Barton House Medical Practice

Quality Report

Barton House,
Beaminster,
Dorset
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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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection September 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 Barton House Medical Practice on 15 March 2018 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 had safe systems and processes in place within the dispensary and had improved the service based on patient need through the development of blister packs and a delivery service.
- 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.
- The practice had a focus on quality improvement and demonstrated improved prescribing practices as a result of prescribing audits.
- The practice had introduced an integrated nurse practitioner role that provided improved support for frail patients and carers.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had systems in place to identify carers and provide support to them.
- The practice had systems in place to obtain feedback from patients and had taken action on this.
- Patients 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.

Summary of findings

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

- Review how the temperatures of the vaccine fridges are monitored.
- Review the infection control lead's training.
- Review systems to improve the results recorded for the uptake of childhood immunisations.

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

Barton House Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser and a member of the CQC medicines team.

Background to Barton House Medical Practice

Barton House Medical Practice is located in Beaminster, Dorset. The registered location is at;

Barton House, Beaminster, Dorset DT8 3EQ

There are 5,700 patients on the practice list and the majority of patients are of white British background. The practice is an approved GP training practice and a dispensing practice. There are three partners and one salaried GP. The GPs are supported by two nurses, a practice manager, dispensary manager, a nurse practitioner, an integrated care nurse practitioner, a healthcare assistant, dispensary staff and reception and administration staff.

The practice provides a wide range of services to patients, including asthma and diabetes clinics, chronic disease monitoring, cervical screening, childhood immunisations, family planning, smoking cessation and weight control clinics. Regulated activities include diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery services; Surgical procedures.

The practice is open 8am to 6.30pm Monday to Friday.

Patients requiring a GP outside of these hours are advised to contact NHS 111 service. Telephone appointments are also available every Monday (except bank holidays), Tuesday, Wednesday and Thursday from 6.30pm to 7pm for those unable to attend during normal hours. Patients are able to be seen on the same day for urgent appointments. The practice has personal GP lists which means every patient has a named GP. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice has a contract with NHS England to provide general medical services. The practice has a higher than national average percentage of its population over the age of 65. Deprivation levels for the area are lower than the national average.

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 a suite of safety policies including adult and child safeguarding 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, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients through electronic patient records as well as a risk register.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. A practice nurse took responsibility as the infection control lead. However, they were newly in post and therefore the practice had not yet put in place plans for competency to be developed.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice had appropriate emergency equipment on site, including a defibrillator that was subject to regular safety checks. Staff understood how to deal with emergencies and had received training in basic life support.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. There was an alert system in place within the electronic patient record system, where relevant pop ups would alert GPs and nurses to safety information about patients.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Good

Are services safe?

Safe and appropriate use of medicines

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

- The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.
- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The temperature of the vaccine fridge was monitored and recorded daily and within range. There was no second 'back up' thermometer in place so the practice was not able to cross check the accuracy of the thermometer. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.
- Access to the dispensary was restricted to authorised staff only.
- There was a named GP responsible for the dispensary.
- Written procedures were in place and reviewed regularly to ensure safe practice.
- Prescriptions were signed before medicines were dispensed and handed out to patients.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These included fire safety, control of substances hazardous to health (COSHH) and legionella.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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 practice had reviewed the practice of ear syringing following an incident. As a result, they had produced self-care literature for patients, having stopped ear syringing within the practice.
- 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 and all of the population groups as good for providing effective services overall.

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used evidence based consultation templates that were built into their electronic patient record system.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. All patients highlighted on the frailty index were referred to the 'virtual ward', a multidisciplinary team that included a geriatrician, community nurses, mental health and social workers.
- The practice had employed an integrative care nurse practitioner whose role was to support the holistic care of older patients, especially those who were vulnerable, lived alone, or were at risk or isolated. The nurse managed their own caseload, working closely with all agencies including medical, nursing, social services and mental health teams.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care; for example, a diabetic nurse specialist visited the practice on a monthly basis to review patients.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for two of the four vaccines given were in line with the target percentage of 90% or above. National data showed that the practice fell below standard for children aged two receiving booster vaccines. However, information provided by the practice on the day of the inspection showed that this had been discussed within the practice and identified as coding issue.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees, travellers and those with a learning disability.
- Patients identified as being vulnerable were reviewed as part of the practice virtual ward process, with input from members of the multidisciplinary team such as district nurses and social workers.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is significantly above the national average of 84%. Exception reporting was at zero which was 7% below the CCG and national averages.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average of 90%. Exception reporting was at 2% which was at 12% below the CCG average and 10% below the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This above the national average of 91%. Exception reporting was at 12% which was 2% below the CCG average and 1% above the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, they had a range of clinical audits in place that were focused on reviewing and improving the quality of care. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published QOF results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 10% compared with a national average of 12%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The percentage of patients with asthma who had received an asthma review in the preceding 12 months was 91%, which was significantly better than both the CCG and national average of 87%.
- The practice used information about care and treatment to make improvements. For example, they had identified patients who had not attended for regular cervical cytology screening. As a result one of the GPs had written to relevant patients and this had been followed up with a phone call.
- The practice was actively involved in quality improvement activity. A review of patients on blood thinning medicines showed that not all had a date recorded for when the medicine should be reviewed or stopped. Subsequent audits showed an improvement over three months where 90% of records included a stop or review date and over six months where 100% included a date for review or stopping of medicines. The practice had reviewed prescribing of quinine (a medicine used to manage cramps) following national guidance that it should not be prescribed routinely. This audit showed improved prescribing with the number of patients being prescribed the medicine reducing from 21 to seven over a three month period. Where appropriate, clinicians took part in local and national improvement initiatives.

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.

Good

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. For example, one of the practice nurses was working alongside a community diabetic nurse specialist to develop their skills in this area.
- 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. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

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 and where appropriate reviewed as part of the virtual ward/multidisciplinary meeting.
- 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 receiving end of life care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

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 30 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

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

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 96% and the national average of 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 99%; national average - 95%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 94%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; (CCG) - 97%; national average - 91%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 96%; national average - 91%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Staff also had access to information leaflets in different formats and languages that they could share with patients as appropriate.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. Staff helped patients and carers ask questions about their care and treatment.

The practice proactively identified patients who were carers by asking them when they registered and through ongoing consultation. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers (2.5% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 93% 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 93% and the national average of 86%.
- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 94%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 95%; national average - 90%.

Good

Are services caring?

- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 92%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

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 online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice participated in the local healthcare federation that included a project that was focused on providing access to patients between 8am and 8pm across the locality.
- 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, there were disabled facilities, hearing loop and translation services available. Patients with a learning disability were offered longer appointments.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines. A medicines delivery service was provided by patient volunteers, to some patients in their own homes who were unable to travel to the practice to collect them. The practice had arrangements in place for the recording of confidentiality agreements with regard to this service. The dispensary also offered some patients weekly blister packs to support them to take their medicines.

Older people:

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

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.

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.
- The practice had introduced an advanced nurse practitioner role into the practice who saw patients over 10 years of age and had a number of on the day urgent slots available.

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 hours telephone appointments had been introduced following a consultation with patients regarding this.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice hosted a local drugs and alcohol team on a regular basis, ensuring easier access for patients for regular support and prescriptions

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, refugees, travellers and those with a learning disability.
- Vulnerable patients were also reviewed by either the Integrated Care Nurse Practitioner or the Community Matron as appropriate.
- The practice provided services to a number of vulnerable patients from a local community that offered a refuge to people in crisis e.g. as a result of mental health problems, a history of alcohol or drug dependence or homelessness. The practice maintained good communications with the staff at the community and provide ongoing medical care and support for people staying there.
- During our inspection we saw the practice providing support to a patient who was vulnerable. We saw that they responded flexibly to the needs of the patient and provided appointments at a time and of a duration that was appropriate to these needs.

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.
- People experiencing poor mental health on the mental health register were invited for an Annual Health Check. The practice chose to offer this as staff had an understanding that this group of patients may not seek medical help for physical symptoms or to access screening investigations. The health check included ensuring cervical smears were up to date, discussing lifestyle issues, measuring physical parameters and checking any blood tests for drug monitoring were up to date, as well as providing influenza vaccinations as necessary.
- Patients who failed to attend were proactively followed up. A recall system had been set up so patients who were seen with depression but failed to make a follow up appointment did not slip through the net and get lost to follow up. The administration team in the practice was automatically tasked with monitoring this to ensure a follow up appointment was made. If an appointment was not made, patients received a telephone call to ensure a follow up appointment was booked.
- The integrated care nurse practitioner was the carers lead and combined these roles to support carers of patients with dementia.
- Close liaison with mental health and drugs and alcohol services was in place.

Timely access to care and treatment

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

- Patients 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.
- Patients reported that 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. Two hundred and twenty one surveys were sent out and 135 were returned. This represented about 2% of the practice population.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 76%.
- 97% of patients who responded said they could get through easily to the practice by phone; CCG – 97%; national average - 71%.
- 94% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 94%; national average - 84%.
- 91% of patients who responded said their last appointment was convenient; CCG - 91%; national average - 81%.
- 87% of patients who responded described their experience of making an appointment as good; CCG - 87%; national average - 73%.
- 52% of patients who responded said they don't normally have to wait too long to be seen; CCG - 52%; national average - 58%.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed all eight 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, when an incomplete prescription order was dispensed this was discussed at a staff meeting and reminded of the importance of checking and communicating when medicines were 'owed' to patients when not in stock.

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 a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- 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, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice business plan identified priorities for improvements to services and internal processes and included clear action plans.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice 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. Staff felt involved in the review of incidents and complaints and had the opportunity to contribute to learning. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. 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
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

Good

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

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 monitoring of their consultations, prescribing and referral decisions. Clinical meetings were held where clinical decision making was discussed and reviewed by relevant staff. Practice leaders had oversight of national and local safety 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.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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, weekly staff meetings were held and the practice had both virtual and face to face communication processes with patients. The practice utilised a range of feedback sources, including online feedback about the practice to take action and develop services. A specific example of changes made as a result of feedback from patients was to move the telephone answering away from the reception desk to allow focus on face to face interactions at reception and improvements to the telephone answering service.
- There was a virtual patient participation group (PPG) in place and the practice had identified a patient lead who was involved in developing a face to face group. The practice had actively promoted the development of the PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. Examples of innovation and improvements made within the practice included, the appointment of an advanced nurse practitioner to improve access to appointments; the introduction of a blister packing service within the dispensary; the development of the volunteer dispensary delivery service; the development of a telephone hub to improve telephone access; and, the installation of computer software templates to improve recalls for reviews and patient screening.
- The practice had been actively involved in the development of a locality hub where practices worked together to increase appointment access for patients

Are services well-led?

Good

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

and were currently working to centralise back office functions across practices in order to bring economies of scale. One of the GP partners at Barton House was the chairman of the federation.

- 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.