

# Locality Health Centre

## Quality Report

The Locality Health Centre  
68 Lonsdale Avenue  
Weston-Super-Mare  
North Somerset  
BS23 3SJ

Tel: 0345 350 3973

Website: [www.localityhealthcentre.org.uk](http://www.localityhealthcentre.org.uk)

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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.

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 unannounced comprehensive inspection at Locality Health Centre on 12th December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients did not always find the appointment system easy to use; the practice was looking a system to improve this.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges involved and were addressing them.
- The practice was sited within the For All Health Living Centre which was part of the central hub of the community and worked with other organisations to improve the outcomes for patients in that area.

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

# Summary of findings

- Review how patients with long term conditions or those prescribed with at risk medicines receive their reviews in a timely way in accordance with guidance.
- Review systems to ensure there is a cross practice system for sharing information and learning from incidents.
- Review systems to ensure changes are made to the policies and procedures currently in use so that they reflect the appropriate organisation ownership and offer clarity to staff.
- Review processes for recruitment documentation to ensure it is held together in one place and includes detail of the immunisation status of clinical staff.
- Review systems of how patients were to gain access to the practice by phone as 55% stated they could get easily get through in comparison to the CCG – 70%; national average - 71%.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Locality Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Locality Health Centre

The Locality Health Centre is located at 68 Lonsdale Avenue, Weston-Super-Mare, North Somerset, BS23 3SJ. The service had approximately 5296 patients registered from around the local and surrounding areas. Patients can access information about the service at [www.localityhealthcentre.org.uk](http://www.localityhealthcentre.org.uk)

The service is located within the For All Healthy Living Centre, a multi agency building incorporating a café, library, church, nursery, community rooms, meeting rooms and offices. There is a car park and disabled parking bays outside the centre. Locality Health Centre is a Community Interest Company (CIC) and is responsible for the provision of some but not all the services available in the For All Healthy Living Centre, which hosts a broad spectrum of community services such as social services, community midwife, food bank, and childrens centre.

The provider has informed us that they have taken over the NHS England contracts to provide GP services from two other locations in Weston-Super-Mare from October 2016 and April 2017. They have also recently accepted a contract for a twelve month pilot to provide a Primary Care Service led by Advance Nurse Practitioners based within the emergency department at the local hospital. Applications to add these locations to the providers registration are in

the process of being completed, or have recently been received into the Care Quality Commission(CQC), and are awaiting to be processed. All these services are managed by the Registered Manager and the management team for Locality Health Centre CIC.

The practice employs six salaried GPs, three male and three female. The practice employed five Advance Nurse Practitioners, three practice nurses and one health care assistant. The practice has a practice manager who is supported by a team of management staff, reception staff, administrators and secretaries. The provider told us as part of the acquisition of other services they had reviewed their clinical cover and leadership. New clinicians had been employed across the service and new roles developed such as a clinical medical lead had been created but had not embedded into the service.

The practice is open from 8.00am, Tuesday to Friday until 6.30pm each evening. On Mondays the practice is open 8.am until 6.30 pm but is closed between the hours of 12.30 to 14.00. Extended hours for pre-booked appointments are: 9.00 am to 11.00 am on the second Saturday of each month.

The practice has an Alternative Provider Medical Services (APMS) contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted to deliver for a number of enhanced services including; extended hours access for patients, childhood immunisations, enhanced services for the assessment and provision of services for patients living with dementia, and the practice were involved in the unplanned hospital admission avoidance scheme.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the practice website.

## Detailed findings

Demographic data from 2015/2016 that is available to the CQC shows:

The age of the patient population was above the national averages for patients under the age of 18 years at 31%, the national average being 20%. For patients over 65 years the practice has 10% with the national average being 23%.

Other Population Demographics included 60% of the practice population had a long standing health condition, which was above the national average of 53%. Also 48% of patients were in paid work or full time education which was below the national average of 62%. Information from the

Index of Multiple Deprivation 2015 (IMD): showed the practice population is at 57 (the national average 21). The lower the number the more affluent the general population in the area, is.

Income Deprivation Affecting Children (IDACI): is 51% (the national average 20%)

Income Deprivation Affecting Older People (IDAOPI): is 40% (the national average 17%).

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and 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.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going 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). We saw the interview process, usually with three interviewers, was thorough and the content of the process was recorded in detail. However, minor amendments should be implemented to ensure a clear audit trail is maintained such as recording who was accountable for the notes taken and for the decision to employ. We saw that the practice manager was in a process of auditing the recruitment and employment records and had yet to complete ensuring that all records were held together. This included ensuring detail of clinical staff immunisation status was recorded.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We noted that not all consultation rooms had appropriate flooring however the practice was aware and were working on a solution. They ensured that invasive treatments were undertaken in the treatment room and had access to spillage kits and deep cleaning facilities onsite if needed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed for the practice. There were arrangements for how the provider ensured that a safe level of clinical cover was provided across all of their locations.
- There was an effective induction system for temporary and permanent staff which was 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. Information was on display in clinical areas to aid and prompt staff should concerns arise.
- 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.

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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. The practice kept prescription stationery secure 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. They were aware that their level of prescribing antimicrobial prescribing was above average. Steps had been taken to improve prescribing practices including improved questions asked of patients presenting with a query of a urinary tract infection. There was evidence of actions taken to support good antimicrobial stewardship.
- We were told 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. Patients with a polypharmacy (over 5 prescribed medicines) were reviewed regularly every six months. Those with a higher risk or poly-pharmacy were reviewed six monthly as well as an ad hoc basis as their need arose. However, when we sampled information relating to patients prescribed a specific medicine to reduce inflammation 24 of the 30 patients on this list had been identified as having their required reviews. Of the six patients who had not, we saw there were gaps in the oversight of their needs. For example one patient the records indicated they had not requested a repeat prescription for folic acid, a supportive medicine, for six months, another had not

had a liver function test carried out by the practice since May 2017. We were informed subsequently to the inspection visit that checks by practice staff had assured both these patients had had the treatment and follow up support that was required from secondary care. This meant there were gaps in the processes at the practice to ensure that patients care had been followed up appropriately.

## Track record on safety

The practice had a good safety record.

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

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events (SEA) and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Changes had taken place to ensure clinicians are involved in SEA discussions and shared learning. However, there was not a cross practice system for sharing information and learning, for all staff employed. GPs told us they were unaware of SEAs raised in regard to administration and management of the service. Therefore there was a risk that this incidents could reoccur.
- There was a system for receiving and acting on safety alerts. When discussed with GPs we understood that information was disseminated but there was not a formal recorded approach to how alerts and information is shared and discussed across the practice. We saw that in some instances some aspects were discussed in clinical meetings. However, there was no formal process to show that individual GPs had read and acted upon the information. The practice showed through their minutes of meetings that they had learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice we noted that this was work in progress to ensure that this went across all of the locations managed by the provider. 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. Using current information for the last 12 months provided by the practice and information in regard to the practices QOF (2016/2017) and information from 2015/2016 indicators. Quality and Outcomes Framework (QOF) is the annual reward and incentive programme:

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. For example of the 318 patients identified with a clinical need of diabetes, 75% had had their care reviewed.
- The practice staff were aware of the figures for the practice was above the expected average daily quantity of Hypnotics prescribed per Specific Therapeutic group. The practice being 2 in comparison to the Clinical Commissioning Group (CCG) and England average of 0.9. They told us they had identified that information from the other services that had amalgamated with Locality Health had affected the figures.
- The percentage of antibiotic items prescribed which were Cephalosporins or Quinolones (2015/2016) were comparable to other practices at just below 4%.
- 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 told us they had small number of people over 65 years of age at 10% of their patient population, the national average 17%.

- 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.
- Older people in the area had access to the lunch club provided by the For All Healthy Living Centre who liaised and referred patients to the practice if they thought there were nutritional concerns. Likewise the GP service referred patients to the lunch club and provided food bank vouchers if they had concerns.

#### 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 on the register with asthma 64% had been reviewed in the last 12 months. For patients with Chronic Obstructive Airways Disease (COPD) 82% had been reviewed in the last 12 months.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. This was also helped with local access to services operating from the Locality Health Centre such as Pulmonary Rehabilitation, Retinal Screening and a Heart Failure Nurse Service.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

#### Families, children and young people:

- The practice had identified that this was the highest proportion of the patient's population group that it supports. They had noted there was a 23% patient turnover in a 12 month period, many patients who registered had existing health concerns which had not always been addressed or managed well.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were between 92% and 96% the national target being 90% or above. Nurses provided immunisations and educational and support often opportunistically during the 15 minute urgent nurse appointments, as well as through booked appointments.
- The practice is co-located with the Children's Family Service, Troubled Family Team, Turning Tide Service

# Are services effective?

## (for example, treatment is effective)

and Health Trainers so that referral to these services was expedited; communication between services was good and patients did not need to go outside the area to have the benefit of these services.

- For pregnant women, there was a good working relationship between the GP practice and the Midwifery service who ran six clinics in the Locality Health Centre.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice ran a 'No worries' drop in service to provide sexual health advice and care to young people.

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

- The practice's uptake during the preceding five years for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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 lead nurse had regular meetings with the hospice nurse and the community matron.
- The practice held a register of patients living in vulnerable circumstances. This included homeless people and travellers. It had identified those with a learning disability and had implemented a system of regular reviews which addressed any safeguarding concerns, liaising with other health or social care providers and reviews of their medication.

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

- We were told that 56% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 9 months (1/4/17 to 1/12/17). For the previous 12 month period (1/04/2016 to 31/03/

2017) this was 82%. This is comparable to the national average of 84%. The practice told us these figures were likely influenced by the addition of information from the other GP practices locations they managed and that they had plans to address meeting the national targets.

- 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%.
- 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 92%; CCG 92%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 95%, which is similar to the CCG and national average of 95%).

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We were shown examples of two cycles completed audits that had taken place at the practice. Both examples showed improvement in care provided to patients.

The most recent published Quality Outcome Framework (QOF) 2016/2017 results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and similar to the national average. The overall exception reporting rate was 15% which was 5% above the national average. (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 used information about care and treatment to make improvements. The practice told us how it worked with other organisations and voluntary groups to support patients to be accountable and pro-

# Are services effective?

## (for example, treatment is effective)

active with their own healthcare. For example, the practice were supporting patients to set up a peer support session for those with diabetes which will be run by the patients.

- Where appropriate, clinicians took part in local and national improvement initiatives. One of the GPs was the prescribing lead for the practice and had participated in a substance misuse project since 2016. They were now responsible for all prescriptions in the CCG area for methadone and buprenorphine prescribing. This was in conjunction with the local 'Addaction' service and local GPs. At the time of this inspection there was no information of how this project had influenced or improved the outcomes for patients at this practice.

### 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.
- 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.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the four patient Care Quality Commission comment cards we received were positive about the service experienced. This was 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. The practice was below average for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 85%.
- 89% of patients who responded said the nurse was good at listening to them; CCG - 92%; national average - 91%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; 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.
- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of patients as carers.

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers including those available in the For All Health Living Centre and local area were coordinated and effective.
- 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 gave a mixed response to questions about their involvement in planning and making decisions about their care and treatment. Results were variable to local and national averages:

- 76% 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 88% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 81%.

## Are services caring?

- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

The practice monitored these results and were formulating an action plan to investigate why these were lower than previous years.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs; for example they funded a specific service for reversible contraceptive devices.
- 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 home visits, telephone access and flexible appointment time made available to meet their needs.
- 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 advanced nurse practitioners routinely undertook home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### 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.
- The practice was co-located with the Children's Family Service, Troubled Family Team, Turning Tide Service and Health Trainers so that referral to these services was aided; communication good and patients did not need to go outside the area to have the benefit of these services.
- For pregnant women, there was a good working relationship between the GP practice and the Midwifery service who ran six clinics in the Locality Health Centre.
- 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 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.

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

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

### Timely access to the service

# Are services responsive to people's needs?

## (for example, to feedback?)

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 not always comparable to local and national averages.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 80%.
- 55% of patients who responded said they could get through easily to the practice by phone; CCG – 70%; national average – 71%.
- 63% 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 – 80%; national average – 76%.
- 64% of patients who responded described their experience of making an appointment as good; CCG – 74%; national average – 73%.

The practice told us they were aware of this issues patients expressed about access to appointments. They had used information from the National Survey and feedback gathered with support from the Patient Participation Group (PPG) to look at how they could improve patient's

perception of access to appointments. They had increased the number of Saturday openings and were in the process of implementing more evening surgeries. They were also looking at variable appointment timeslots to include 15 minutes instead of 10 minutes in order for some patients who necessitated a longer consultation time. We noted that on the day of the inspection there were appointments available for patients to access. Results from the practices own survey still showed that patients had found it difficult to get through on the telephone line and were unhappy that they were not able to obtain an appointment in a timely way because of the delay. The registered manager had identified that the phone system was limiting as there were insufficient lines available at peak times of the day and was exploring how the practice could improve on this.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints and put actions in place to prevent reoccurrences. Information was shared at meetings but not always disseminated across the whole staff team.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

The leadership team had changed during the last 12 months that had included changes in the clinical leads and a new practice manager and deputy. We had found additional responsibilities had been taken on by the organisation such as two other GP services and a Primary Care Service project for which there were delays in the application for registration with CQC.

Leaders had the capacity and skills or were in the process of developing their knowledge to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a 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.

### 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. 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Some of the staff had been recently been made accountable to these roles and were in the process of developing their skills and knowledge.

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

# Are services well-led?

Good 

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

understood and under development. The governance and management 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. However, we saw there were inconsistencies in policies and procedures that the practice staff were working with, as the practice and provider had issued a variety of documents and it was unclear what was relevant to the practice staff or the provision of services at the centre For All Healthy Living.
- There were other areas which should be improved within the governance arrangements at the practice. These included the care of patients with long term conditions or those prescribed with at risk medicines, systems to ensure there is a cross practice system for sharing information and learning from incidents. Continue with consolidating the system for holding recruitment documentation to ensure it is held together in one place and includes detail of the immunisation status of clinical staff.
- The practice should continue with reviewing how they could improve in regard to where patient feedback had identified patients dissatisfaction with telephone access to the service.

## • **Managing risks, issues and performance**

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints. However, minor changes should be

made to ensure information was shared appropriately to staff and an audit trail or monitoring was in place that all relevant staff had understood and acted upon any alerts received.

- 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 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.

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- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group who were focused on improving patient care.
- 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. They were

pro-active in working with other organisations and voluntary groups within the For All Health Living Centre and the locality to ensure patients' needs were met and services were available to them.

- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.