

Concept House Surgery

Quality Report

17 Merton Road

Bootle

Liverpool

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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. (Previous inspection 20 June 2017 – Requires improvement).

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

At our previous inspection on 20 June 2017 we rated the service as ‘requires improvement’ for two of the five key questions we inspect against. The service required improvement for providing safe and well-led services.

The service was therefore rated as ‘requires improvement’ overall. The full comprehensive report on the June 2017 inspection can be found by selecting the ‘all reports’ link for Concept House Surgery on our website at www.cqc.org.uk.

We carried out this announced comprehensive inspection at Concept House Surgery on 27 March 2018 to check that the provider had made improvements to the service. We found that action had been taken to improve the service and address previous shortfalls.

Our findings were:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.

Summary of findings

- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance. The provider routinely reviewed the effectiveness and appropriateness of the care provided.
- Feedback from patients about the care and treatment they received from clinicians was positive.
- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they found it easy to make an appointment and there was good continuity of care.
- The practice had appropriate facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Complaints had been investigated and responded to in a timely manner.

- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The provider had a clear vision to provide a safe, good quality service.
- Feedback from patients was used to make improvements to the service.
- There was a focus on continuous learning and improvement.

Areas where the provider should make improvements are:

- Review the arrangements for encouraging uptake of childhood immunisations in the patient population.
- Continue to encourage the uptake of national screening programmes for the patient population.
- Ensure that accurate and appropriately detailed information about how to complain is made readily accessible to patients.
- Introduce a more effective system for monitoring cleanliness.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Concept House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Concept House Surgery

The registered provider for the service is Dr David Goldberg and Dr Gina Halstead, 17 Merton Road, Bootle, Merseyside L20 3BG. The provider's website can be reached at; www.concepthousesurgery.nhs.uk

The location from which the regulated activities are provided is Concept House Surgery at the provider's address as above. The surgery treats patients of all ages and provides a range of medical services.

The practice is led by Dr Goldberg and Dr Halstead and the staff team includes an additional three salaried GPs, two practice nurses (one of whom is an advanced nurse practitioner), a health care assistant, management team and administrative/reception team.

Concept House Surgery is registered with the Care Quality Commission to provide primary care services. The practice provides GP services to approximately 5,320 patients living in the Bootle and Litherland areas of Liverpool.

The provider also operates a practice at Sefton Road Surgery, 129 Sefton Road, Liverpool, L21 9HG. Patients can attend either surgery. Both sites share a staff team and have the same patient list. We visited the Sefton Road Surgery as part of this inspection. However, because this service is currently registered as a location in its own right with CQC this has been reported on in a separate inspection report.

Concept House Surgery is open Monday – Friday 8am - 6.30pm, with extended hours opening until 8.30pm on Tuesdays. Patients can book appointments in person, via the telephone or online.

The practice provides telephone consultations, pre-bookable consultations, on the day appointments, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

Concept House Surgery holds a Personal Medical Services (PMS) contract with NHS

England. The practice is part of South Sefton Clinical Commissioning Group (CCG) and is situated in an area with higher than average levels of deprivation. The percentage of patients with a long standing health condition is higher than the national average. Both male and female life expectancy is lower than the national average.

Outside of practice opening hours patients can access the out of hours GP provider 'Urgent Care 24' for primary medical services by calling the NHS 111 service.

Are services safe?

Our findings

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

At our previous inspection on 20 June 2017, we rated the practice as requires improvement for providing safe services as the provider did not have all required systems in place to protect people against the risk of harm. Action had been taken to make the required improvements when we undertook this inspection on 27 March 2018 and the practice is now rated as good for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments. A range of health and safety policies were available to staff and these had been reviewed since our last inspection
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies had been reviewed and updated since our last inspection and they were accessible to all staff. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. During discussions with staff they demonstrated their understanding of their responsibilities to report safeguarding.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were systems in place to prevent and control the spread of infection including the management of healthcare waste. Cleaning schedules were in place and a record of cleaning activity was maintained. The practice was presented as clean and an annual cleanliness audit was carried out. However, we found that the provider did not have a system for monitoring/ checking cleanliness between cleanliness audits.
- The practice ensured that facilities and equipment were safe and that equipment was maintained appropriately.

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. Clinical staffing had been increased since our last inspection. The provider had also reviewed staffing for the administration and reception team and was in the process of looking to recruit an additional member of staff to the team.
- Discussions with staff indicated that they understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

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 managed in a way that kept patients safe.
- New secure storage cabinets had been obtained to store patient records since our last inspection.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referrals to other services were made promptly and information received from secondary care or other agencies was dealt with in a timely manner.

Safe and appropriate use of medicines

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

Are services safe?

- There was a system to ensure the safe issue of repeat prescriptions and patients who were prescribed potentially harmful drugs were monitored regularly.
- Regular medicines audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy team.
- There was evidence of actions taken to support antimicrobial stewardship.
- Medicines prescribing data for the practice was comparable to national prescribing data.
- Medicines for use in an emergency were readily available to staff and there was a system in place to check that medicines were in date and fit for use.
- The practice had made improvements to prescribing in line with best practice guidance and targets to reduce the prescribing of particular medicines. For example the prescribing of hypnotics (a class of psychoactive drugs whose primary function is to induce sleep) had been declining. This had been achieved through face to face reviews with all patients who were prescribed these medicines, tailored reductions and changing repeat prescriptions to acute prescribing.
- Risk assessments had been carried out in relation to health and safety related issues. For example, a fire risk assessment and prevention plan was in place and measures were taken to mitigate the risk of fire.
- A range of health and safety policies were available to staff.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.
- An annual report was produced that outlined the performance of the practice in key areas of safety such as; clinical achievement and incident analysis.

Lessons learned and improvements made

The practice learned from feedback and events and made improvements when things went wrong.

- There were systems for identifying and reporting significant events and incidents.
- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt supported to report concerns.
- There were systems for investigating when things went wrong and for sharing any lessons learned from events so as to improve the safety of the service.
- 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.

Track record on safety

The provider had taken action to improve on systems for providing a safe service since our last inspection.

- The provider assessed, monitored and reviewed risks and took action to mitigate risks to the safety of patients and staff.

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.

The data reported below covers both of the provider's registered locations of Concept House Surgery and Sefton Road Surgery.

Effective needs assessment, care and treatment

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

- The practice had systems to keep clinicians up to date with current evidence-based practice.
- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The provider monitored performance data and had systems in place to improve outcomes for patients.
- Data showed that outcomes for patients at this practice were comparable to those for patients locally and nationally.
- Prescribing data showed that the practice was in line with local and national averages for prescribing medicines. For example, the average daily quantity of hypnotics prescribed per specific therapeutic group was comparable to other practices.
- The number of antibacterial prescription items prescribed per specific therapeutic group was comparable to other practices.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 6.2% which was lower than the national average of 8.9%.

Older people:

- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were comparable to outcomes for patients locally and nationally.

- The GPs worked in conjunction with community services and secondary care to support patients who were nearing the end of their life.

People with long-term conditions:

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.
- Patients with long-term conditions had a structured annual review to check their health needs were being met.
- Data from 2016 to 2017 showed that the practice was performing comparably with other practices locally and nationally for the care and treatment of people with chronic health conditions.
- Clinical staff who were responsible for reviewing the needs of patients with long term conditions had received training appropriate to their role.

Families, children and young people:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under 1 year olds were in line with the target percentage of 90%. However, the uptake for some immunisations for boosters or second doses fell below this for children aged two to five years. For example the percentage of children aged 2 who had been immunised with the Meningitis B booster was 78%. The provider told us that parents or guardian were contacted when there was none attendance for the recommended vaccines under the national immunisation programme and that they were intending to work to increase uptake.

Are services effective?

(for example, treatment is effective)

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

- The practice's encouraged cancer screening uptake for patients in this age group. Uptake rates were lower than local and national averages. The provider had written to eligible patients to encourage uptake of national screening for bowel and breast cancer.
- Uptake for cervical screening was 65%, which was lower than the local average of 70% and national average of 72%.
- The GPs were flexible in accommodating working people and provided later appointments one evening per week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained.
- The practice worked with other health and social care professionals in the case management of vulnerable people.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 75% (national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 86% (national average of 90%).
- A system was in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.

- Staff had been provided with training in dementia awareness.

Monitoring care and treatment

The provider routinely reviewed the effectiveness and appropriateness of the care provided.

- Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed a sample of audits that demonstrated that the provider has assessed and made improvements to the treatment provided to patients.
- The most recently published Quality Outcome Framework (QOF) results showed that the practice had achieved 95% of the total number of points available. This compared to the national average of 96%. The overall exception reporting rate was 7%. This is lower than the national average of 9%. (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.)

Data from the QOF from April 2016 to March 2017 showed performance in outcomes for patients was comparable to those of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 83% compared to a Clinical Commissioning Group (CCG) average of 81% and a national average of 80%.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 71% (CCG average 79%, national average 79%).
- The percentage of patients with atrial fibrillation with a record of CHAD2DS2-VASc score of 2 or more treated with anti-coagulation was 88% (CCG average 86%, national average 88%).

Are services effective?

(for example, treatment is effective)

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 90% (CCG average 86%, national average of 90%).

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider had assessed 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.
- Staff had been provided with training in core mandatory training topics and in topics relevant to their roles and responsibilities. For example, those whose role included immunisation and taking samples for the cervical screening programme had received specific training for these roles.
- Staff were provided with on-going support. This included an induction process, annual appraisal and support for revalidation.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet system.
- 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.

Helping patients to live healthier lives

Staff were 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 and patients at risk of developing a long-term condition.
- The practice supported national priorities and initiatives to improve the population's health, for example, by referring patients for smoking cessation or dietary advice.
- Health promotion information was available in the reception area.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- Cancer screening uptake rates were lower than local and national averages. Patients who had not taken up bowel or breast screening in line with the national programme had been written to to encourage uptake.
- The provider was supporting a local pilot project 'Living Well Sefton'. This project was aimed at supporting patients holistically with their health and or social care needs. For example through supporting or signposting patients for debt advice, exercise, cooking skills and smoking cessation. The practice hosted regular surgeries for patients to receive advice, guidance and support from this service.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 in line with their roles and responsibilities.
- Clinical staff were aware of their responsibility to carry out assessments of capacity to consent for children and young people in line with relevant guidance.

Are services caring?

Our findings

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

The survey results reported below cover both of the provider's registered locations of Concept House Surgery and Sefton Road Surgery.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.
- We made patient comment cards available at the practice prior to our inspection visit. We received 37 comment cards for the Concept House Surgery and 44 comment cards for the Sefton Road Surgery. Both sites share the same staff teams. All 71 comment cards we received were positive and complimentary about the caring nature of the service provided.
- Patients we spoke with told us they received 'excellent' and 'caring' treatment from the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 389 surveys were sent out and 104 were returned. This represents almost 2% of the practice population. The practice received scores that were comparable to local and national averages for patient satisfaction on consultations with clinical staff and overall satisfaction with the service. For example:

- 89% of respondents said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. This compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 85%.
- 85% said that the last time they saw or spoke to a nurse, they were good or very good at treating them with care and concern (CCG average 91%, national average 90%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Patients told us they felt listened to and included in decisions about their care and treatment and that the GPs ensured they were well informed about their health and the treatment options available to them.
- Staff demonstrated a patient centred approach to their work during our discussions with them. The majority of the staff team were long term members of staff and felt they knew patients and their individual communication needs.
- The practice manager was 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.
- A hearing loop system was in place to support people who wear hearing aids.
- Staff had been trained in dementia awareness to support them in supporting patients with dementia care needs.

The practice had coded patients who they knew were carers on the patient record system and there was a range of information available to inform carers of the local support services.

Results from the national GP patient survey for questions about patient involvement in planning and making decisions about their care and treatment were comparable to local and national averages. For example;

- 92% of respondents said the last GP they saw was good or very good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and the national average of 88%.
- 86% said the last GP they saw was good at explaining tests and treatments (CCG average 86%, national average 86%).

Are services caring?

- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 82% said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 89%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG 88%, national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and they told us how they worked to ensure they maintained patient confidentiality.
- Reception staff told us they could offer patients a private area if they wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.
- 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.

The survey results reported below cover both of the provider's registered locations of Concept House Surgery and Sefton Road Surgery.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example the appointments system was flexible, advice for managing common ailments was made available to patients and online services such as repeat prescription requests and appointment requests were provided.
- The practice improved services in response to feedback from patients. Feedback was analysed and improvements were made in response.
- The facilities and premises were appropriate for the services delivered. Reasonable adjustments had been made to accommodate the needs of patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was co-ordinated with other services.
- The clinical team provided home visits for patients with enhanced needs who found it difficult to attend the practice in person.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Multi-disciplinary meetings were held to review the needs of palliative care patients and plan to meet their needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Patients with multiple health conditions were reviewed at one appointment.

- The practice worked with other health and social care professionals in a coordinated way to support patients with complex needs and patients receiving end of life care.

Families, children and young people:

- Systems were in place to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary and appointments were available outside of school hours.
- The lead GP for safeguarding met with health visitors to discuss children at risk.
- The provider sent a birthday card to all 14 year old patients advising them of the support available to them and signposting them to alternative services for advice and support.

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.
- Appointments were provided outside of core hours to accommodate patient need.
- Telephone consultations were available and this supported patients who were unable to attend the practice during normal working hours.
- The practice was proactive in offering online services.

People whose circumstances make them vulnerable:

- Same day appointments supported patients whose circumstances made them vulnerable.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided appropriate access and facilities for people who were disabled.

Are services responsive to people's needs?

(for example, to feedback?)

- Longer appointments were available for patients with enhanced needs.

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

- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- Patients experiencing poor mental health were referred to appropriate services such as psychiatry and counselling services.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- The majority of feedback from patients indicated that the appointment system was easy to use and flexible to accommodate their needs.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable with or higher than local and national averages. For example;

- 78% of respondents were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 80% and the national average of 80%.
- 83% said they could get through easily to the practice by phone (CCG average 64%, national average 70%).

- 78% said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 68%, national average 75%).
- 74% responded positively about their overall experience of making an appointment (CCG average 69%, national average 72%).

This level of patient satisfaction was also supported during discussion with patients on the day of inspection and in completed comment cards, with four negative comments received from a total of 71 completed cards.

Listening and learning from concerns and complaints

Systems were in place to ensure complaints and concerns were investigated and responded to.

- A complaints policy and procedure was in place.
- A complaints information leaflet was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. This contained information about the different stages of a complaint.
- There was no information in the waiting area to inform patients of how to make a complaint. The practice manager agreed to address this following the inspection.
- We viewed a sample of complaints and found these had been investigated and responded to in a timely manner. Patients had received an apology for any areas where shortfalls had been identified and they had been informed of the actions the provider had taken in response.
- Complaints were discussed at practice meetings as they arose and a periodic review of complaints was carried out to identify any trends or themes.

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, and all of the population groups, as good for providing well-led services across all population groups.

At our previous inspection on 20 June 2017, we rated the practice as requires improvement for providing well-led services as the provider did not appropriate systems in place for governing the service. The provider had taken action to make improvements to the governance arrangements since our last inspection and the practice is now rated as good for being well-led.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Staff told us that leaders were visible and approachable.
- There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities.
- There were processes to support staff development. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. All staff received regular appraisal and were supported to meet the requirements of professional revalidation where necessary.

Vision and strategy

The provider had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which outlined its aims and objectives.
- 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 provider promoted a culture that supported high-quality, sustainable care.

- Staff told us they felt respected, supported and valued. They told us they were proud to work in the practice. They described good team working and collaborative working.
- 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.

Governance arrangements

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

- Arrangements were in place to monitor the effectiveness of the service and ensure good outcomes were provided for patients.
- Clinical staff used evidence based guidance in the treatment of patients.
- Audits were carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The clinical system was used effectively to ensure patients received the care and treatment they required.
- The provider had a clear understanding of the performance of the practice. The Quality and Outcomes Framework (QOF) and other performance indicators were used to measure performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- The system for reporting and managing significant events was effective and learning gained from the investigation of events was used to drive improvements.
- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Are services well-led?

Good 

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

Managing risks, issues and performance

There were clear and effective processes for managing risks.

- There were effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action having been taken to change practice and improve quality in response to the findings of audits.
- A business continuity plan was in place to deal with unforeseen emergencies.

Appropriate and accurate information

The practice acted on information appropriately.

- Quality and operational information was used to improve performance.
- The practice used information technology systems to monitor and improve the quality of care.
- 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, staff and external partners to support a good quality sustainable service.

- The practice actively encouraged and valued feedback from patients and acted upon this.
- The provider had knowledge of and incorporated local and national objectives.
- The provider worked alongside commissioners, partner agencies and other practices to improve and develop the primary care provided to patients in the locality.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The two main partners were accredited as GP trainers and the practice regularly had two trainee GPs on placement.
- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.
- The provider investigated incidents and complaints and used the learning from these to make improvements to the service.
- The provider was positive about being involved in and developing federation working across the locality.