

Hove Medical Centre

Quality 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 service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Hove Medical Centre was previously inspected on 29 November 2016 and was rated as requires improvement overall and for safe, effective and responsive services and good for caring and well-led services.

At this inspection on 24 November 2017 the practice is rated as good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

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 undertook a comprehensive inspection of Hove Medical Centre on 29 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and responsive services.

We undertook a further announced comprehensive inspection of Hove Medical Centre on 24 November 2017. This inspection was carried out to ensure improvements had been made and to provide a further rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had an open and transparent approach to safety but did not always have sufficient effective systems and processes in place to ensure patients were always kept safe. For example, the practice had not completed the required actions after the legionella assessment.
- Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice had an appropriate system for recording significant events.

Summary of findings

- The practice was able to demonstrate that all staff were up to date with essential training. However, the training matrix adopted by the practice was not always fit for purpose.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the results for the management of patients with long-term conditions were good.
- Information about services and how to complain was available and easy to understand.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day. Patients commented on the much improved service in recent months.

- The practice was equipped to treat patients and meet their needs.
- Staff told us they felt well supported and enjoyed working at the practice.
- We observed the premises to be visibly clean and tidy.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way for service users, by completing and recording the outcome of the Legionella assessment.

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

- Continue to update practice policies and improve the electronic filing system to ease navigation.
- Improve the training matrix for showing mandatory training requirements.
- Continue to improve patient satisfaction results.

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	

Hove Medical Centre

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 practice manager specialist adviser.

Background to Hove Medical Centre

Hove Medical Centre is situated on the outskirts of the city of Brighton and Hove, East Sussex and operates from:

Hove Medical Centre,
West Way,
Hove,
East Sussex,
BN3 8LD

The practice provides services for approximately 9,100 patients living within the local area. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where

elements of the contract such as opening times are standard.) The practice has larger numbers of patients aged 65 years and older compared to the local and national averages, which could mean an increased need for services. Deprivation is low when compared to the population nationally. Of the patients registered at the practice, 12% were of black and minority ethnicities and a high number were Arabic and Bengali speaking patients.

As well as a team of five GP partners (three male and two female), the practice also employs one nurse practitioner, two practice nurses and two health care assistants. A business manager, an assistant practice manager and a senior receptionist form the management team and there is a team of receptionists and administrative staff.

The practice is a training practice for foundation level two doctors, GP registrars and medical students.

The practice provides minor joint injections for eligible patients registered at the practice as well as other practices in the local area.

Hove Medical Centre is open between 8.30am and 6.30pm on weekdays and appointments are available from 8.30am to 6pm Monday to Friday. The practice offers pre-bookable appointments, same day and phone appointments with GPs and nurses. There are also online appointments available. An extended hours service is operated by the local Extended Primary Integrated Care (EPIC) service.

Are services safe?

Our findings

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

At our previous inspection in November 2016 we found that infection control risks were not always adequately addressed, for example in relation to baby changing facilities and the removal of sharps bins. At this inspection, these concerns had been addressed.

At this inspection the practice was rated as requires improvement for providing safe services because:

- The practice had completed a Legionella risk assessment but was unable to show that all risks identified had been addressed or had an action plan as to when and how these would be completed.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. The business manager was in the process of reviewing the practice safety policies. 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 accessible to all staff. However, the electronic filing system was not easy to navigate as outdated and superseded policies were stored alongside current policies. The practice told us they were in the process of updating the current system and we saw evidence of this with a schedule for updates in place. All policies relating to infection control and nursing were up to date and had been reviewed in November 2017 including waste management, infection control and sharps policies.
- The practice used a recently adopted training matrix to ensure staff had completed mandatory training required for their roles. However, the system did not always select the appropriate training for each staff member. For example the system showed a GP had not completed level two of child safeguarding training when the required level of training for GPs is level three. We

saw evidence that the GP had completed level three. The practice sent us the template for a new matrix to replace the existing one within two days of our inspection.

- 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 where required. (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).
- Staff received safeguarding and safety training appropriate to their role. A new member of non-clinical staff had yet to complete safeguarding training however the practice sent us their certificate within two days of our inspection. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice had commissioned an external company to complete a Legionella risk assessment in July 2016. However the risks highlighted in the external report had only been partially addressed by the practice. The practice told us they had discussed the outcome of the external report and agreed appropriate outcomes. The practice was unable to provide an up to date risk assessment showing they had addressed all risks.
- The practice 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.

Are services safe?

- 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.

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

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 had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The practice told us they had adopted a low threshold for events that qualified as significant so they were better able to identify patterns in events. The practice ensured policies and procedures were reviewed and changes made, if needed, after reviewing events.
- 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

There was an appropriate system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

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.

At our previous inspection in November 2016 we found that persons employed in the provision of the regulated activity did not always receive appropriate support in relation training and induction. At this inspection, these concerns had been addressed.

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.
- 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:

- Older patients who are 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. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- 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.

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 was not an outlier for any of the data relating to long term conditions including diabetes, asthma, chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation data.

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.
- 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 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have 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 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

Are services effective?

(for example, treatment is effective)

- 95% 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 79%; national 90%.
- The practice specifically considered the health needs of patients with living with dementia. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in previous 12 months was 95% (CCG 80%; national 91%).

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 of the use of high dose anti-inflammatory medicine for patients with asthma showed a slight improvement on the second cycle and discussed limitations of and reasons that a greater improvement may not be achievable. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results from 2016 to 2017 were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 82% and national average of 95%. The overall exception reporting rate was 6% compared with a 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).

- 76% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the preceding 12 months). This was in line with the CCG average 77% and national average 80%.
- 76% of patients with asthma, had an asthma review in the preceding 12 months which included an assessment of asthma control. This was in line with the CCG average 71% and national average 76%.
- 94% of patients with (COPD) had had a flu vaccination in the preceding 12 months. This in line with the CCG average 94% and national average 97%.

- 79% of patients with hypertension had regular blood pressure tests performed. This was in line with the CCG average 79% and national average 83%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

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.
- The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the date of diagnosis, was 100% (CCG 92%; national 94%).
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

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 space to discuss their needs.
- The practice had made improvements to the reception area in order to improve privacy and confidentiality. These included the addition of a screen advertising clinics and local health services and cushioned notice boards to reduce the acoustic noise. There was music playing to distract from conversations taking place at reception and a screen between reception and the waiting room to provide additional privacy.
- We received 54 patient Care Quality Commission comment cards and 52 of these were very positive about the service experienced while the remaining two gave mixed reviews. Patients praised the care, kindness and helpfulness of GPs, nurses, reception and administration staff. There were 15 comments stating that access to appointments had improved while one patient commented that they still had difficulty in accessing appointments, as they could not attend during normal working hours. Twenty-two patients commented that the service was much improved in recent months. This was in line with the results of the NHS Friends and Family Test for the practice. Feedback given to Care Quality Commission on the day of inspection concurred with written comments. We interviewed six patients, who all considered the care at the practice to be good. One patient commented that although the practice had improved the access to appointments, they were still unable to book a non urgent appointment in advance to fit in with their working hours.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 234 surveys that were sent out, 110 were returned. This represented about 1% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 70% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national - 96%.
- 100% of patients who responded had confidence and trust in the last nurse they spoke to; CCG - 98%; national 97%.
- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 82% of patients who responded said the nurse was good at listening to them; CCG - 91%; national average - 91%.
- 78% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 76% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

• 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):

- The practice offered face to face interpretation services for patients who did not have English as a first language. The practice population included a higher than average

Are services caring?

number of Bengali and Arabic speaking patients. We interviewed one of these patients on the day of inspection and they told us the face to face interpreter service had encouraged them to register at the practice as it meant they could communicate effectively with their GP. We saw notices in the reception areas, including in languages other than English, informing patients the interpreter service was available. Patients were also told about multi-lingual staff who might be able to support them.

- 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. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 160 patients as carers (2% of the practice list).

- Staff acted to help ensure that the various services supporting carers were coordinated and effective.
- Patients who were also carers were signposted to the support services available to them.
- Staff told us that if families had experienced bereavement, their usual GP sent them a sympathy

card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 73% 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%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 71% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

At our previous inspection in November 2016 we found that the practice had not taken action to improve the results of the GP patient survey in relation to consultations or addressed patient feedback relating to access to appointments. At this inspection, these concerns had been addressed.

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.
- The practice improved services where possible in response to unmet needs.
- The facilities were appropriate for the services delivered. The practice told us the premises did not provide adequate clinic space and they would be adding an additional clinic room for use by GPs and nurses by utilising unneeded space in the waiting area.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients who required an interpreter were offered a face to face interpreter to enable them to communicate more effectively with their GP and nurse.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice worked closely with a local health forum to help improve services and encourage community dialogue for patients in the local area.
- The practice offered shingles vaccines and well attended flu clinics.
- The nursing team had set up community flu clinics for housebound patients.
- Home visits, including a phlebotomy service, were available for housebound 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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 were 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 to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when requested.
- The practice reviewed young female patients prescribed contraception every six to 12 months.
- There was a weight management programme available for families who needed help and advice with weight control.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice held a register of vulnerable patients.

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.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The business manager was involved with a dementia friendly workshop, which was associated with the local health forum. The workshop was to help improve the day to day life for patients with dementia in the local area, including those registered at the practice.
- The practice had a good working relationship with the local care home where 90% of residents diagnosed with dementia were registered at the practice. GPs attended the care home to visit patients and met with staff on a regular basis to ensure patients' health needs were met.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Of the 234 surveys that were sent out, 110 were returned. This represented about 1% of the practice population.

- 64% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 56% of patients who responded said they could get through easily to the practice by phone; CCG - 76%; national average - 71%.
- 87% 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; CCG - 83%; national average - 75%.
- 80% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 65% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 61% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.

Both CQC comment cards and patients we spoke to on the day of inspection told us that they had experienced a marked improvement, over the past year, in access to appointments and their experience of attending the practice.

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. The practice had received 37 complaints in the last year including verbal complaints. We reviewed these 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.

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

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

- 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.
- Leaders at all levels 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 clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

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

Culture

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

- Staff told us they had experienced a marked improvement in the culture of the practice over the past year. They stated they felt respected, supported and valued, both by the GPs and the business manager. Staff also told us they enjoyed working at the practice and felt morale had increased under the new management structure.

- 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 demonstrated when responding to incidents and complaints. For example, the practice had acted on complaints about access to appointments thoroughly and explained their improvement plans to the patient as well as discussing the outcome with staff. 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. For example, the nursing team had suggested the introduction of disposable blood pressure cuffs to improve infection control and this had now been introduced into the practice.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice 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.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

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 and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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 quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) who had a good working relationship with the practice and met regularly. The PPG organised speakers who had a particular health care expertise to come and talk to the patients. For example, a nurse practitioner had recently given a talk, explaining the care they provided, to improve patients' understanding of the role.
- 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.
- Staff knew about improvement methods and had the skills to use them.
- 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 was part of a local cluster of GPs working alongside one another to improve services for their patients. The cluster was in the process of discussing plans for a local federation of GPs and the business manager was actively involved with this group.

Are services well-led?

Good 

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

- The practice were making plans to recruit a paramedic practitioner whose role would improve the clinical skill mix and help to reduce the waiting times for patients requiring urgent care and those unable to attend the practice.
- The practice told us they were working with the police and a local councillor to address security concerns and anti-social behaviour around the premises outside of practice hours.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
Maternity and midwifery services	The service provider had failed to ensure that care and treatment was provided in a safe way for service users. The service provider had failed to action and document the outcome of the Legionella risk assessment.
Surgical procedures	This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	