

Fryern Surgery

Quality Report

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Chandlers Ford
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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?

Outstanding



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 October 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? - Outstanding

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 Fryern Surgery on 21 October 2015. The overall rating for the practice was good with a rating of requires improvement for the safe key question. The full comprehensive report on the October 2015 inspection can be found by selecting the ‘all reports’ link for Fryern Surgery on our website at www.cqc.org.uk.

This inspection was a further announced full comprehensive inspection carried out on 17 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in October 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- Health and safety risk assessments had been reviewed since the past inspection and all actions completed. Regular water temperature checks were being completed for legionella testing.
- Security of the vaccine fridges had been increased with new locks on the fridge doors and located in treatment rooms with lockable doors.
- The practice had received a large influx of patients registering with the practice following closure of a neighbouring practice in November 2017.

Summary of findings

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients 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.

We saw one area of outstanding practice:

- There was a strong leadership team who had a focus on succession planning and were able to motivate and encourage staff to help them achieve their vision. For example, staff spoke highly of the leadership team and the support given by them and as such were driven to support the leaders in achieving the vision and strategy. The practice had absorbed over 3000 patients following the closure of

a neighbouring practice. The leadership team had foreseen issues around the management of this transition and implemented a strategy which included a full review of each new patient's care records and coding system to ensure that patients were correctly coded in line with those used by the practice for existing patients. Staff were happy to work additional hours to complete these tasks as they felt involved in and believed in the strategy.

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

- Continue with plans to seek additional secure storage space for patient records.
- Review staff training records to ensure all staff have a documented record of all necessary training (including informal training delivered in-house).
- Review ways to increase feedback obtained from the patient representation group and consider the need to develop the virtual patient reference group to into a formal meeting format.
- Consider ways to capture informal complaints in order to monitor themes and trends.

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	

Fryern 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 GP specialist adviser and a second CQC inspector.

Background to Fryern Surgery

Fryern Surgery is located in the centre of Chandlers Ford, a town north of Southampton, Hampshire. The mix of patient's gender (male/female) is almost half and half. The practice has a higher number of patients aged over 50 years old and a lower number of patients aged between 19 and 44 years old when compared to the England average. The practice is in an area of low deprivation.

The practice has an NHS general medical services contract to provide health services. At the previous inspection the

patient list size was approximately 9300 patients. Since the last inspection there has been an increase of patients registering at the practice with a large rise at the end of 2017 following the closure of a neighbouring practice. The practice now has a list size of approximately 14000. Fryern Surgery is a training practice for GP trainees and postgraduate doctors.

We carried out our inspection at the practices only location which is situated at

Fryern Surgery,
Oakmount Road,
Chandlers Ford,
Eastleigh,
Hampshire,
SO53 2LH

Are services safe?

Our findings

At our previous inspection on 21 October 2015 we rated the practice as requires improvement for providing safe services as the arrangements in respect of systems and processes to ensure patients were kept safe were not adequate. For example, we found:

- **Not all staff had received up to date infection control training and the annual audit was two months overdue.**
- **Vaccines were not stored securely. Vaccine fridges were unlocked as was the room the fridges were stored in.**
- **Not all actions following a fire risk assessment in March 2014 had been completed.**
- **The practice had not completed a Legionella risk assessment.**

At this inspection, 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 refresher 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. Staff had recently received safeguarding training provided by one of the GP registrars working at the practice. Staff commented that this was very helpful as the training had been tailored to practice specific scenarios.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out (DBS

- 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.
- Since the last inspection the practice had improved their system to manage infection prevention and control.
 - The practice had promoted a nurse to nurse manager and infection control lead in August 2016. The nurse had sought additional advice and guidance from the clinical commissioning group infection control lead around roles and responsibilities.
 - The practice looked visibly clean. An infection control audit had been completed in August 2016. Most actions had been completed and others were currently ongoing such as replacement of chair covers to wipe clean fabric. This outcome did not have an expected completion date but did have a date for review of six months post audit. We were told that this being regularly reviewed and a phased implementation of new chair coverings. We saw evidence that chairs in the clinical and treatment rooms had been prioritised.
 - Policies and procedures for infection control had been reviewed within the past 12 months.
 - Not all staff had a record of having completed infection control update training. However, we saw copies of the training presentation and up to date guidance which we were told was given to all staff to read in the interim for formal training. Each personnel file checked showed that infection control training was completed as part of induction. We were told that all staff had spot checks on handwashing techniques although this was not documented.
- 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.

Are services safe?

- 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.
- 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.
- 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.
- The practice had taken on over 3000 additional patients following the closure of a neighbouring practice in November 2017 and therefore inherited these patients historic hard copies of patient records. Fryern Surgery had limited space for storage of these records of hard copies of these historic patient records. The practice had purchased lockable storage cabinets to file these which were located throughout the practice including in patient accessible areas. The practice told us that they had a system in place to minimise risk and had begun investigating options to undertake their long term plan for management of this issue. All clinical consultations were documented through an electronic patient records system.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Since the previous inspection the practice had improved the security of vaccine storage. At this inspection we saw that vaccine fridges were kept within locked treatment rooms and that the vaccine fridges had locks on them. The cold chain was maintained effectively.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice had oxygen and a defibrillator on site for use in the event of a medical emergency.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These included for those that had been identified as in need of improvement at the previous inspection.
- Since the previous inspection the practice had completed a Legionella risk assessment and participated in hot/cold water temperature checks. We saw evidence of the recording sheet to demonstrate these checks were completed on a monthly basis and that a water quality testing process had been completed in December 2017.
- The practice had reviewed their fire risk assessment on 10 November 2017. All high and medium risks identified in the assessment had been scheduled for action. For the low risk actions, where actions not completed, remedial action had taken place as a temporary measure and plans booked in for long-term replacements.

Are services safe?

- 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. The practice manager reported all significant events and near misses through the clinical commissioning group (CCG) Datix reporting system.
- 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. Meeting minutes were attached to each significant event form to evidence that the issue had been discussed. The CCG provided feedback and suggestions for improvements or learning following submissions of incidents.
- 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

At our inspection in October 2015 we rated the practice as good for providing effective services. At our follow up inspection we found that this continued to be the case and we rated the practice as good for providing effective services overall and across all population groups with the exception of long term conditions which was rated as requires improvement.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group prescribing data from the data pack was comparable to other practices.
- The average percentage of antibacterial prescription items prescribed per Specific Therapeutic prescribing at Fryern Surgery was comparable to clinical commissioning group (CCG) and national averages.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was comparable to other practices in the CCG and to the national average.
- 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:

- The practice had identified that 22% of registered patients were over 65 (3325 patients) and of this 953 patients were over 75. The practice worked closely with the community nursing team to provide support to frail or housebound patients and engaged in monthly meetings with these teams.

- Older patients who are 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 offered 179 patients a health check. 175 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice had created admissions avoidance plans for patients deemed as most vulnerable to help manage exacerbations of symptoms in their own home which reduced the need for hospital admission where possible.

People with long-term conditions:

The practice was rated as requires improvement for providing effective care for people with long-term conditions due to the high exception reporting levels for people with long-term conditions.

This rating did not affect the overall rating for this population group or the effective key question.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had ensured that 100% of patients with a diagnosis of Chronic Obstructive Pulmonary Disorder (COPD) had a review undertaken which including using evidence based assessments of breathlessness in the past 12 months. This is above the Clinical Commissioning Group (CCG) average of 93% and national average of 90%. COPD is the collective term for

Are services effective?

(for example, treatment is effective)

a group of chronic lung conditions. The practice did however have a higher than average exception reporting level of 31% in comparison to the CCG of 16% and national average of 11%.

Families, children and young people:

- 6 week postnatal checks were conducted by the patients named GP to provide continuity and the 'family doctor' ethos the practice wished to promote.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice offered coil fittings and implants as part of the full range of contraceptive services offered. The practice was in the process of training more GPs to extend the availability of this service to patients.
- 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, travellers and those with a learning disability. There were 36 identified patients on the practices learning disability register.

- The practice provided care to a hostel in the local area for ex-prisoners; many of whom were recovering from multi-substance abuse. There was also a small population of registered patients who were substance misusers within the community.

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average. The practice's exception reporting level was 8% which was comparable to the national average.
- 98% 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 better than the national average of 90%. The practice exception reported 24% of patients which was higher than the CCG average of 15% and national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 92%; national 91%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had completed over 18 audits in the past 12 months. Some but not all were completed two cycle audits. Some audits had only been completed in 2017 and as such were waiting for the re-audit. Examples of completed audits included a check of shoulder injections for complications or infections, risk factors and follow up checks for patients with asthma or COPD and various medicines management audits. We saw an example of a completed two cycle audit for patients on Warfarin medication. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality and Outcome Framework (QOF) results were 98.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.5% and national average of 96.5%. Exception reporting levels varied depending upon

Are services effective?

(for example, treatment is effective)

the clinical indicator. Some exception reporting was below CCG and national averages, some comparable to and other above. (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.)

- The practice had exception reported 28% of patients who with mental health difficulties who would have a documented alcohol consumption level in their notes. This is above the exception reporting average of 13% for the CCG and 10% nationally. We discussed this with the practice who explained that this in part was due to treating patients from a local hostel for people with mental health and substance misuse problems, many of whom did not want to engage in reviews. We were told that the operation of this hostel had changed with an emphasis on a different population group.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going 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. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our inspection in October 2015 we rated the practice as good for providing caring services. At our follow up inspection we found this continued to be the case and 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 five 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. All six patients spoken to on the day were positive about the care they received.
- The practice had gone above and beyond to support a relative of a patient who required care and treatment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 222 surveys were sent out and 118 were returned. This represented less than 1% of the practice population. The practice was 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 91% and the national average of 89%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.

- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.
- 99% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- 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. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice signposted to additional support for carers.

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed 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.

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

Are services caring?

- 87% 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 89% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; 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

At our inspection in October 2015 we rated the practice as good for being responsive to peoples needs. At our follow up inspection we found this continued to be the case and we rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

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. The GP partners held a planning meeting ahead of the closure of a neighbouring practice in November 2017. The GP partners had recognised that their existing appointment system may not have worked with the influx of over 3000 new patients registering with the practice and implemented changes to increase patient choice and flexibility in booking appointments.
 - Patients had access to advanced booking for routine appointments through the online system, via the telephone or by attending the practice. Since the previous inspection the practice had added in new ways to book appointments in addition to those already in existence. Appointments could be booked in advance for routine appointments, via an online system, attending the practice or via the telephone.
 - They had recruited additional reception staff to manage the increase in demand.
 - Appointments could be booked on the day for both urgent and non-urgent appointments as well as utilising the duty doctor system.
 - On the day of the inspection we reviewed the appointment system to see the availability of appointments. The next routine appointment to see any GP was 30 January (nine working days from inspection date). We also reviewed a GP

appointment to see availability for patients wishing to book an appointment with their named GP. The next appointment for this GP was 31 January. This was similar for other GPs reviewed.

- At 10:45 am we saw that there were still two urgent appointment slots available for that morning. There was a total of 30 on the day appointments still available including emergency appointments, book on the day and the duty doctor.
- There was also extended opening hours and online services such as repeat prescription requests and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. A lift was available to access treatment rooms on the first floor. The practice had a clear policy in place for any eventuality where the lift became out of action.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

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.
- Disabled access toilets were not easy to use, with an inwards opening door that was difficult for wheelchair users to close. The practice were aware of this issue but expressed difficulty in actioning this change as the building was leased to them.

People with long-term conditions:

Are services responsive to people's needs?

(for example, to feedback?)

- 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.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice provided services to the local care home for adults with learning disabilities. Staff told us that they preferred to undertake learning disability reviews at the care home rather than in the practice in order to minimise the potential for increased anxiety.
- The practice had recently adapted their signage on all doors including, toilets, treatment rooms and admin rooms. Signs were pictorial representations aimed at being both dementia and learning disabled friendly (for example, a picture of a toilet for the toilet rather than a male or female sign).

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 222 surveys were sent out and 128 were returned. This represented less than 1% of the practice population.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 80%.
- 89% of patients who responded said they could get through easily to the practice by phone; CCG - 80%; national average - 70%.
- 92% 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 - 82%; national average - 76%.
- 83% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.

Listening and learning from concerns and complaints

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Fourteen complaints were received in the past two years. We reviewed two complaints in detail 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. We saw evidence that all complaints and significant events were discussed at practice meetings.
- The practice aimed to resolve complaints informally and at the time of issue rather than escalate to formal written complaints. These informal complaints were not documented to monitor themes or trends emerging. However, staff at the practice told us that these informal complaints were discussed in meetings or via email communication including any general themes emerging. Staff gave us examples of changes that had been made as a result of these informal complaints such as the way patient letters or prescriptions were stored awaiting collection.

Are services well-led?

Outstanding



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

Our findings

At our previous inspection in October 2015 we rated the practice as good for providing well-led services. At our follow up inspection we found that the provider had made further improvements. We therefore rated the practice as outstanding for providing a well-led service.

Leadership capacity and capability

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

- There was a strong leadership team who had an inspiring shared purpose, a tangible strive to deliver and motivate staff to succeed.
- There had been several changes to staffing since the previous inspection in 2015 across all disciplines. The leadership team had successfully recruited vacancies in the GP, nursing and administration teams. Staff reported that their morale had not been impacted by the all the changes to staffing, and that they regarded themselves as part of a forward thinking team.
- 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 had a steady increase in patients registering at the practice over the past 18 months. In November 2017 there was a large influx of patients following closure of a neighbouring practice. The practice had identified the lack of space available to cope with this rapid expansion particularly around the size of the waiting room. The practice had converted one room upstairs to become a second waiting room for patients whose consultations and treatments would be on the upper floor. The practice leaders had a long term plan to increase space availability and had already engaged in discussions with the landlord of the building about acquisition of further space.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All staff spoken to spoke highly of the leadership team

and attributed the support received as a reason for enjoying working at the practice. Leaders regularly booked social events for the team such as ten pin bowling as a way of thanking staff for their hard work and further cementing good working relationships.

- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, promoting staff up into more senior roles when they became vacant.
- GP registrars who were completing their training with Fryern Surgery had chosen to return to the practice, upon passing their exams, as GP partners.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- The practices vision was to deliver high quality care for patients. The leadership team had foreseen issues with a large influx of patients and had created an additional strategy around the management of new patients registered at the practice. This included a full review of their care records and coding systems. Upon review the practice found that the system of documenting information for these patients was ineffective and as a result required additional work to ensure that each patient was correctly coded in line with those used by the practice for existing patients. All staff were aware of their responsibilities in this and had agreed to work additional hours to ensure coding was correct for these patients as quickly as possible (this included GP, nurses

Are services well-led?

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and administrative staff). The leaders had engaged with the local clinical commissioning group to advise them of the issue they had found and of their plans to resolve this. An agreement had been created to reflect the practices strategy going forward.

Culture

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

- There was a high level of staff satisfaction. Staff were proud of the practice as a place to work and spoke highly of the culture. There were positive relationships between staff and teams.
- Staff stated they felt respected, supported and valued. Clinical staff, including nurses, were considered valued members of the practice team.
- The practice focused on the needs of patients. There was a strong collaboration and support across all staff and a common focus on improving quality of care and people's expectations.
- 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. 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.
- 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

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 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.

- All areas identified as in need of improvement at the previous inspection in 2015 had been resolved. This included ensuring health and safety risk assessments were in place and actions or recommendations completed.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice manager had taken responsibility for uploading all significant events (and near misses) to the information reporting system used by the clinical commissioning group.
- 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.

Are services well-led?

Outstanding



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- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, administrative staff requested a way to have a break from the computer screen on a regular basis. The

leadership team were evidenced to have listened with the result that administrative staff now have the option of a ten minute tea break away from the computer screen.

- The GP partners had reviewed the appointment system in advance of the influx of new patients and identified the need to change it. The new system offered more flexibility to patients wanting an appointment. We reviewed the appointment system and patients were able to book a routine appointment to see a named GP within two weeks. On the day appointments were available as well as duty doctor appointments.
- The practice did not have a patient participation group but did have a virtual patient representation group. We were told that this was not as effective as they wished it to be. However, the practice management actively sought and logged feedback using the friends and family test template. One example of the effectiveness of this system was when the practice received comments from patients about letters for other patients being included with their own. As a result a new system was quickly implemented where any letters due to go out to a patient were put in separate named envelopes before adding to the folder for patient collection/sending.
- 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.
- 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.