Woodside Health Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	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

Page

Overall summary 2

Detailed findings from this inspection

Our inspection team 4

Background to Woodside Health Centre 4

Detailed findings 5

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection July 2015 – 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

We carried out an announced comprehensive inspection at Woodside Health Centre on 01/11/2017 as part of our inspection programme.

At this inspection we found:

- 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.
- 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 mainly found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice understands their patient group and worked as a practice team to improve patients' cooperation with their care and treatment.

We saw one area of outstanding practice:

- The practice had equipment that tested the C-reactive protein (CRP) in a patient's blood at the point of consultation. This was used when infection was clinically suspected. Measuring the CRP in a patient's blood in this way helped to differentiate between viral infections and more serious bacterial infections needing antibiotic prescribing.

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

Summary of findings

- Ensure information about how to make a complaint is easily available.
- Consider foramilsing the records of its fire drills.
- Ensure that all patients providing care to others are recorded as carers.

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

Woodside Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Woodside Health Centre

Woodside Health Centre is a purpose built GP practice in the Woodside area of Telford, Shropshire.

The practice offers General Medical Services (GMS) through NHS England and has expanded the services it provides to include a number of enhanced services. Enhanced services are services, which require and enhanced level of service provision above what is required under core GMS contracts.

The local area is classed as more deprived when compared with both local and national statistics. Unemployment within patients at the practice is over twice the local and national averages. The number of practice patients who report long standing health conditions and health related problems in daily life are all higher that local and national averages. These factors can greatly increase the demand of services on a GP practice.

There are currently around 6800 patients of all pages registered at the practice. The practice has more patients aged 18 and under than average. Presently the practice has 26% of patients aged under 18, which is 5% more than the local average and 7% more than the national average. Conversely, the practice has lower than average numbers of older patients. The practice has 14% of its patients aged 65 and over with the local average being 16% and the national average 17%.

Information about the team at the practice and the opening hours can be found on their website: http://www.woodside-medical-practice.org.uk/.

The practice has opted out of providing out of hours cover for their patients. The Shropshire Doctors' Co-Operative Limited (SHROPDOC) provides the practice out of hour's service.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice had systems to safeguard children and vulnerable adults from abuse. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice still used reusable vaginal speculums, which were sterilised at an off site specialist facility. The practice had identified in their May 2017 infection control audit that they planned to review this practice and explore the use of single use only items later in the financial year.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had just appointed a new GP partner and were in the process of confirming their start date.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff had an on computer alert, which all clinical staff knew how to use. Staff we spoke with reported very speedy responses from colleagues when an alert activated.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice used a traffic light system as an aide memoire in addition to the electronic template to promote sepsis awareness. The practice had equipment that tested the C-reactive protein (CRP) in a patient's bloodat the point of consultation. This was used when infection was clinically suspected. Measuring the CRP in a patient's blood in this way helped to differentiate between viral infections and more serious bacterial infections needing antibiotic prescribing.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. Nurse led extended hours appointments were supported by GP led extended hour sessions on the same day.
- The practice had carried out a skills analysis of reception and administrative staff to further inform the recruitment process.

Information to deliver safe care and treatment

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

Good

Are services safe?

- 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. Handovers and follow up to the out of hour's service were recorded and monitored.
- Referral letters included all of the necessary information. The practice used the Telford Referral And Quality Service (TRAQS) referral process, which reviewed all GP referrals and took the referrals forward. This aimed to ensure all patients were seen at the right place the first time.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice had made a recent change in the system for prescribing of inhalers in response to the national asthma death survey. A policy of only issuing one inhaler per prescription had been adopted to ensure asthmatic patients requesting additional medication received a further review of their condition.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example there were up to date legionella risk assessments.
- 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. Although the practice had planned fire evacuations, actual evacuations had taken place but had not been recorded.

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. All staff we spoke with told us that they were encouraged to, and felt able to, raise any concern.
- 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. For example, when patients had been discharged from hospital with non-compatible drug combinations; the practice included the hospital in the significant event notice; shared the learning and ensured that the patient received a suitable and safe combination of drugs to treat their condition.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was significantly better than the CCG average or the England average, for the daily quantity of prescribed of Hypnotics per Specific Therapeutic group. The regional and England averages were broadly 1% (for that therapeutic group) and the practice prescribed these drugs to 0.1% of patients within that therapeutic group.
- The practice was significantly better than the CCG or England average for antibiotic prescribing.
- We saw no evidence of discrimination when making care and treatment decisions.
- All patients across all populations groups whose conditions allowed had an annual review and an annual prescription sent to the pharmacy of their choice. The system included a reminder one month before their prescription expired so that they could book a review with the practice. This had been planned with a pharmacist and every four weeks patients were able to receive their medication from their local pharmacy without contact with their GP. Patients we spoke with who used this service told us that this was a wonderful service. Two patients told us the service had positively improved their lives and that they had made fewer appointments as a result.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. Currently the practice had 80 patients identified as frail they were offered double appointments and included falls risk assessments.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.
- The practice nurse delivered home services for example influenza vaccinations. The practice's immunisation rates for the elderly in influenza, pneumonia and shingles vaccines, was the highest in the CCG.

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 scored consistently well and either the same as the CCG average or better, and consistently better than the England average across all long-term conditions. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 97%, which was higher than the CCG average of 91% and the national average of 92%. The practice exception reporting rate of 15% was higher than the CCG average of 12% and England average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 80% compared

Good

Are services effective?

(for example, treatment is effective)

with the CCG average of 71% and the national average of 72%. However, the practice exception reporting rate of 26% was higher than the CCG average of 19% and England average of 14%.

- 88% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma. This was higher than the CCG average of 78% and the national average of 76%. The practice exception reporting rate of 1% was lower than the CCG average of 7% and England average of 8%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the childhood vaccines given were 97%. Staff were knowledgeable about the changes in vaccination programmes.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Midwives held clinics at the surgery and were included in practice meetings.
- Full contraception services were offered including implants and intrauterine contraceptive devices. The practice's uptake for cervical screening was 82%, which was in line with the 81% coverage target for the national screening programme. Nurses told us that they routinely discussed cervical screening with female patients.
- The practice had systems to encourage eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Evening appointments were offered up until 8.30pm for GP and nurse appointments one evening per week.

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. The practice had 46 registered patients with a learning disability. Over half had received an annual review and 45 had received a consultation appointment.
- The practice offered drug addiction services within the practice including in house drug counselling.
- The practice worked with South Staffordshire and Shropshire Foundation Trust to offer a weekly outreach clinic for supporting patients with regard to substance use
- The practice had an in house alcohol counsellor who offered support with alcohol addiction.
- Homeless patients were supported to register and obtain medical services.
- Interpreters were used and the practice allowed longer appointments for the adequate care of refugees.
- The practice offered an holistic approach to the multiple needs of the young and vulnerable single parent families. For example, advice was offered regarding contraception, teenage pregnancies and mental illness.
- Weekly repeat dispensing was used for vulnerable adults who needed support and monitoring for the management of their condition.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This is slightly below the CCG average of 82% and the national average of 84%. The practice exception reporting rate of 2% was lower than the CCG average of 9% and England average of 7%.
- 92% 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 above the CCG average of 89% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. All patients experiencing poor mental health had received advice about alcohol consumption and smoking cessation, plus other

physical health checks. Of those patients, for example, 100% of patients with a diagnosed mental health disorder had their alcohol consumption recorded in their notes in the preceding 12 months. This was above the CCG average of 92% and national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. A proactive continuous audit was in place to support safe care. For example, a national alert to a medication associated with renal function revealed a group of patients that required a change of treatment. The patients were called in for review and medication dosages altered appropriately. The audit was renewed to ensure that patients recently discharged from hospital had been included in the audit. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice participated in the TRAQS initiative locally to manage all referrals for further treatment.

The most recent published Quality Outcome Framework (QOF) results showed that the practice achieved 100% of the total number of points available which was above the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 10.5%, broadly the same as the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications 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, coaching and mentoring, clinical supervision and support for revalidation. Staff we spoke with told us that they could ask for training and receive it plus mentoring support whilst they worked to achieve it.
- 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.

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.

Good

Are services effective?

(for example, treatment is effective)

With the support of the patient participation group, the practice facilitated monthly information sharing sessions on different topics such as diabetes and fibromyalgia.

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.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. This was broadly 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. 340 surveys were sent out and 97 were returned. This represented a 29% response rate. The practice was slightly under average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% 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%.
- 77% of patients who responded said the GP gave them enough time; compared with the CCG average of 88%; and the national average of 89%.
- 94% 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%.
- 75% 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 83%; and the national average of 86%.
- 87% of patients who responded said the nurse was good at listening to them; compared with the CCG average of 92%; and the national average of 91%.
- 95% of patients who responded said the nurse gave them enough time; compared with the CCG average of 92%; and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; compared with the CCG average of 98%; and the national average of 97%.
- 92% 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 90%; and the national average of 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful; compared with the CCG average of 84%; and the national average of 87%.

The practice was in a high area of deprivation and the practice team were aware of the daily challenges their patient population group faced. They were aware of the lower scores and understood that some of their patients felt unhappy. The practice shared their action plan for addressing some of the identified issues. They were committed to supporting their patients and giving them sufficient time and attention.

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 that the electronic check in at reception was in Polish as well as English.
- Staff communicated with patients in a way that they could understand, for example, they used patients' mobile phones to type messages they could easily understand.
- 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.

Good

Are services caring?

The practice had a register of carers it's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (just under 1% of the practice list). Carers were offered influenza vaccines. The option of longer appointments was also available to support them in their role.

- Staff told us that if families had experienced bereavement, their usual GP contacted them. There were some leaflets available in the waiting room and the practice could consider adding to these for improved support and signposting after bereavement. Results were broadly in line with regional and national averages.

Results from the national GP patient survey showed patients mainly 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:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) and national averages of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared with the clinical commissioning group of 81%; and the national average of 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared with the clinical commissioning group average of 90% and the national average of 91%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared with the clinical commissioning group and national averages of 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 opening hours, the introduction of the Electronic Repeat Dispensing annual repeat prescription, advanced booking of appointments, sit and wait same day appointments.
- 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, the nurses made monthly visits to a local care home.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice carried out awareness weeks and poster campaigns to support and sign post patients for additional support. The practice had carried out awareness weeks in relation to dementia and diabetes.

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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP's also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice offered in house and domiciliary phlebotomy, in house ECG and spirometry amongst other facilities which reduces the need for patients to travel to the hospital.
- The purpose built medical centre offered ground floor, level access which made access easier for the older person. There was wheelchair access to all patient areas including consultation and treatment rooms, toilets and corridors. Within every nurses room there were powered adjustable height examination couches.

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 offered home visits for housebound patients with a long term condition.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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.
- Internet access was offered to request repeat prescriptions and doctor appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had considered contemporary issues and how patients' rights could be protected in line with the mental capacity act (MCA). For example people with capacity choosing to drink even when aware it was not good for them.
- The practice enabled patients to self-refer to an in house counsellor or be referred by their GP.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 340 surveys were sent out and 97 were returned. This represented a 29% response rate.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 85% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 64%; and the national average of 71%.
- 73% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 78%; and the national average of 84%.
- 66% of patients who responded said their last appointment was convenient; compared to the CCG average of 76%; and the national average of 81%.
- 62% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 66%; and the national average of 73%.
- 71% of patients who responded said they do not normally have to wait too long to be seen; compared to the CCG average and national averages of 64%.

The practice were aware of these results had discussed them with the CCG and developed an action plan to address the issues. The practice had developed a more flexible approach to appointments and were seeking feedback from patients on a monthly basis.

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 on the practice website. The practice had temporarily removed complaints leaflets from the reception area due to an incident with them being thrown about. The patient participation group (PPG) and the practice were discussing how to reintroduce these leaflets.
- Most complaints were formal written complaints. People we spoke with told us the practice preferred them to make written complaints.
- Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Eleven complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice learned lessons from individual concerns and complaints and from analysis of trends. The practice welcomed complaints and concerns as feedback.

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 strategy and supporting business plans to achieve priorities.
- The practice vison and values were shared on the staff notice board. The mission statement was to offer excellent customer care and treat all patients as individuals so they felt valued and their needs addressed in a safe and welcoming working environment. The practice aimed to be caring and responsive and offered staff development opportunities in order to realise their full potential.
- 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.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. The practice demonstrated an holistic approach to patients' needs. For example offering in house counselling.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, within the complaints log staff had recorded telephone contact with patients regarding complaints discussion and resolution. 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,

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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Staff we spoke with told us what the practice did and who staff needed to contact for further advice regarding both infection control and incidents.

Managing risks, issues and performance

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

- Although fire drills were carried out and evacuations practised, the practice had not formally recorded these.
- The practice had processes to manage current and future performance.
- Performance of employed clinical staff could be demonstrated through proactive continuous 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The practice had a clear flow chart demonstrating how information was shared between professional groups of staff.
- 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. One of the partners had a special interest in information technology and contributed additional expertise to these improvements.
- 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. For example, the practice were planning a winter wellness event in December 2017.
- There was a small patient participation group (PPG) who were keen to attract new members. Currently the practice had an online section for the PPG only. There was no notice board in the waiting room or forms for interested patients to fill in.
- 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.

Are services well-led?

Good

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently started expanding participation in flu clinics to suitably trained support staff.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance for example during PLT, supervision and team meetings.
- The practice offered training opportunities both for doctors and student nurses and were members of local area networking groups.