

# The Beechdale Surgery

## Quality Report

439 Beechdale Road  
Nottingham  
Nottinghamshire  
NG8 3LF  
Tel: 0115 978 6557  
Website: [www.beechdalesurgery.co.uk](http://www.beechdalesurgery.co.uk)

Date of inspection visit: 23 February and 7 March  
2018  
Date of publication: 27/06/2018

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

## Ratings

|                                            |  |      |                                                                                       |
|--------------------------------------------|--|------|---------------------------------------------------------------------------------------|
| Overall rating for this service            |  | Good |  |
| Are services safe?                         |  | Good |  |
| Are services effective?                    |  | Good |  |
| Are services caring?                       |  | Good |  |
| Are services responsive to people's needs? |  | Good |  |
| Are services well-led?                     |  | Good |  |

# Summary of findings

## Contents

### Summary of this inspection

|                                                     |        |
|-----------------------------------------------------|--------|
| Letter from the Chief Inspector of General Practice | Page 2 |
| The six population groups and what we found         | 4      |

### Detailed findings from this inspection

|                                     |        |
|-------------------------------------|--------|
| Our inspection team                 | Page 5 |
| Background to The Beechdale Surgery | 5      |
| Why we carried out this inspection  | 5      |
| Detailed findings                   | 7      |

## Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at The Beechdale Surgery in May 2017. The overall rating for the practice was inadequate.

We carried out a focused inspection in December 2017 to confirm that the practice had taken the required action to meet the legal requirements in relation to the breaches in regulation set out in warning notices issued to the provider following our May 2017 inspection. The warning notices were issued in respect of breaches of regulation related to safe care and treatment and good governance.

The full reports from the previous inspections can be found by selecting the 'all reports' link for The Beechdale Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a comprehensive inspection with a site visit undertaken on 23 February 2018. The Beechdale Surgery is one of four locations of the provider 'The Beechdale Medical Group'. All four locations were inspected between 22 February 2018 and 7 March 2018. The overall rating for this location is **good**.

The key questions are rated as:

Are services safe? – Good

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

Our key findings were as follows:

- The practice had implemented 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. Robust recording systems had been introduced to ensure significant events were monitored and reviewed.
- Arrangements to respond to emergencies had been significantly improved; arrangements had been standardised across the practice group.
- Regular risk assessments were undertaken including risk assessments in respect of fire and legionella.

# 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 were supported to access the training required to fulfil their roles and received regular appraisals.
- 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.
- Leadership arrangements had been reviewed and improved across the practice group; this included the recruitment of a new business manager to provide strategic and operational leadership.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Improve and review the system to record the immunisation status of relevant staff members in line with guidance
- Continue to review and improve uptake rates for cancer screening
- Continue to improve the use of the clinical system to ensure all tasks are managed appropriately

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

**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.

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

# The Beechdale Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a lead inspector, a GP specialist advisor and a practice nurse specialist advisor.

## Background to The Beechdale Surgery

The Beechdale Surgery provides primary medical services to approximately 3900 patients in the Beechdale area of Nottingham. The practice is located at 439 Beechdale Road, Nottingham, NG8 3LF.

The provider is registered for the provision of the following regulated activities from The Beechdale Surgery:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The Beechdale Surgery is part of the Beechdale Medical Group which has three further GP practices located within a close radius. Each practice holds a Primary Medical Services (PMS) contract with Nottingham City CCG and each has a separate patient list. Beechdale Medical Group is a partnership between a GP and an advanced nurse practitioner. The total list size of the four practices in the group is approximately 12,900 patients and all are situated in the NG8 district of Nottingham. Patients registered with any practice within the Beechdale Medical Group have access to appointments at all sites.

The Beechdale Surgery is situated in an area of high deprivation falling into the most deprived decile. Income deprivation affecting children and older people is similar to the local clinical commissioning group (CCG) average and above the national average.

The clinical staff comprises of five part time GPs (male and female), an advanced nurse practitioner, a practice nurse and a healthcare assistant. The clinical team is supported by a group business manager, a business processes facilitator and a team of reception and administrative staff. A number of staff work across the group including the business processes facilitator and a nurse lead.

The practice is open between 8.00am and 6.30pm Tuesday to Friday. There is extended opening on a Monday with the practice being open from 8.30am to 8pm; the practice opens on Saturday from 9am to 1pm.

When the practice is closed out-of-hours GP services are provided by Nottinghamshire Emergency Medical Services (NEMS) which is accessed by telephoning the NHS111 service.

## Why we carried out this inspection

We undertook an announced comprehensive inspection of The Beechdale Surgery on 11 May 2017 and 23 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. We undertook a follow up focused inspection of The Beechdale Surgery on 1 December 2017. This inspection was carried out to ensure the practice had complied with the warning notices issued in August 2017 and to confirm that the practice was now meeting legal requirements

## Detailed findings

The full reports following the inspections in May 2017 and December 2017 can be found by selecting the 'all reports' link for The Beechdale Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a comprehensive follow up inspection of the Beechdale Surgery on 23 February 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements.

# Are services safe?

## Our findings

**At our previous comprehensive inspection in May 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of the following areas were not adequate:**

- **Arrangements to handle clinical or medical emergencies**
- **Disposal of sharps waste**
- **Arrangements to identify, monitor and mitigate risk including fire risk, legionella risk and recruitment checks**

**These arrangements had significantly improved when we undertook a follow up inspection in December 2017. During our inspection visits in February and March, we found that improvements had been embedded and sustained. The practice is now rated as good for providing safe services.**

### Safety systems and processes

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

- The practice had a range of safety policies in place; including adult and child safeguarding policies. Policies were regularly reviewed and there were arrangements in place to ensure changes were communicated to staff. Arrangements to ensure ease of access to the most up to date policies and procedures had been improved. Policies were easily accessible to all staff including locums.
- Staff received safety information for the practice as part of their induction and via ongoing refresher training.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- 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.
- All staff received up-to-date safeguarding at a level appropriate to their role. They knew how to identify and report concerns. Information was displayed on noticeboards and in consultation rooms outlining whom staff should contact regarding safeguarding concerns.

- 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 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. There was an infection control lead in place and regular audits were undertaken. Areas for improvement had been identified; for example, the practice told us about plans to utilise additional funding to install collapsible soap dispensers.
- Although records of hepatitis B immunity were maintained, the practice did not have records of all immunity status for all staff in respect of chicken pox or MMR in line with the guidance in the green book.
- Systems for safely managing healthcare waste were being operated effectively. Sharps waste was disposed of in line with guidance.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- Arrangements to plan and monitor the number and mix of staff needed had been improved. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. Staff provided cover at other sites where a need for this was identified and some staff had been redeployed across the practice group in response to identified need. Systems and processes across all four sites operated by the provider were being standardised to ensure that staff could work across multiple sites more efficiently.
- There was an effective induction system for staff tailored to their role; this included arrangements for locums working at the practice.
- Arrangements to respond to medical emergencies had been significantly improved and were standardised across all locations within the practice group.

# Are services safe?

Emergency trollies had been purchased for each location and these were stocked with the same equipment at each site. Information was displayed about where emergency equipment was located and staff were aware of the location of emergency equipment and medicines. Regular checks of emergency equipment and medicines were undertaken and documented.

- Staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we reviewed showed that the information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The electronic records for patients were available at all four registered locations operated by the provider meaning that records were accessible in the event that patients were being seen at a site other than their registered location.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- 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 and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. 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 reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- 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 had undertaken safety reviews and risk assessments for the premises which covered a range of areas; including access and general health and safety.
- A new fire risk assessment had been undertaken for the premises and there was evidence of action taken in response to recommendations.
- Legionella risk assessments had been completed and action taken in response to recommendations.
- 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 and policy 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.
- Comprehensive systems had been introduced to enable events to be investigated and reviewed when things went wrong. All significant events across the practice group were logged and recorded centrally by the business manager. The system used for logging events enabled these to be reviewed and tracked to ensure any required actions were undertaken in a timely manner. The system recorded all events from across the four practices and learning was shared amongst all sites.
- The practice group learned and shared lessons; identified themes at a local and took action to improve safety in the practice. For example, following an issue at

## Are services safe?

this location connected to the issuing of a prescription, prescription requests were no longer dealt with in the busy reception environment. This enabled staff to concentrate on tasks without being distracted.

- There was an effective system for receiving and acting on safety alerts. The practice learned from external

safety events as well as patient and medicine safety alerts. As well as alerts being shared with all relevant staff, all alerts and actions taken were logged centrally. Summaries of recent alerts were added to the noticeboard of clinical system.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection in May 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff appraisals and training needed improving.**

**These arrangements had improved when we undertook a follow up inspection in February and March 2018. The practice is now rated as good for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Across the practice group all clinical staff had ensured they were signed up to receive updates; in addition updates were circulated by the business manager or by one of the partners. We saw evidence of this during our inspection of The Beechdale Surgery.

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for an annual health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan involving other agencies.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- QOF results showed that the practice had achieved 91% of available points for indicators related to diabetes. This was 9% above the CCG average and in line with the national average.

#### 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. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 73%, which was in line with the CCG average of 72% and the national average of 72% but below the 80% coverage target for the national screening programme. The practice proactively followed up patients failing to attend for cervical screening and there was information displayed to encourage attendance.

# Are services effective?

## (for example, treatment is effective)

- The practices' uptake for breast and bowel cancer screening was slightly below local and the national averages. The uptake rate for breast cancer screening was 64% compared with the CCG average of 69% and the national average of 70%; the uptake rate for bowel cancer screening was 52% compared with the CCG average of 53% and the national average of 55%.
- There was evidence that the practice regularly reviewed their performance in respect of cancer screening and had information available within the practice to encourage uptake.
- 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 and those with a learning disability.
- There had been an increase in the number of patients provided with a learning disability health check.

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

- QOF results showed that 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 4% above the local average and 5% above the national average. The exception reporting rate for this indicator was below the local and national average.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 9% above the local average and 6% above the national average. However, exception reporting for this indicator was above the local and national average; the exception reporting rate for this indicator was 19% which was 5% above the CCG average and 6% above the national average. During our inspection we reviewed examples of exception reporting and these demonstrated this was being done appropriately.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 98% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above local and national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The practice group had a programme of quality improvement activity in place and routinely reviewed the effectiveness and appropriateness of the care provided.

Quality improvement activities undertaken included:

- Referrals to gastroenterology had been audited across the group; the audit demonstrated a high number of unnecessary referrals. A repeat audit showed a reduction in the number of referrals.
- As part of a review of processes by the business processes facilitator, an audit was undertaken to review the quality of referrals and a new referrals process developed as a result.
- An audit of the incidence and management of depression and anxiety was undertaken across the group. This showed that more patients were receiving antidepressants than the number which were coded as having depression and or anxiety. Three actions were suggested as part of the audit including recommendations for improvements to clinical coding. The audit had not yet been repeated.
- A review of patients who received hormone replacement therapy at The Beechdale Surgery.

The most recently published QOF results demonstrated that the practice had achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 14% compared with a national average of 10%. (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.)

# Are services effective?

## (for example, treatment is effective)

Data provided by the practice following the inspection visit demonstrated that the practice had achieved 99% for 2017/18; these results had not yet been externally verified.

### Effective staffing

There was evidence that 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 and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and coaching and mentoring. Appraisal had been undertaken in the last 12 months for those staff who required them and newly recruited staff had been provided with training and development plans.
- Nurse meetings were taking place across the practice group and plans were in place to extend these to provide nurses and healthcare assistants with enhanced clinical supervision.
- 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. Regular multidisciplinary meetings were held bringing together clinical staff from across the four registered practice group locations along with a range of community based health and social care staff.

- 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.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their 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 in May 2017, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.**

### Kindness, respect and compassion

During our inspection we observed that staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice provided patients with timely support and information.
- If patients wanted to discuss something sensitive or appeared distressed in the waiting areas, reception staff offered them a private room to discuss their needs.
- We received 25 completed Care Quality Commission comment cards; 23 of these were entirely positive about the service experienced. This was 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 the majority of patients felt they were treated with compassion, dignity and respect. A total of 337 surveys were sent out and 92 were returned. This represented a response rate of 27% and was equivalent to about 2.4% of the practice population. The practice was generally in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.

- 88% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 91%.

### 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. There was information available to inform patients this service was available.
- Staff communicated with patients in a way that they could understand. There were communication aids and easy read materials 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. Carers were encouraged to identify themselves at the point of registration and there was practice specific information for carers available in the waiting area. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers; this was equivalent to approximately 2% of the practice list. This has increased from 54 at the last inspection. New information, since our last inspection, had been developed for carers and was available in the reception area.

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:

## Are services caring?

- 78% 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%.
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.
- 83% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Due to the layout of the reception area, there was a risk conversations with receptionists could be overheard by patients in the waiting room however reception staff were aware of this and offered to speak with patients away from the reception area if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection in May 2017, we rated the practice as requires improvement for providing responsive services. This was due to availability of GP appointments and a lack of evidence of shared learning from complaints.**

**These arrangements had significantly improved when we undertook a follow up inspection in February and March 2018. The practice is now rated as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. For example:

- Extended hours services were provided across the group of practices and this included the facility for patients to access appointments at other sites within the group. The websites for all four practices in the practice group had recently been updated and integrated to provide clearer information about how to access appointments at other sites.
- A clinical telephone triage system was operated on a daily basis to ensure patients who needed an appointment were provided with one.
- The appointment system had been reviewed in response to the inspection in May 2017 and improvements made with additional clinical capacity being provided at this site.
- Online services were provided including repeat prescription requests and the advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered. Consulting rooms were situated on the ground floor and there was level access to the premises.
- A range of services were offered in the practice to reduce the need for patients to travel to access services. These included minor surgery, travel vaccinations, phlebotomy and spirometry services.
- The practice made reasonable adjustments when patients found it hard to access services.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- A substance misuse clinic was held weekly at the practice and could be accessed by patients registered with any of the four practice group locations. This service was accessed by over 30 people.
- Patients could access family planning services (including long acting reversible contraception) at another practice in the group with a regular clinic being held.
- The practice used text messaging for appointment reminders and to recall patients for reviews.
- The practice used a service called TEXT DIRECT (TYPETALK National Telephone Relay Service) to promote accessibility for deaf and hearing impaired patients.
- Older people:
  - The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
  - Services were provided to a number of local care homes with regular planned visits undertaken.
  - The community based falls and bones held regular clinics at the practice.

### People with long-term conditions:

- Patients with a long-term condition received regular reviews to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with community based health and social care staff to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- 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.
- All parents or guardians calling with concerns about children were offered a same day appointment when necessary.

# Are services responsive to people's needs?

(for example, to feedback?)

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 and weekend appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Longer appointments were available for those who required them.

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

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia. The lead GP had significant experience of working with patients experiencing poor mental health.
- The practice held GP led mental health and dementia clinics. Patients who failed to attend were proactively followed up.

## Timely access to care and treatment

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

- Patients generally 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. A clinical triage system was operated on a daily basis across all four sites within the practice group. Where appointments were not available at a patient's local site, they had the option of accessing an appointment at another site.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally comparable to local and national averages. This was supported by

observations on the day of inspection and completed comment cards. A total of 337 surveys were sent out and 92 were returned. This represented a response rate of 27% and was equivalent to about 2.4% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 65% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 71% and the national average of 71%.
- 69% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 78% of patients who responded said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 58% of patients who responded described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 45% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. We reviewed a range of complaints received in the last year from across the practice groups. We found that these were satisfactorily handled in a timely way.

Significant improvements had been made to the systems in place to enable complaints to be recorded and logged. As well as learning lessons from individual concerns and complaints at a local level all complaints were centrally recorded and tracked to ensure learning could be shared across the wider practice. Trends were also analysed at a site and group level.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection in May 2017, we rated the practice as inadequate for providing well-led services as governance systems were not being operated effectively. This was due to issues identified in the following areas:**

- **Systems for ensuring staff received training appropriate to their role**
- **Systems to identify, monitor and mitigate risk**
- **Systems to monitor and improve the quality of services**

**We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service in December 2017.**

**During this inspection we found that improvements had been sustained and further improvements made. We rated the practice and all of the population groups as good for providing a well-led service.**

### Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it. The practice group had significantly invested in leadership across the organisation. They had recruited an experienced business manager to provide oversight, operational and strategic management across the practice group. Other management appointments made across the practice group had increased stability.
- The leadership team 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 group.

- There were plans in place to recruit additional partners and following our inspection visit we were informed the practice were in the process of finalising the recruitment of a new GP partner.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. The business manager was providing clear direction and had focussed on ensuring areas identified as requiring improvement had been addressed.
- Staff were aware of and understood the values of the practice and the plans for the future development of the practice group.
- The practice's plans and strategy were in line with health and social priorities across the region. The practice group planned their services to meet the needs of the local population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Practice staff told us they were 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. There was evidence of meetings with patients in response to complaints and concerns. 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 had opportunities to do this.
- Processes for providing all staff with the development they needed had been significantly improved. This included effective appraisal and career development conversations. All staff received regular annual appraisals or had been issued with bespoke training

# Are services well-led?

Good 

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

plans in the last year. There was an effective system in place across the practice group to enable the recording of training and to identify when refresher training was due.

- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. A nurse lead role had been implemented across the practice group and all nursing staff were now given the opportunity to come together on a monthly basis across the groups. This had led to standardisation of processes and dedicated administrative time being put in place for nurses. It was planned to develop these meetings to facilitate further clinical supervision for nurses. They were given protected time for professional development and evaluation of their clinical work. Nursing staff told us they felt part of a larger nursing team.
- The practice actively equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were generally 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 supported effective joint working and partnerships to deliver co-ordinated person-centred care.
- A new leadership structure for the practice had been implemented with the partners and the business manager had clear areas of responsibility and accountability from a clinical and management perspective. A lead nurse role had been introduced bringing the nursing team together across the practice group. Each site had a senior member of staff in a management role, either as a practice manager or similar, reporting to the business manager.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

- Since the inspections in May 2017, there had been significant improvements to ensure that the establishment of proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All sites and locations were now using the same policies, procedures and protocols.
- Work was ongoing to standardise operating procedures across the practice group; for example, all arrangements to respond to emergencies had been standardised across all sites.

## 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. Regular, documented, reviews of health and safety issues were undertaken within the practice. Areas for improvement had been addressed including the fire risk and risk of legionella.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Audit had a positive impact on quality of care and outcomes for patients. There was 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.

# Are services well-led?

Good 

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

- 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. However, some improvements were still required to ensure all tasks on clinical system were being managed and closed appropriately.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group which operated across the wider practice group.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement within the practice. The practice group had created a role for a business processes facilitator to review protocols and processes across the practice group and to ensure these were standardised and streamlined.
- The practice provided teaching to medical students.
- The business manager was working with the nurse lead to implement formalised clinical supervision for the nursing team.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.