The Golden Brook Practice

Quality Report

Golden Brook Practice, Long Eaton Health Centre
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as outstanding overall. (At the previous inspection undertaken in November 2015, the practice received a good overall rating)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

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 – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those recently retired and students – Outstanding

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) - Outstanding

We carried out an announced comprehensive inspection at The Golden Brook Practice on 20 November 2017. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- Audit and improvement was at the heart of the practice and developing the care delivered to patients in a collaborative and supportive manner was the aim of all members of staff.
- Staff worked closely with community teams and we observed that the relationship with social care was driving responsive and compassionate care for patients, including keeping those at risk from harm safe.
- Results from the latest national GP patient survey showed that the practice had performed above local and national averages in the majority of the questions about patient experience. This was particularly evident in relation to GP and nurse access and comments regarding being cared for in a dignified and respectful manner.

Summary of findings

- Patient feedback was held in high regard with development and trials conducted to improve the service based on the views of patients, staff and stakeholders.
- The practice had a consistently high Quality and Outcomes Framework (QOF) achievement and offered annual reviews to patients whose conditions were not included in the Quality and Outcomes Framework to ensure their condition was monitored.
- The practice encouraged and supported staff to report incidents and near misses. When incidents did happen, the practice learned from them and improved their processes. Staff were all invited to review meetings and outcomes disseminated to all staff.
- We saw several examples where staff had gone the extra mile and patients praised staff for providing care in a supportive and compassionate manner.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Staff training records were up to date, and regular appraisals encouraged development at all levels.
- An online enquiry form for non-urgent consultations was developed, to allow for convenient access to GPs for queries outside working hours.
- There was strong clinical leadership and we saw how this positively influenced the quality of the service. For example, the GP prescribing lead had overseen cost effective prescribing, and lower rates of antimicrobial prescribing in line with evidence-based guidance.
- The partners invested high levels of time and funding in their practice team to provide sufficient capacity, and ensure there was adequate numbers of staff in both clinical and administrative role to allow for effective delivery of care.

We saw an area of outstanding practice:

- The leadership and culture of this practice was one of continuous development with all staff having accountability and drive to deliver change and provide care in an effective and supportive manner.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Outstanding**
Are services well-led?	**Outstanding**

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

The Golden Brook Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Golden Brook Practice

The Golden Brook Practice provides primary medical services to approximately 10,178 patients through a general medical services contract (GMS). Services are provided to patients from a single site. The practice is co-located with two other GP practices within Long Eaton Health Centre.

Derbyshire Community Health Services NHS Foundation Trust also provides services from this location. The level of deprivation within the practice population is below the national average. Income deprivation affecting children and older people is below the national average.

The clinical team comprises six GP partners (three female and three male), a nurse manager, pharmacist, three practice nurses and a healthcare assistant. The practice is an approved teaching practice and an accredited training practice; at the time of the inspection, there were two GP registrars working at the practice. A GP registrar is a qualified doctor who is training to be a GP.

The clinical team is supported by a full time practice manager, a reception manager and secretarial, reception and administration staff.

The practice site opens from 8am to 6.30pm on Monday to Friday. The start times for morning appointments vary day to day and range from 8am to 8.50am. Afternoon appointments are offered until 6.00pm. Nursing appointments are offered within the same times; however, the nurses extend their sessions to meet demand and accommodate all patients.

The practice, in partnership with other GP practices, led the development of a 'Hub' in Long Eaton which has enabled GP surgeries to offer additional same day advanced nurse practitioner (ANP) appointments when busy or closed, seven days a week. The hub, which is based in the same building, provides 15-minute appointments, which are booked through the practice reception. Appointments are available until 8.30pm Monday to Friday and from 8am to 1.30pm Saturday and Sunday.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments, including those for fire, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), and general health and safety issues. It had a range of safety policies which were regularly reviewed and staff received safety information as part of their induction and ongoing training programme.
- 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. All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.

A fortnightly audit of children who had failed to attend secondary and primary care appointments was conducted and follow-ups organised to ensure appropriate care plans were in place. If a child or adult missed an urgent appointment, they received a follow-up call the same day to ensure their condition had not deteriorated. All parents of children on the safeguarding register had an easy to see icon on their notes to allow for additional time and support during appointments if necessary.

Records were also regularly searched to pick up safeguarding concerns placed in the patient record by other agencies so the practice could contact the patient and carers and put relevant support in place.

- The practice team worked with other agencies to support and protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. We saw clear evidence of effective working with community based health and social care staff to achieve this aim from meeting minutes, which were well attended.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Regular audits were undertaken and any follow up actions that were identified were addressed promptly.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems in place to support the safe management of healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role; this had been adjusted to include students and registrars when they were visiting the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff had access to urgent care guidelines for patients who may be presenting with chest pain, stroke or sepsis. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. A sepsis training session was due to take place for non-clinical staff to improve awareness of key signs and symptoms when speaking to patients on the phone and in reception.

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.

Good

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We reviewed a sample of referral letters and these included all of the necessary information.
- The practice had systems to ensure that any urgent incoming patient documents and pathology results were seen by the relevant doctor, whilst routine correspondence was actioned within 48 hours.

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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. We observed that the practice had improved significantly from the previous year and was now one of the best within their CCG in terms of prescribing performance. For example, they were second of 12 practices for low levels of antibiotic prescribing. New registrars received training in the prescribing of antibiotics in the community as part of their induction as it had been highlighted that they were otherwise more likely to prescribe according to hospital guidelines.
- The practice had an effective and safe process to ensure any patients being prescribed high-risk medicines were being monitored closely. The nurses, in conjunction with the pharmacist and data administrator, ran regular searches to review the monitoring of patients and followed up all those who were not seen within a timely manner. We saw that only 16 patients with a long-term condition had a medicine review outstanding.
- The practice involved patients in regular reviews of their medicines. Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- The practice kept prescription stationery securely and monitored its use. There was a protocol in place for the safe management of controlled drug prescriptions. Staff adhered to a repeat prescription pathway developed by the practice to ensure any repeats requested were only issued with correct authorisation. Uncollected prescriptions were reviewed each month and patients were followed up when this was necessary to make sure they had access to their prescribed medicines.

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, incidents and near misses. In addition to these, positive events were also reviewed at the practice meeting and distributed to staff to allow for learning form a positive incident.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We saw that 15 events had been recorded in the last year.
- There were effective systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we saw that systems to check patient identifiers had been strengthened further to an incident when a letter was scanned into the wrong notes, as two patients had the same name. This was addressed by training staff to check three specific identifiers to ensure the correct person was selected.
- There was a system for receiving and acting on patient and medicine safety alerts. There was a practice policy to support the dissemination and response to incoming alerts. We saw evidence that when medicines alerts were received, searches were undertaken to identify patients this might affect, and these were then followed up and reviewed accordingly.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Clinicians were able to describe examples of recent discussions held in relation to new or updated guidance, and we saw that this was used to inform the practice's audit programme.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. There was proactive use of care plans in place for patients.
- 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:

- Fortnightly multi-disciplinary meetings reviewed the ongoing care and support for patients who were at risk of hospital admission or had complex health and care needs. We observed that the practice team worked effectively with community-based staff as part of an integrated approach to care.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs, including a review of medication.
- Patients discharged from hospital were reviewed by a clinician to ensure their care plans and prescriptions were updated to reflect any new or additional needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Where patients had one more than one condition, they were seen as part of one recall appointment, rather than have to attend more than once.
- Staff were committed to working in a collaborative manner to give every patient an opportunity for a health review. For example, the nurses would see patients on an ad hoc basis to complete a review if the patients attended for a GP appointment, they offered extended appointments and home visits, often visiting patients' homes to organise an appointment, and worked with carers or family to support patients attending the practice.
- The practice worked closely with the neighboring pharmacy and would put alerts on prescriptions to make the pharmacist aware a review was due and they would offer to book the patient in when they presented for their medicines.
- Opportunity to conduct blood tests were taken when appropriate, for example annually for patients with long-term conditions or when presenting for a health check. This had led to an increase in the number of patients referred to the health care assistant for diet and lifestyle advice, as their results had shown they were at risk of diabetes if left unchanged.
- National data showed the practice had achieved a good uptake for annual reviews, for example: asthma (88%); chronic obstructive airways disease (100%). For patients with the most complex needs, the GPs and Nurses worked with other health and care professionals, including specialist nurses, to deliver a coordinated package of care.
- Staff, who were responsible for reviews of patients with long term conditions, had received specific training in support of this.

Families, children and young people

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above.
- The practice provided emergency contraception, and offered family planning services.
- Monthly meetings were held with the health visitor to review any children with known safeguarding concerns. GPs contributed to requests for child protection case conferences and the multi-agency risk assessment conference (MARAC), where information is shared on the highest risk domestic abuse cases between representatives of local agencies such as the police, health and social care providers.
- Teenagers were signposted to support services if they encountered emotional difficulties.

Good

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 84%, which was in line with the local average of 84% and national average of 81%. This was achieved with low exception reporting rates of 1.5% (below the local average of 2% and the national rate of 6.5%).This outcome contributed to the 81% coverage 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.
- 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:

- The practice were a host and provided staffing for a Community Delivery Team meeting which involved social care, members of the community nursing team and physiotherapy. The practice included all patients with a palliative condition at this meeting to ensure any further support which could be delivered was implemented.
- The practice reviewed the number of patients who died in their preferred place of death and strove to improve in this area. A review of all patient deaths over the previous 12-month period showed that 77% of expected deaths occurred in the patient's preferred place. This had been a significant improvement on the 25% as it was 12 months before.
- End of life care was delivered in a coordinated way with extensive collaboration from the multi-disciplinary team via fortnightly meetings and regular communication in-between. The care provided took into account individual needs such as the patients preferred place of care.
- The practice, in a collaborative program with other local practices was part of an 'Acute Home Visiting Service', which supported complex and frail patients. This has led to the practice cancer admission rates being reduced to half the national average, through improved continuity and access of care at home.
- A lead GP reviewed patients with a palliative condition at the earliest opportunity following a hospital discharge to ensure all arrangements could be put in place as soon as possible to support a dignified death.

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

- 96% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was higher than the local average of 84% and national average of 84%. Exception reporting rates were in alignment with averages.
- 100% of patients with a new diagnosis of dementia recorded in the preceding year had a record of recommended investigations recorded between 12 months before, or 6 months after, entry onto the practice register. This was above the national average and the CCG average (88%), exception-reporting rates of 16% were in line with local (12%) and national (22%) averages.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local and national averages. Exception reporting rates were in line with the average 17% (4% above the CCG average, and 4% above the national average).
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 98% of patients experiencing poor mental health had received discussion and advice about alcohol consumption in the last 12 months (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. For example, in July 2017, the practice performed an audit, which identified two patients were not prescribed a medicine, which could have benefited their heart condition. They were reviewed and commenced on the medicine. A further 35 patients underwent further tests to establish new results to assist in monitoring. There was whole team learning and awareness of the importance of

Good

Are services effective?

(for example, treatment is effective)

identifying patients with an irregular heart rhythm as well as the development of a patient decision tool to provide continuity of care and data recording to assist in further audit.

The most recent published Quality Outcome Framework (QOF) results for 2016-17 were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 13% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity, and was able to provide a timetable of their programme for the past two years. This included audit reviews of NICE guidance; and actions taken in response to safety alerts. The practice had established a series of audits, which covered conditions not monitored by QOF, for example coeliac disease, as well as topical updates such as the prescribing of antibiotics for patients with an acute cough. There was a set of monthly audits conducted by a data lead to ensure up to date lists of patients who fell outside of the guidance, when they were on medicines which required monitoring. This was in addition to social audits of children who did not attend appointments, run every two weeks, and patients over the age of 75, run every month, to ensure they were given a named GP in a timely manner.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had an active involvement in the development of the local federation to improve care for the local population.
- The practice employed an administrator as the lead in data management whose role included regular audits to facilitate quality improvement work.

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 and monitored via the practice intranet's alert system. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, regular meetings, appraisals, clinical supervision or one to one support as appropriate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice supported apprentice posts, some of whom who had gone on to secure substantive employment with the practice.
- Although not regularly used, GP locums were sourced from those who had previously worked at the practices or had undertaken a placement there as a GP registrar. This ensured familiarity with systems and continuity for patients and staff. The practice had developed a comprehensive information pack for locum GPs and GPs on placements.

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 engaged with the care co-ordinator based in the surgery to ensure the correct support was given to the patients who needed it.
- Information was shared appropriately with out of hours' and other relevant providers to ensure a smooth transition across services for patients.
- 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

Good

Are services effective?

(for example, treatment is effective)

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.
- A clinical pharmacist was employed to support the wider team and target prevention of coronary vascular disease and osteoporosis. To develop this role they had held educational sessions with various members of the clinical team.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, there was access to smoking cessation and weight management advice from the health care assistant as well as local groups.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

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. For example, we saw that written consent was gained for minor surgery and for other procedures verbal consent was well documented by clinicians.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Patients told us that staff treated them with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. This was evidenced by up to date staff training in equality and diversity.
- The practice gave patients timely support and information and considered emotional and social needs as important as physical ones.
- 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 or access to the 'quiet' waiting room.
- Staff were committed to ensuring patents were active partners in their care. Staff worked together, both within the practice and with community teams to make this a reality. Patients individual preferences and needs were always reflected in how and when care was delivered.
- We spoke to patients who told us of several occasions where the staff had gone the extra mile. For example, there were effective systems in place for recalling patients. When patients did not book an appointment staff would put alerts in their records in case they presented for an appointment and often nurses would visit their home to ensure they were safe and well.
- All six patients we spoke with on the day of the inspection and all of the 19 Care Quality Commission patient comment cards we received, were positive about the service experienced. The results of the NHS Friends and Family Test were also consistently positive. The national GP survey results from July 2017 indicated that 89% of respondents would recommend this surgery to someone new in the area, compared to the CCG average of 79% and national average of 77%.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 251 surveys were sent out and 109 were returned. This represented about 1.1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 83%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG – 94%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% 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%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

Overall the survey results were higher than CCG or national averages.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids (such as a hearing loop) and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

Good

Are services caring?

- Staff were highly motivated to provide care which was kind, promotes dignity and also involves them in the outcomes.

The practice proactively identified patients who were carers, and the list was reviewed on a regular basis to ensure it was kept updated. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 131 patients as carers (approximately 1.3% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- A practice had a system in place to support in the identification of carers, for example, receptionists would be aware of patients who presented as carers, and refer to the carers lead for support and information.
- Clinicians would routinely book patients follow-up appointments during consultations, when they had a carer, to ensure continuity and convenience.
- Staff told us that if families had experienced bereavement, either a member of the practice team or the wider community health team, contacted the family or carer. This call was either followed by a patient consultation (if required) 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 higher than local and national averages in some areas:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 91% 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.

- All GPs promoted dignity within the practice,
- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998, and all staff were up to date with training in information governance. One GP was identified as the Caldicott Guardian (thisis a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information-sharing).

Outstanding ☆

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 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. For example the 'on day' service run in the same building which offered extended opening hours, online services such as repeat prescription requests, and advanced booking of appointments.
- The practice had developed an online form through their website to allow non-urgent queries to be sent to the practice and dealt with by GP's with a 48-hour turnaround for services such as sick notes, referral requests. This had alleviated the phone lines and provided increased availability of telephone appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. A screen in reception provided information to patients to show that the practice would strive to provide them with the information they required in the format that they required, for example, in larger print. The practice were able to describe how they accommodated individual needs, this included an example of a patient who was profoundly deaf.
- A machine was provided for patients to check their own blood pressure and record the results, which were then handed into reception. This had helped to identify some patients who then required follow up from a clinician.

Older people:

- The practice was responsive to the needs of older patients, and was part of a 'Care Home Support Service', which saw Advanced Nurse Practitioners support local care homes with oversight from the GP Partners. This system had led to a reduction in hospital admissions of patients who live in care homes.
- Home visits and urgent appointments for those with enhanced needs. The GPs and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- 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 'on day' service had allowed GPs to spend more time with patients who needed ongoing care rather than urgent appointments. With frailty and long-term conditions being a priority within the practice, this had led to a reduction of 17% of patients admitted to hospital in the first year.
- As an initiative to combat loneliness the practice had adopted a 'time swap' scheme, managed independently, to encourage patients, and the local community to interact. For example, a patient who taught someone to knit would be allocated time in the bank and could use that to have their lawn mown.
- Appointment reminders were sent to older and vulnerable patients, and these patients would be called if they did not attend for either a practice or a hospital appointment.

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 recall system was effective in recalling patients and clinicians were supported in this by a dedicated admin team.
- A clinical pharmacist had been employed by the practice and was key in reviewing and supporting patients with long-term conditions, working in conjunction with practice nurses and their specialties such as diabetes.
- The practice offered annual reviews to patients outside of the QOF register, for example patients with coeliac disease.
- The practice held regular meetings and worked with community-based teams to discuss and manage the needs of patients with complex medical issues and these were well attended.
- The practice worked closely with specialist nurses, for example, community heart failure nurses, to provide expert advice for those patients that required it.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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.
- There was also a system in place to carry out weekly audits on children who did not attend appointments, these were then followed up by the GPs and further appointments booked to ensure care was provided.
- All children 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 access hubs provided patients with evening and weekend appointments.
- Access to GP appointments was monitored continuously and changes made to availability to deliver an accessible service.
- Telephone GP consultations were increased in response to patient feedback, which supported patients who were unable to attend the practice during normal working hours.
- An online enquiry form for non-urgent consultations was used to allow for convenient access to GPs for queries outside of working hours. This had a targeted turnaround time of 48 hours however; we saw that most were responded to within the same day.
- A GP offered a musculoskeletal service on site, which included joint injections.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice welcomed people living in vulnerable circumstances, such as homeless people or those who had been relocated due to domestic violence, to register with the practice.
- There was a quiet waiting area, which was utilised for patients who were anxious about being at the practice or required additional support.
- To support patients in the area the practice became a collection point for a local food bank and had two members of staff trained to authorise food vouchers.

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

- The GP partner had identified one of the main causes of poor mental health was financial issues. In response, the practice chose to accommodate the Citizens Advice service on a weekly basis within the practice. The reception team could book patients straight into appointments and a report showed 257 contacts in the last year.
- The practice had dementia friendly status and the practice team had a good understanding of how to support patients with mental health needs and those patients living with dementia. For example, signs had been placed around the practice to ensure clarity for a patient with dementia.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use and constant improvements were made as a result of patient feedback.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 251 surveys were sent out and 109 were returned. This represented about 1.1% of the practice population.

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 85% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average - 71%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 93% of patients who responded said that the last time they wanted to speak or see a GP or nurse; they were able to get an appointment; CCG - 85%; national average - 84%.
- 88% of patients who responded said their last appointment was convenient; CCG - 83%; national average - 81%.
- 76% of patients who responded described their experience of making an appointment as good; CCG - 75%; national average - 73%.
- 77% of patients who responded said they do not normally have to wait too long to be seen; CCG - 66%; national average - 58%.

On the day of our inspection, we saw that a routine GP appointment could be booked the following day, and advanced bookings to see a GP could be made up to two weeks ahead.

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 practice's complaint policy and procedure was in line with recognised guidance. Twelve complaints were received in the last year, which we reviewed and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient complained about the 'sit and wait' trial that was running at the time of their appointment the practice responded as to why the trial was running, included the feedback as part of the end of trial review and responded to the patient in a compassionate manner.

Are services well-led?

Outstanding ☆

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

Our findings

We 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.

- Leaders had the experience, capacity and skills to deliver the practice strategy. Clinical leadership was directed by GPs undertaking specific lead responsibilities such as prescribing, QOF and safeguarding.
- 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.
- The leadership team drove continuous improvement and staff were accountable for delivering change. There was a clear and proactive approach to seeking out and embedding new ways of providing care.

Vision and strategy

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

- There was a clear vision and set of values, which were displayed within the practice.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population and developed the team based on the most efficient way to meet those needs.
- There was strong collaborative and supportive relationship between staff, which had the best outcome for patients at the heart, often at the expense of finishing on time or having a lunch break.

Culture

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

- All staff had an inspiring shared purpose, strove to deliver effective clinical care in a range of new ways, which had the patient as the central focus.
- Staff told us they felt respected, supported and valued. They told us that they enjoyed their work and were proud to work in the practice.
- The practice focused on the needs of patients. In response to the feedback of patients trials had been run to try different ways of working, for example all patients speaking to a GP prior to an appointment being booked, and reviews undertaken before being implemented permanently.
- 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. We saw evidence to confirm this when reviewing incident reports
- 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff and community teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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.
- There was a rolling schedule of regular in-house meetings, which were well attended, and learning distributed to those who could not attend.

Are services well-led?

Outstanding ☆

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

- Some of the GP partners held strategic lead roles within the clinical commissioning group (CCG) and the local vanguard, which helped influence and drive improvement in the delivery of patient care within the locality.

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. Recent investment in an IT system allowed for alerts to ensure that review dates were scheduled and acted on.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints, which were reviewed at meetings.
- 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. Audits had been selected to benefit patients who did not fall into QOF reviews.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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, for example the partners had identified a concern when a medicine was prescribed and monitored by the hospital would not be logged on the practice computer system and go on to produce an alert if further medicine was prescribed which could have a poor reaction in combination. Concerns were raised and a solution found to ensure patient safety.
- The practice used information technology systems to monitor and improve the quality of care and regular audits were run by the data lead to feed into clinical reviews and follow-ups.
- 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, a 'GP first' trial was run in response to patient feedback where all patients would speak to a GP prior to an appointment being booked. After the trial period, feedback from a range of sources was sought and the service discontinued, as it was found patients knew what type of care they needed without a GP being involved in all cases.
- The PPG had reduced in numbers for reasons out of the Practice's control and as a result, the meetings had become quarterly. Partners and staff were attending these to ensure feedback on issues, new ideas were taken forward, and a virtual group was consulted on issues that impacted upon patients.
- The practice analysed patient survey data and considered any areas that could be improved. For example, the development of the vanguard HUB had been to accommodate patients who can only see a clinician at the weekend or evening.

Continuous improvement and innovation

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

- The practice had put in place development for social prescribing in collaboration with a local organisation to allow health and social care to be accessible to all and establish the practice as a hub for support.