

Eden Park Surgery

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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. The practice was previously inspected on 21 January 2015 and rated Good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

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 carried out an announced comprehensive inspection at Eden Park Surgery on 21 January 2015 as part of our inspection programme. The overall rating for the practice was good. The full comprehensive report for 21 January 2015 can be found by selecting the ‘all reports’ link for Eden Park Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 19 December 2017. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014 as part of our inspection programme.

At this inspection we found:

- There was continuity of care for patients, as the practice provided a daily walk in service between 10.30am to 11.15am, where any patient could be seen.
- The practice never used locums.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

Summary of findings

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- 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 told us that all staff at the practice were supportive and the care they received was excellent. Access to the service was good and patients told us they could book routine and emergency appointments when needed

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.
- Review the frequency of testing electrical equipment.
- Review the safety of the storing of patient records.
- Review conducting staff meetings and documenting them.
- Review accessibility for patients with hearing impairment.

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

Eden Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and an expert by experience.

Background to Eden Park Surgery

The surgery is located in Beckenham in South-East London within Bromley Clinical Commissioning Group (CCG), and provides a general practice service to around 8540 patients. The practice address is 194 Croydon Road, Beckenham, Kent, BR3 4DQ. More information about services provided by the practice can be found on their website: www.edenparksurgery.nhs.uk

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice is registered with the Care Quality

Commission for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, and diagnostic and screening procedures at one location.

The practice is currently open five days a week Monday to Friday from 8am to 6:30pm, with additional walk in and appointments every day between 10.30am to 11.15am. The practice is closed at weekends. The practice does not provide an out-of-hours service, patients are signposted to an out-of-hours GP service when the surgery is closed.

The practice provides walk in and bookable appointments each day including urgent appointments. The practice also provides telephone GP consultations and online appointments.

The practice, has eight partners (two male and six female), who provide a combined total of 42 GP sessions per week. There is one nurse practitioner, one nurse. The practice also has a practice manager, and support team including receptionists, administrators and secretarial staff.

The practice comprises of six consulting rooms, two treatment rooms, separate reception and waiting areas, two toilets, including an accessible toilet, and baby change facilities.

Are services safe?

Our findings

At our previous inspection on 21 January 2015, we rated the practice as good for providing safe services. The practice is still rated as good for providing safe services and all of the population groups are rated good.

- The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken 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). Out of five files checked two non-clinical staff members did not have references.
- Most staff had received up-to-date safeguarding and safety training appropriate to their role. However out of five files checked two non-clinical staff had not received child or adult safeguarding training, although staff spoken to knew how to identify and report concerns.
- Only clinical staff acted as chaperones and were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control, the last infection control audit had been conducted in October 2017. However out of five files checked three non-clinical staff members had not undertaken infection control training.
- The practice had not conducted any electrical testing of equipment since 2013, therefore could not ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers'

instructions. However after the inspection the practice told us they had booked an electrician to test all electrical equipment. There were systems for safely managing healthcare waste.

- There was no lock on the door where patient records were stored however the records were in a staff only area, and not accessible without going past staff. Shortly after the inspection the practice told us they had ordered a lock for the room where they stored patients' records.
- There was no emergency pull cord in the accessible toilet.

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.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There was no fire signage on what to do/where to go in the event of a fire.

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. For example we saw comprehensive care plans.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Are services safe?

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice did not have a supply of some recommended emergency medicines and had not undertaken a risk assessment of the need for these medications. There was no diclofenac (for pain relief) or rectal diazepam (used in the treatment of epileptic fits) or dexamethasone (used to treat conditions such as arthritis, blood/hormone/immune system disorders, allergic reactions). All the medicines we checked were in date and stored securely. After the inspection the practice told us they would obtain these medicines.
- 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.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. 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. The practice had documented five significant events in the last 12 months. On each occasion we saw that relevant actions had been taken to improve quality of care and lessons learned had been discussed with relevant staff and during team meetings. For example there was an incident with the practice computer system which stopped the practice receiving data, a member of staff contacted an engineer, when the engineer left, they realised they had no contact details. This was discussed with all staff and a system was put in place to record all details of external companies and always let a senior member of staff know.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 21 January 2015, we rated the practice as good for providing effective services. At this inspection we again looked at effective services and found that it had changed. The provider is now rated as requires improvement for providing effective services. All of the population groups are rated as requires improvement.

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.
- The average daily quantity of Hypnotics prescribed practice 0.59%, CCG 0.51% and the national average 0.9%.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group practice 0.91, CCG 0.82 and nationally 0.98.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones practice 5.41%, CCG 5.24% and nationally 4.71%.
- 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.
- Unplanned admissions were not being monitored.
- The practice was effective with conducting Chlamydia screening, they had the fourth highest screening rate in the borough of Bromley for 2017 and received a recognition certificate.

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.

- The practice did not provide health checks for new patients registering. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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 provided nurse-led clinics for monitoring diabetes, asthma, chronic pulmonary obstructive disease (COPD).
- The practice was an outlier for some long-term conditions for example, diabetes, asthma, hypertension and atrial fibrillation data.
- 58% of patients with diabetes on the register whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (local average 76%, national average of 78%).
- 63% of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (local average 81%, national average of 83%).
- 56% of patients with asthma, on the register, who had an asthma review in the preceding 12 months local average 76% national average 76%.

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 above the national target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 82%, which was above 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.
- Ad-hoc telephone consultations were provided for patients on request.

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):

- 62% of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (local average 82%, national average of 84%).
- 23% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 85%, national average of 90%). This was below the national average.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption, 45% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (local average 85%, national average of 90%).

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 was carrying out clinical audits:

The most recent published Quality Outcome Framework (QOF) results were 87% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% 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.) The practice was an outlier for diabetes, mental health, dementia, hypertension and asthma indicators. We discussed this with the practice, who were aware of the outliers and they said they were not proactive in getting points, however they would be focusing on improving these figures and putting processes in place to contact all patients with these conditions.

- 58% of patients with diabetes on the register whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (local average 76%, national average of 78%).
- 63% of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (local average 81%, national average of 83%).
- 62% of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (local average 82%, national average of 84%).
- 23% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 85%, national average of 90%).
- The practice was actively involved in quality improvement activity. For example audits relating to pre-diabetes, vitamin D levels after treatment for deficiency, reduction in antibiotic audit which resulted in improvement in patient care.

Are services effective?

(for example, treatment is effective)

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. There were gaps in essential training for some members of staff.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on going support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. 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.

- The practice had quarterly multidisciplinary case review meetings where all patients on the palliative care register were discussed.

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.
- Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (practice 40%) was comparable to other practices in the CCG 52% and nationally 50%. Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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

At our previous inspection on 21 January 2015, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services and all of the population groups are rated good.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a poster in the reception area informing patients of this.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and ninety four surveys were sent out and 135 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% 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%.
- 94% of patients who responded said the GP gave them enough time CCG 84% national average 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG 95%; national average 95%.
- 98% 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%.

- 100% of patients who responded said the nurse was good at listening to them; (CCG) 91% national average 91%.
- 100% of patients who responded said the nurse gave them enough time; CCG 91% national average 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 97% national average 97%.
- 100% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 90%; national average 91%.
- 97% of patients who responded said they found the receptionists at the practice helpful; CCG 87% 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):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this 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 74 patients as carers (0.8% of the practice list).

- The practice coded all patients who were carers, posters and leaflets were displayed in the waiting area. Flu jabs were offered to carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

them a sympathy card. This call 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 above local and national averages:

- 95% 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 85% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care CCG 80% national average 82%.

- 99% of patients who responded said the last nurse they saw was good at explaining tests and treatments CCG 89% national average 90%.
- 95% 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

At our previous inspection on 21 January 2015, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services and all of the population groups are rated good.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example a pharmacist attended the practice one day per week to assist with medicine reviews.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided a daily walk in surgery from 10.30am to 11.15am.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice visited a nursing home once a week.

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.
- The practice provided nurse-led clinics for monitoring diabetes, asthma, chronic pulmonary obstructive disease (COPD).

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.
- Parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had a weekly baby clinic.
- The practice provided baby changing facilities, also provided wet wipes.

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients could also email GPs.
- The practice was part of the Bromley GP hub scheme and could provide patients with appointments from 4pm-8pm during the week and from 8am-8pm on the weekends.

People whose circumstances make them vulnerable:

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

Are services responsive to people's needs?

(for example, to feedback?)

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.

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.
- Appointments could be booked up to four weeks in advance.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages in all questions. This was supported by observations on the day of inspection and completed comment cards. Two hundred and ninety four surveys were sent out and 135 were returned. This represented about 2% of the practice population.

- 84% 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 80%.
- 89% of patients who responded said they could get through easily to the practice by phone; CCG 72%; national average 71%.

- 94% 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 77% national average 76%.
- 94% of patients who responded said their last appointment was convenient; CCG 81%; national average 81%.
- 90% of patients who responded described their experience of making an appointment as good CCG 72% national average 73%.
- 76% of patients who responded said they don't normally have to wait too long to be seen; CCG 57% national average 58%.

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. Five complaints were received in the last year. We reviewed all five complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example the practice had received a complaint from a patient whose child needed treatment and was turned away as the child was registered elsewhere as a student. The practice discussed the complaint, and raised awareness with the reception staff. They apologised and registered the child as a temporary patient the next morning.

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 stated they felt respected, supported and valued. They were proud to work in the practice. The practice had several staff members who had worked at the practice for over 30 years.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. The practice only recruited partners as this enabled all clinical staff to be treated fairly. 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 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,

Are services well-led?

Good 

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice was not conducting staff meetings, however after the inspection we were told there would be a standing agenda and staff meetings would be held every quarter and documented.

Managing risks, issues and performance

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

- 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 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.
- 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.
- There was no lock on the door where patient records were stored however the records were in a staff only area, and not accessible without going past staff. Shortly after the inspection the practice told us they had ordered a lock for the room where they stored patients' records

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.
- 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. For example, after the inspection the practice informed us they would be conducting quarterly meetings, and incorporating training into these meetings.
- 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.

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- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had recently recruited two partners, who previously worked at the practice as registrars.

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 Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Staff were not actively monitoring quality improvement for patients with long term conditions and mental health.</p> <p>This is in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• Not all staff had conducted fire training, infection control training, safeguarding and mental capacity training. <p>This is in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>