (CQC) as an individual provider and holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS Cannock Chase Clinical Commissioning Group (CCG).

The premise is a single storey purpose built building and is located within the village of Rawnsley in Cannock, Staffordshire. The area has strong and historical links to industry, in particular coal mining. The practice treats patients of all ages and provides a range of general medical services and delivers regulated activities from Rawnsley Surgery only.

At the time of the inspection there were approximately 4400 patients registered at the practice. The practice local area is one of less deprivation when compared with the local and national averages. The area has similar outcomes to the local and national averages in the area profile data from Public Health England. The data compares outcomes living in the area including life expectancy and deprivation. The practice has a slightly lower percentage of registered patients with a

long-standing health condition. The practice unemployment levels are comparable with the local and national average. The practice population is predominantly white British (98%).

The practice staffing comprises of:

- One male GP
- A female locum GP
- One advanced nurse practitioner (ANP)
- One practice nurse
- One locum practice nurse
- One health care assistant
- One practice manager
- One part-time advanced clinical pharmacist, funded by NHS England
- A team of eight administrative and reception staff to include a secretary and an apprentice.

The practice is open between 8am and 6.30pm Monday to Friday. Extended opening hours are provided on a Tuesday and Wednesday evening from 6.30pm to 8pm. There is no telephone access after 6.30pm, however patients can ring prior to this time and book an appointment for the late surgery. Routine appointments can be booked in person, by telephone or on-line. Home visits are triaged by a GP or ANP to assess whether a home visit is clinically necessary and the urgency for medical attention.

The practice has opted out of providing cover to patients in the out-of-hours period. Patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed. The practice is located approximately 10 miles away from New Cross Hospital, Wolverhampton. There is a minor injuries unit at Cannock Hospital.

The provider is registered to provide the following regulated activities:

Diagnostic and screening procedures, family planning, maternity and midwifery, surgical procedures and treatment of disease, disorder or injury.

Additional information about the practice is available on their website: www.rawnsleysurgery.co.uk

Are services safe?

At our previous inspection we rated the practice as requiring improvement for providing safe services. This was because the provider had failed to minimise the risks associated with the monitoring of patients on high risk medicines and had not ensured that patients on repeat medications received regular and appropriate medication reviews. The practice did not have an effective system in place for the tracking prescriptions to help minimise the risk of fraud. We also identified that some areas relating to health and safety needed to be improved in line with statutory health and safety regulations.

At this inspection we saw significant improvements had been made and 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 had appropriate systems to safeguard children and vulnerable adults from abuse. The practice had a safeguarding lead in place and contact details of external safeguarding leads were readily accessible to staff. Although not all staff were up to date with safeguarding training, they knew how to identify and report concerns of potential abuse and were able to share an example of how they had worked with external agencies in safeguarding a vulnerable patient, the action taken and the outcome. Staff had access to information on modern slavery and female genital mutilation (FGM) however, these had not been incorporated into the safeguarding policy.
- We saw vulnerable patients were flagged on the clinical computer system to alert staff of, for example, children on the child protection register, their parents and siblings.
- Staff we spoke with who acted as chaperones demonstrated a clear awareness of the procedure, however several staff required refresher training. Staff received a Disclosure and Barring Service (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.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. The advanced nurse practitioner (ANP) was the

designated infection prevention and control (IPC) lead and had attended regular workshops organised through the Clinical Commissioning Group (CCG). A range of IPC audits were carried out monthly, quarterly and six monthly. The latest six-monthly audit identified some shortfalls. Although an action plan had been developed this did not detail how these should be addressed. Following the inspection, the provider sent us a copy of their revised action plan detailing how these were to be addressed. Clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons. Records showed that not all staff were up to date with training in infection, prevention and control. The provider acknowledged this and told us that staff would be provided with allocated time and completion dates.

- The practice had improved the arrangements to ensure that facilities and equipment were safe and in good working order. For example, since the last inspection a fire risk assessment had been documented and a hard wire electrical check for the building had been completed in line with statutory health and safety regulations.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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 induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. We saw regular checks were undertaken to ensure medicines were fit for use.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Although clinicians knew how to identify and manage patients with severe infections including sepsis, one GP was not able to

Are services safe?

locate a toolkit on the practice clinical system to support the identification and appropriate management of sepsis. This was rectified following the inspection.

- 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Records we reviewed showed clinicians made timely referrals in line with protocols. Two-week referrals were regularly checked and followed up if necessary and a spreadsheet maintained.

Appropriate and safe use of medicines

The practice had improved their 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 and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was now monitored in relation to the use of medicines and followed up appropriately. At the previous inspection we identified the practice had failed to minimise the risks associated with the monitoring of patients prescribed high risk medicines. At this inspection we saw the practice had since reviewed the management of patients prescribed these medicines. There were now effective systems in place for ensuring GPs accessed patient blood test results and patients received regular face to face medication reviews prior to prescribing. The practice had also undertaken a full review of their prescribing policy in addition to improving their repeat prescribing policy to include clinical medication reviews. We saw the practice now ensured that patients on repeat medications received regular and appropriate medication reviews. This

ensured patients were appropriately monitored at the required frequency and medicines were prescribed safely. The practice kept prescription stationery securely and monitored its use. Improvements had been made to the tracking of blank prescription forms throughout the practice. We saw controlled drug prescriptions were stored with routine prescriptions. Following the inspection, the provider told us they had reviewed this and these were now stored separately and securely.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned from and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses and were encouraged to do so.
- There were systems for reviewing and investigating when things went wrong. We saw there was a policy in place for the management of incidents. Staff told us all incidents were reported to the practice manager and recorded. During the inspection we identified a potential significant event that had been recorded on a patients' electronic record but had not been recorded and investigated as a significant event. Leaders acknowledged this and agreed to action this.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw significant events were discussed in clinical meetings, staff meetings were held and these meetings were recorded.
- The practice had effective systems in place for acting on external safety events as well as patient and medicine safety alerts. We saw the practice had a safety alert protocol and procedure in place. All clinicians received alerts electronically and were reviewed by the lead GP and actioned where necessary.

Please refer to the evidence tables for further information.

Are services effective?

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

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 patient needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, clinicians were able to access on-line guidance and regularly participated in protected learning training meetings organised through the clinical commissioning group (CCG) in addition to personal learning.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- 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.

Older people:

- Patients over the age of 75 years had a named accountable GP.
- The lead GP and advanced nurse practitioner provided twice weekly dedicated visits to two local residential and nursing homes to review the residents registered with the practice.
- Older patients received a full assessment of their physical, mental and social 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.

- Staff who were responsible for reviews of patients with long term conditions had received specific training. The practice nurse worked closely with the local diabetic nurse specialist.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. However, the practice exception reporting rate was lower than the CCG and the national averages, meaning more patients had been included.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above with the exception of the percentage of children aged two who had received their booster immunisation for Pneumococcal infection from 01/04/2016 to 31/03/2017. The practice had achieved 85%. Parents of children who failed to attend appointments were contacted and encouraged to rebook an appointment.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided some family planning services. Post-natal examinations were offered in addition to six and eight-week baby checks and immunisations.

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

- Patients had access to appropriate health assessments and checks including new patient health checks and checks for patients aged 75 and over.
- The practice's uptake for breast cancer screening was 73% which was above the local average of 68% and the national average of 70%. Bowel screening uptake in the last 30 months was 62.5%, which was higher than the local average of 57% and the national average of 55%.
- The practice's uptake for cervical screening was 79%, which was just below the 80% coverage target for the national screening programme. The practice actively encouraged female patients to attend for screening. Appointments with the designated practice nurse were available Monday to Thursday, including until 19.30 on a Wednesday evening. Non-attenders were flagged on the

Are services effective?

practice clinical system so that the screening test could be discussed opportunistically and patients contacted directly if they failed to attend their invitation for screening.

- The practice had systems to inform eligible patients to have the meningitis vaccine.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice attended meetings with a range of professionals to ensure those who were approaching end of life had a cohesive plan of care.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. All 14 registered patients with a learning disability had received an annual review to include a detailed health check and information on health promotion.
- Carers were offered a flu vaccination and signposted to support groups.

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

- The practice's performance on quality indicators for mental health was higher than both the local and national averages. For example, published results for 2016/17 showed 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 higher than the local average of 91% and the national average of 90%. The practice's overall clinical exception reporting rate of 0% was significantly lower than the CCG average of 12% and national average of 12.5%, meaning more patients were included.
- 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. There was a system for following up patients who failed to attend for administration of long term medication.
- 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.

- 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 comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results for 2016/17 showed the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and the national average of 97%. The practice's exception reporting was 4% compared to the local average of 5.6% and the national average of 5.7%. The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity and had carried out a range of audits in the last 12 months, which demonstrated quality improvement and were currently working on a further three audits.

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 had a diverse mix of skillset and leaders understood the learning needs of staff which were identified during staff annual appraisal. However, we identified most staff were not up to date with all of their essential training. Following the inspection, the provider told us that all staff had since been provided with allocated time and a set timescale to ensure their

Are services effective?

training was up to date. Staff were encouraged and given opportunities to develop. For example, a previous apprentice at the practice had been recruited and trained to become the medical secretary.

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing 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 have 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 in addition to residential and nursing home staff to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be

vulnerable because of their circumstances. Meetings were held with external healthcare partners to discuss patients with complex needs for example patients nearing end of life.

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. A clinician shared an example of a patient they had referred to a local gym scheme and had successfully lost a significant amount of weight in preparation for surgery.
- 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. Written consent was obtained for immunisations and minor surgery.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice had audited consent for minor surgery and had devised a post-operative leaflet to assist patients.

Please refer to the evidence tables for further information.

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 was mainly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

The results of the National GP patient survey, published August 2018, showed the practice was mainly in line with local and national averages for questions relating to kindness, respect and compassion.

- Two hundred and eighty-four surveys were sent out and 95 were returned giving a completion rate of 33.5%. Results showed 78% of patients who responded said the healthcare professional they saw or spoke to at their last appointment was good at treating them with care and concern; compared with the local and the national average of 87%.
- Eighty-five percent of patients who responded said the healthcare professional they saw or spoke to at their last appointment gave them enough time; compared with the local average of 86% and the national average of 87%.
- Ninety-nine percent of patients who responded said they had confidence and trust in the last healthcare professional they saw; compared with the local and the national averages of 96%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. However, not all staff demonstrated an understanding 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 told us that the benefits of being a small practice enabled them to get to know the needs of their patients well. We saw the new patient health questionnaire required new patients to identify if they had any communication needs and a hearing loop system was available to assist patients with a reduced range of hearing. However, information in larger print or easy read materials were not readily available or clear door signage on treatment rooms.
- 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.
- Since the last inspection the practice had pro-actively identified and increased the number of carers registered to 80, two percent of the practice list and information was available to signpost carers to support groups.
- Eighty-five percent of practice patients who responded to the national GP survey said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment; compared with the local average of 94% and the national average of 93%. The practice were planning to work with the newly established patient participation group (PPG) with the development of an internal survey to capture more patient views with an aim to improving areas identified.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Background music was played in the waiting room to help prevent conversations being overheard at the reception area.
- 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.

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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was limited by the size of their facilities; however it was equipped to treat patients and meet their needs.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The lead GP and advanced nurse practitioner provided dedicated weekly visits to a local residential and a nursing home to review the residents registered with the practice.
- The practice was responsive to the needs of older patients. Same day emergency appointments were available for older patients in addition to home visits and telephone consultations for patients who were physically unable to attend the practice.

People with long-term conditions:

- Patients with a long-term condition received regular reviews to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with external agencies to include the community matron, district nursing team and local hospice to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Same day appointments or telephone consultations were available for children under the age of 16.
- Systems were in place 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.
- Antenatal clinics were held by appointment with the visiting community midwife.

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, the practice provided extended hours on a Tuesday and Wednesday evening from 18.30 to 19.45.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice promoted and provided on-line services for example booking of appointments and repeat prescription ordering. An electronic prescription service (EPS) was also available.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had increased the number of carers registered and had identified 80 (2%) of the patient list as carers and signposted carers to support groups and offered them a flu vaccine.

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.
- Patients with dementia were offered an annual care review and screening.
- Patients were encouraged to book a double appointment to be given time to discuss their concerns, health and general mental wellbeing.

Are services responsive to people's needs?

- The practice performance for mental health indicators was significantly higher than local and national averages. Exception reporting was lower meaning more patients had been included.

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 access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most patients reported that the appointment system was easy to use.

Results from the national GP patient survey, published in August 2018, showed that patients' satisfaction with how they could access care and treatment was higher than the local and national averages.

- Seventy-one percent of patients who responded described their experience of making an appointment as good; compared with the local and the national averages of 69%.

- Sixty-six percent of patients who responded said they were offered a choice of appointment; compared with the local average of 60% and the national average of 62%.
- Seventy-six percent of patients who responded said they were satisfied with the type of appointment they were offered; compared with the local and the national averages of 74%.

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.

- The practice had a complaints procedure which was displayed in the waiting room. Information about how to make a complaint was also included in the patient leaflet and on the practice website. The practice learned lessons from individual concerns and complaints to improve the quality of care.
- Staff treated patients who made complaints compassionately.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice 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.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes in place to develop leadership capacity and skills.

Vision and strategy

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

- The practice had recently developed a vision and values statement that incorporated their aims and objectives.
- Practice leaders were able to explain their strategy but did not have a documented supporting business plan in place to support their vision and strategy and achieve priorities.
- Regular meetings were held with staff to communicate to share information and practice performance. Meetings were recorded and accessible to staff.

Culture

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

- The practice had an established staff team. Staff we spoke with told us they felt respected, supported and valued and were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were not always 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 although this was not fully embedded.
- Staff we spoke with told us they could 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 opportunities. Staff had received an annual appraisal and were supported to meet the requirements of professional revalidation where necessary.

- The safety and well-being of all staff was not fully embedded as not all staff were up to date with essential training to include fire safety, infection control and moving and handling. Following the inspection, the provider wrote to us and told us that all staff had since been allocated time to complete their training requirements and a training plan had been developed to monitor staff training more effectively.
- The practice promoted equality and diversity and had a policy in place. Staff felt they were treated equally and some staff had received training in equality and diversity.
- 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. However, there were areas where these needed to be strengthened.

- Structures, processes and systems to support good governance and management were not always effective. For example, we did not see any clear oversight of staff training records or assurances that staff had read and understood practice policies and procedures that governed activity. Practice leaders had policies, procedures and activities in place to ensure safety. However, some staff had difficulty accessing policies and procedures electronically and the practice did not have a process in place to ensure staff had received, read and understood the content of the policies to ensure they were operating as intended. We found that the safeguarding policy required additional information to support staff action on modern slavery and female genital mutilation (FGM). Following the inspection, the provider wrote to us and told us they were in the process of addressing these shortfalls.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

Are services well-led?

There were processes in place for managing risks, issues and performance but these were not always consistently applied.

- Practice leaders had oversight of safety alerts, incidents, and complaints except for one incident that we identified that had not been recognised and recorded as a significant event to enable learning. However, the incident did not impact on patient safety or care.
- 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 considered and understood the impact on the quality of care of service changes or developments.

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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems, although improvements were needed.
- Staff had very limited knowledge regarding the Accessible Information Standard and only two staff had

received training on the standard. The standard sets out a specific, consistent approach for publicly funded adult social care and health providers in identifying, recording, and meeting the information and communication needs of those who use its services.

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 patient participation group (PPG) had recently been re-established and were looking at ways to increase membership and representing the needs of the practice population.
- A suggestions/comments box was available in the waiting room.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had trained reception staff in care navigation so they were able to actively signpost post patients to the most appropriate clinician or service.

Please refer to the evidence tables for further information.