

# Dr Peter Linn

## 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 

# Key findings

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as Good overall.**

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 Dr Peter Linn's on 16 March 2018. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to

check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

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.
- National data showed that the practice was performing in line with national averages for all indicators. However the practice had a higher exception reporting rate than the national averages for some indicators.
- The practice involved patients in regular reviews of their medicines. In some cases we found patients had not had a medicine review within the recommended time scale.
- We found the practice had appropriate systems in place to monitor cold chain however they were unable to monitor medicine temperatures that were kept at room temperature. Since the inspection the practice have installed a thermometer to monitor room temperature.

# Summary of findings

- 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.
- Staff had received mandatory training applicable to their role. However the infection prevention control lead had not carried out any role specific training pertinent to the lead role.
- The practice provided staff with ongoing support. Although most members of the practice team had appraisals within the last 12 months, we found one member of the nursing team who had been at the practice for 18 months had not received an appraisal.
- There was sufficient and appropriate equipment for use in the treatment of patients, including in the event of a medical emergency and the equipment was calibrated to ensure it was working correctly.
- Staff we spoke with on the day said although they had individual team meetings they would benefit from having regular practice meetings to ensure general information and shared learning is cascaded regularly.
- The practice had identified 1.2% of its practice list as carers by highlighting them during registration and during clinical consultations.
- The practice was clean and tidy and staff had reviewed infection prevention control and policies.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with or higher than others for all aspects of care.
- The practice was aware of their patient population needs and their preferences and worked to accommodate them.
- There was a strong focus on continuous learning and improvement for the GP team. However we found there was no plan for staff development for administration or nursing staff members.
- Patients spoke highly of the care they had received from the entire team at the surgery.

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

- Continue to establish effective systems to ensure medicine reviews are conducted and documented in line with standard practice.
- Review levels of exception reporting.
- Review processes to ensure all staff receive appraisals necessary to support them to carry out their duties and to encourage future development.

**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>	

# Dr Peter Linn

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dr Peter Linn

Dr Peter Linn's (also known as Angel Lane Surgery) service is located in a semi-rural market town serving neighbouring communities such as Felsted, High Easter, Stebbing and Little Easton. The practice has a General Medical Services (GMS) contract with the NHS.

- There are approximately 10429 patients registered at the practice.
- The practice provides services from Angel Lane, Dunmow, Essex.
- The practice is registered with the Care Quality Commission as a partnership, there are 32 employees with six GP's (three male and three female GP's) and Registrars. A GP Registrar or GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice.

- The practice is a dispensing practice, which means that patients who do not have a dispensing chemist within a 1.6km radius of their house can get their prescribed medicines dispensed from here.
- The practice is open from Monday to Friday between the hours of 8am and 6.30pm. The GP appointments are available between 9am to 5.30pm on Monday to Friday.
- Pre-bookable evening and weekend appointments can be booked by the practice via the West Essex Hub.
- The practice has opted out of providing out-of-hours services to their own patients. Emergency medical attention between 6:30pm and 8am weekends and bank holidays is provided by contacting the NHS 111 service in the first instance.
- National data indicates that people living in the area are ninth least deprived in comparison to England as a whole.
- The practice provides services for a higher percentage of patients aged 65 and above compared with the local and national averages.
- The practice has a comprehensive website providing a wealth of information for patients to understand and access services, including useful links to specialist support services.

# 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 conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. They conducted monthly meetings with relevant agencies to ensure important information was discussed. 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. However the infection prevention control lead had not had specific lead training to carry out their role.
- 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.
- There was an effective induction system for temporary staff tailored to their role with a GP locum pack for all locums new to the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice computer system alerted clinicians to recent guidelines to ensure prompt diagnosis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, long term locums were employed to cover maternity leave. The practice were actively assessing their skill mix and advertising roles to overcome their staffing challenges.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

- The systems for managing medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- We found that the cold chain policy had been followed and staff were aware of the actions to take when cold chain had been broken.

## Are services safe?

- The practice had not monitored the temperature in the rooms where medicines were stored to ensure they were not exceeding their recommended temperature. Since the inspection the practice have installed a thermometer to ensure medicines are kept at correct room temperature.
- 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. In some cases we found patients had not had a medicine review within the recommended time scale. The practice were aware of this and told us that some medicine reviews had been completed but not updated on the computer system. The pharmacy had produced a new form for patients that need a medication review and encouraged them to book appointments before having their medication prescribed.
- Arrangements for dispensing medicines at the practice kept patients safe.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the team had discussed treatment for patients that presented with burns following a significant event. They had developed a protocol to help staff divert patients to the correct services for treatment.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Patients over 75 had a named GP.
- 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had completed eight out of 37 of these checks.
- The practice attended to patients registered at three different care homes, GPs carried out weekly visits to these patients to ensure continuity of care.

#### 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.
- Disease registers were reviewed at the end of each month to ensure patients were reviewed appropriately. The practice had implemented recall systems to ensure patients were reviewed regularly.

#### 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. Patients self-referred to an ante-natal clinic, in addition to the practice contacting the patient when they were notified of the pregnancy, so that they could offer a nurse appointment.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- 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.
- The practice offered healthier well-being advice. For example smoking cessation and weight management clinics.

#### 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 asylum seekers and those with a learning disability.
- Vulnerable patients were given priority appointments which are often extended to a twenty minute appointment or longer if required.

#### 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 was below the national average of 84%. Exception reporting for this indicator was 6% which was in line with CCG average of 6% and the national average of 7%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a



# Are services effective?

## (for example, treatment is effective)

comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 90%. Exception reporting for this indicator was 38% which was above the CCG average of 17% and the national average of 13%.

- The practice specifically considered the physical health needs of patients with poor mental health, those living with dementia and had regular multidisciplinary team meetings to discuss their needs. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 92%.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, they had completed an audit looking at glycemic control in patients with type 2 Diabetes. As a result of the audit the practice now ran a weekly diabetes clinic conducted by the diabetes lead, they had found there had been an increase in the number of patients that had good glycemic control. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had carried out an audit of their antibiotic prescribing with the CCG to reduce the quantity of their antibiotic medicines being prescribed.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 16% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016/17 showed:

- Performance for diabetes related indicators was in line with the CCG and national averages. For example, The percentage of patients with diabetes, on the register, in

whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% compared with the CCG average of 76% and national average of 78%. Exception reporting in this indicator was 19% which was above the CCG average of 10% and in line with the national average of 9%.

- Performance for stroke related indicators was comparable to the CCG and national averages. For example, The percentage of patients with a history of stroke or mini-stroke, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 76% compared with CCG average of 82% and national average of 83%. Exception reporting in this indicator was 3% compared with the CCG average and the national average of 4%.
- Performance for mental health related indicators was below the CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record in the preceding 12 months was 90% compared with CCG average of 91% and national average of 90%. Exception reporting in this indicator was 38% compared with 17% CCG average and 13% nationally.

National data showed that the practice was performing in line with national averages for all indicators. However in some indicators the practice had a higher exception reporting rate than the national averages. The practice told us they had followed their protocols and only exception reported when appropriate. We found that they had been appropriately exception reported and in some cases levels of high exception reporting were due to a small list size which resulted in an increased percentage when patients were excluded from their checks.

### 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. However the infection prevention control lead had not carried out any role specific training pertinent to the lead role.

# Are services effective?

## (for example, treatment is effective)

- 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 when possible.
- The practice provided staff with ongoing support. This included an induction process, clinical supervision for staff. However, this was not formalised for the nurses and support for revalidation. Although most members of the practice team had recent appraisals, we found one member of the nursing team who had been at the practice for 18 months had not received an appraisal. Following the inspection the practice had scheduled a date for the nurses appraisal.
- 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. For example, the practice had installed a machine to measure a patient's height, weight and blood pressure to help them monitor their own 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, and tackling obesity. Staff signposted and referred patients to improve lifestyle such as exercise and weight management.

### Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All four patients we spoke with on the day of the inspection said they found the clinical team caring and responsive to their needs.
- The 16 patient Care Quality Commission comment cards we received were positive about the care received. Overall the comments received were 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. 223 surveys were sent out and 113 were returned. This represented a 51% return rate. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% 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%.
- 88% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.

- 94% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Information leaflets were downloaded and used when applicable for patients.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community services. They were able to refer patients that were carers to social services for any support that they required.

The practice identified patients who were carers. This was by staff recognising carers and it was a question on the new patient registration form. Receptionists, GP and nurses identified carers during consultations and visits to the surgery. There was a carer's board in the waiting area asking if patients were carers and support group information was provided. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 121 patients as carers (1.2% of the practice list).

Staff told us that if families had experienced bereavement the practice sent them a sympathy card. Patients were offered support by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## Are services caring?

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 and above local and national averages:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 79%; national average - 82%.

- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 pre bookable evening and weekend appointments, online services such as repeat prescription requests and book on the day appointments).
- The practice improved services where possible in response to unmet needs. For example they had trained a receptionist to take bloods and upskilled another receptionist to carry out secretarial responsibilities to help share work load.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice enabled patients to make advance bookings.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered evening and weekend West Essex Hub appointments; this meant that when elderly patients wanted an appointment at a weekend so a family member could attend with them they could.
- The practice conducted yearly weekend vaccination programs that offered patient vaccinations such as Pneumococcal and shingles where appropriate. They took the opportunity to check patients blood pressures and smoking status during the clinics and offered advice and signposted where necessary.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances and appointments were they had not attended. The practice identified trends and monitored to ensure any relevant referrals were made.
- The practice offered shared care for antenatal patients. They offered postnatal examinations and six to eight weeks baby checks within the same clinic.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary. The practice had produced an appointment guide to help reception staff direct patients appropriately.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the first and last appointments of the day, evening and weekend appointments were routinely offered to the working age population.
- The practice offered family planning services.
- The practice nurses were trained to give travel vaccinations and advice.
- The practice was a yellow fever vaccination centre. This service was provided to the practice patients and non-registered patients could be referred from other practices.

#### People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including travellers, asylum seekers and those with a learning disability.
- The practice held regular meetings with the care coordination team and dementia liaison services to support vulnerable patients.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

### 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. Patients we spoke with on the day said they were always able to get an appointment within a reasonable time frame.
- Five out of the 16 patient Care Quality Commission comment cards we received commented that the doctors at the surgery do not stay very long. The practice told us that this was due to them training registrars who leave to develop their role once they are qualified.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in most cases above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 223 surveys were sent out and 113 were returned. This represented a 51% return rate.

- 73% 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%.
- 51% of patients who responded said they could get through easily to the practice by phone; CCG - 62%; national average - 71%.

- 85% of patients who responded said that they were able to get an appointment to see or speak to someone the last time they tried; CCG - 84%; national average - 84%.
- 78% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 73% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 53% of patients who responded said they don't normally have to wait too long to be seen; CCG - 54%; national average - 58%.

The practice were aware of areas of improvement from their July 2017 national patient survey results, as a result they had focused on improving their telephone system. They had increased the number of receptionists answering phones during peak hours and contacted other local practices to research different telephone providers as they found patients had complained about the telephones cutting off whilst they were on hold. They told us that they had received fewer complaints regarding the telephone system since the change. They also had plans in place to start monitoring their missed appointments to reduce the amount of unused appointments they had to help alleviate the negative feedback.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 18 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the nursing team had completed further training to improve their knowledge for patients who needed urgent referrals.



# 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. For example, the practice had experienced recruitment challenges and had regular meetings with their CCG to find a solution.
- Leaders at all levels were visible and approachable. They worked closely with 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, which were displayed on the practice web site. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress and discussed this in meetings with staff. However staff we spoke with on the day said although they had individual team meetings they would benefit from having regular practice meetings to ensure general information is cascaded regularly.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice 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. Patients were contacted and invited in for meetings to discuss any concerns or incidents if appropriate. 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. We found one nurse who had not had an appraisal in the 18 months that she had been employed by the practice. Since the inspection the practice had scheduled in the last remaining appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

# Are services well-led?

Good 

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

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

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, staff conducting care home visits were able to update patient's notes during the visits by using laptops that the practice provided.

- The practice submitted data or notifications to external organisations as required.
- There were effective 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 had listened to their patients and staff and trained a receptionist to take patients bloods. We received positive comments regarding the efficiency of this service.
- There was an active patient participation group who took part in organising flu clinics and raising funds to help improve the practice. For example, they had raised funds to buy a blood pressure machine for the practice and new automatic doors.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice were excited to help train medical students and two of the GPs were training to become insulin initiators for their diabetic patients.
- The practice had long term locums employed to cover demand while permanent staff were on maternity leave.
- 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.