Churchfields Surgery

Quality Report

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Date of inspection visit: 15 March 2018
Date of publication: 25/04/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Key findings

Contents

Letter from the Chief Inspector of General Practice

At this inspection we found:

- The practice had clear systems, processes and practices in place to protect people from abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads.
- The practice had 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.
- The practice had improved its telephone access so that patients found the appointment system easy to use.
- The practice had suitable facilities and was well equipped and maintained to treat patients and meet their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Develop an effective system to record, monitor and track prescription stationery.
- Continue to review the uptake for cervical screening.
- Review systems to ensure that staff remain up to date with training considered essential by the practice.

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?	Good
Are services well-led?	Good

Summary of findings

The six population groups and what we found

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

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

Churchfields Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager adviser.

Background to Churchfields Surgery

Churchfields Surgery is located in Bromsgrove in Worcestershire and provides primary medical services to patients. Churchfields Surgery has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice area is centered in Bromsgrove and includes outlying areas of Fairfield, Bourneheath, Catshill and Dodford. The practice population is in the least deprived decile in England. There are currently 13,537 patients registered at the practice.

Churchfields Surgery offers a range of services including, family planning service, travel health, long term conditions, minor surgery, teenage lifestyle clinics, smoking cessation support, child immunisations, ear syringing and maternity and child health surveillance services. It is also a training practice and regularly supports qualified doctors who are training to become GPs.

A chaperone service is available for patients who request the service. This is advertised throughout the practice

Parking is available on site and the practice has facilities for disabled patients.

The practice has eight GP partners (a mix of male and female), one salaried GP, a nurse manager, one advanced nurse practitioner, five practice nurses, three healthcare assistants, a pharmacist prescriber and a physician associate. The clinical team are supported by a managing partner, finance officer, GP support officer, a reception manager and a team of administrative, reception and secretarial staff.

The practice is open Monday to Friday from 8am to 6.30pm. Extended hours appointments are available from 7am until 8am on Mondays, 6.30pm until 8pm on Thursdays and some Saturdays from 8am until 11.30am for pre-booked appointments only. Home visits are available for patients who are too ill to attend the practice for appointments.

The practice treats patients of all ages and provides a range of medical services. The practice has a higher than average number of patients over 65 years.

The practice does not provide an out of hours service. When the practice is closed patients are directed to contact Care UK via 111.

The practice website can be viewed at: www.churchfieldssurgery.co.uk

Why we carried out this inspection

We carried out an announced comprehensive inspection at Churchfields Surgery on 15 March 2018 as part of our inspection programme.

How we carried out this inspection

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. Staff knew how to identify and report safeguarding concerns and had access to internal leads and contacts for external safeguarding agencies. Staff shared examples of working with other agencies to support patients and protect them from neglect and abuse and breaches of their dignity and respect.
- The practice conducted safety risk assessments and there were records of safety checks undertaken. It had 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. Policies were accessible to all staff. They outlined clearly who to go to for further guidance.
- We saw 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).
- Clinical staff acted as chaperones and were trained for the role and had received a DBS check. Notices were displayed in consultation rooms and on waiting room TV screens informing them that chaperones were available.
- There was an effective system to manage infection prevention and control (IPC). There was a designated infection control clinical lead. The most recent external clinical audit had been carried out in March 2018. Recommendations included the practice having signs to designated sinks to prompt staff around hand hygiene. These areas were in the process of being carried out.
- 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. Rotas were in place for GPs, nurses and reception staff.
- There was an effective induction system for temporary staff tailored to their role. For example, an induction pack was available for locum staff which included checks made against their registration status, qualifications and training. GPs would oversee any new locums and check consultations to ensure appropriate support was in place.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those patients in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Information was available to patients in the reception area. We also saw evidence that reception staff had discussed and reviewed this during a meeting.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, staff going on annual leave.
- The practice had a business continuity plan with up to date contact numbers.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Good

Are services safe?

- Referral letters included all of the necessary information and were all completed by the GP.

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 securely, however, we found that the practice did not maintain a record of serial numbers to provide an audit trail.
- 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. This was regularly discussed and reviewed against local and national benchmarking. Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately for changes in medicines following hospital discharges and test results. For example, the practice managed a diary system as an additional safety net to ensure treatment was reviewed and monitored after discharge from secondary services.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues in place and records of routine safety checks undertaken. For example, we saw evidence of weekly fire testing and a preventative maintenance schedule.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and demonstrated an understanding of the procedure. All staff were able to provide an example of a recent significant event, the action taken and learning shared. Staff told us they were supported by managers when raising significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The practice held weekly clinical and significant event meetings. They had recorded twenty significant events in the last twelve months. For example, the data logger had recorded that the temperatures in the vaccines fridge had gone outside the temperature range recommended in national guidelines. However they had taken appropriate action to ensure patients continued to receive safe care and treatment.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. These were distributed to all the relevant clinical staff and we saw evidence that this was discussed at clinical meetings. For example, the practice had shared an alert about a medicine used in women of child-bearing age due to the risk of developmental disorders. An audit was completed and women at risk were identified and action was taken as required.

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. We saw that the lead GP had up to date information about medicines and links to National Institute for Health and Care Excellence (NICE) guidelines on their computer and used these regularly. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was prescribing hypnotics, antibacterial prescription items and antibiotic items including Cephalosporins and Quinolones in line with local and national averages.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:

- Older patients who were 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 their medicines.
- The practice participated in vaccination programmes for this age group, including the annual flu vaccine as specified in the national programme.
- Older patients living in nursing homes were offered weekly visits by the GPs.
- Patients over the age of 75 years had a named GP.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. In the last year the practice had offered 247 health checks and 98 of these had been completed.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The clinics included, diabetes, asthma, chronic obstructive pulmonary disease (COPD), anticoagulation and joint injection clinics. Combined clinics were available for patients with multiple conditions.

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%, the practice achieved between 95% and 97% across all groups.
- There were appointments outside of school hours and children who needed an appointment were seen on the same day.
- The practice offered a full range of family planning services which included intra-uterine device (coil) insertion, barrier contraception, hormonal contraceptive implants and injections, and pre-pregnancy and sterilisation advice.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme. However, we saw evidence that the practice were routinely reviewing this. For example, evidence of this was discussed in clinical meetings and clinical audits had been completed to track and monitor patients requiring follow ups.
- The practice rates for the screening of breast and bowel cancer within six months of invitation was comparable to the local and national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 years. In the last year the practice had offered 798

Good

Are services effective?

(for example, treatment is effective)

health checks and 141 of these had been completed. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered working age patients extended hours appointment available at 7.10am on Mondays, 6.30pm and 8.00pm on Thursdays and one Saturday morning per month.
- The practice offered online access, pre-bookable appointments and phone consultations.
- The practice offered electronic prescribing for routine prescriptions.

People whose circumstances make them vulnerable:

- The practice had a system of identifying carers either from the self-statement of the carer or from being identified by social services.
- Carer details were noted on the records so they could be signposted to appropriate services for additional support.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and substance misuse. Longer appointments were available when needed.

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

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the local average of 84% and the national average of 83%.
- 91% 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 comparable to the local average of 93% and 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 was 90% compared with the CCG average of 92%% and the national average of 90%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96% compared with the CCG 95% and the 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. The practice had carried out audits to include a full cycle audit on the management of gout in patients. The audit carried out demonstrated an improvement in patient care.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 8% compared with a national average of 9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Where appropriate, clinicians took part in local and national improvement initiatives such as flu vaccination, and smoking cessation campaigns.

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. Newly appointed staff received an induction to their work. Up to date records of skills, qualifications and training were maintained. However, we identified not all staff had received up-to-date training in areas considered essential by the practice to enable them to carry out their duties. There had been recent changes in staffing and the practice could evidence that a training programme had been planned and reviewed.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, coaching and mentoring, clinical supervision and

Good

Are services effective?

(for example, treatment is effective)

support for revalidation. Due to staff changes appraisal had not been completed in the past year, however there were plans to reinstate them. Staff we spoke with told us they had the opportunity to identify training needs and development at any time. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- All new locum consultations were reviewed by one of the GP partners.

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. Meetings were held with external healthcare partners to discuss patients and complex needs.

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. For example, patients with long term conditions.
- 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 and supported and signposted patients that required support.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We spoke with six patients on the day of inspection and received 28 patient Care Quality Commission comment cards. Results received were very positive about the service experienced. Comments included that staff were caring, kind and helpful. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. However, some patients were not aware that the practice offered extended hours.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 252 surveys were sent out and 119 were returned. This represented a 47% completion rate and 1% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 87% of patients who responded said the GP gave them enough time compared with the CCG average of 88% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 86%.
- 90% of patients who responded said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 91% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Interpretation services were available for patients who did not have English as a first language. Although notices were not displayed in the reception areas advising patients of this service, the staff we spoke with were able to tell us how they would support a patient with accessing this service.

- 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.

The practice worked closely with the local carers association and had held an information awareness session for staff. The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer and if required referred them to a local voluntary carers association. The practice had identified 119 patients as carers (approximately 1% of the practice list).

- Staff told us that if families had experienced bereavement, they passed on their condolences and signposted them to bereavement counselling hosted by a voluntary organisation.

Good

Are services caring?

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

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 91%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients privacy and dignity during examinations, investigations and treatment.
- Seating areas were set back away from the reception desk to promote privacy.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services 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, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice had reviewed and improved its workforce to help meet the demands of its patients. For example, additional staff were brought in to support the telephone access during peak times.
- 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, telephone consultations were available and home visits were provided for patients who were housebound or had enhanced needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The GPs put in place a rota for 'on call home visits' to enable them to visit patients earlier in the morning to assess patients in a quicker timescale.
- The practice held a contract with a private local school to provide daily medical appointments during term time to facilitate safe and easy access.

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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

People with long-term conditions:

- The long term condition registers were regularly updated and assessed annually and patients were reviewed on a regular basis. Patients with multiple conditions could be reviewed at one appointment and consultation times were flexible to meet each patient's specific needs.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the community staff to discuss and manage the needs of patients with complex medical issues.
- Patients were sent appointments by telephone, text message or letters whichever is appropriate. The blood results were reviewed and actioned by the GP who made the required changes to the patient's care plan.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Full contraceptive services were offered including implants and intrauterine contraceptive devices (IUD's).
- The practice provided daily medical visits to a local private school during term time.
- Appointments were available outside of school hours.
- The practice held teenage lifestyle clinics to cover topics such as smoking, diet, exercise and substance misuse and alcohol issues.

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 on Monday, Thursday and Saturday to offer the greatest flexibility for patients.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- NHS health checks were provided for patients age 40-74 and patients were given lifestyle advice on exercise and diet. In the last year the practice had offered 798 health checks and 141 of these had been completed.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and substance misuse.
- Patients were reviewed on an annual basis and were offered longer appointments if required.
- Patients had regular medication reviews and care was coordinated with their carers to enable them to raise any concerns regarding their health or medicine.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice looked after patients in a number of care homes where the residents were mainly elderly. Regular medication reviews were undertaken by the GP who visited weekly.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 69% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 77% and the national average of 71%.
- 83% 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 compared with the CCG average of 88% and the national average of 84%.
- 85% of patients who responded said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 78% of patients who responded described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

The practice were aware of the lower results for patient access by telephone and had installed a new data system to log and track the number of patients calling into the practice during the day. In addition, they had brought in extra staff to answer the telephone during peak times to improve the telephone access service for patients.

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 readily accessible in the practice and information on the practice website signposted patients to the reception manager. We saw that the complaint leaflet included details of how to complain to the NHS Ombudsman should a patient not be satisfied with the outcome of their complaint.
- The reception manager was the designated lead for managing complaints. The complaint policy and procedure were in line with recognised guidance. We saw nine 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 also from analysis of trends. It

Good

Are services responsive to people's needs?

(for example, to feedback?)

acted as a result to improve the quality of care. For example, we saw a complaint regarding a patient experiencing difficulties accessing an appointment and we found this complaint was handled appropriately.

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

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the recruitment of a prescribing pharmacist to provide support for patient access.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff had lead roles and were aware of their roles and responsibilities.
- The practice has adopted a shared management structure with a neighbouring practice to share and oversee its administrative functions.
- The practice had effective processes to develop leadership capacity and skills by delegating to the wider practice team. For example, the reception manager was the lead for handling and investigating complaints.
- Constructive challenge was welcomed as a vital way of holding services to account. For example, a GP had written to the chief executive of a local hospital Trust when they considered care to a patient was not satisfactory.

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 strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. All staff were aware of their roles and responsibilities.
- The aim of the practice was to 'Provide high quality, safe and effective services in a pleasing environment'. 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. For example, the practice offered daily home visits each morning and a GP visited the care homes weekly.
- 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. All staff we spoke to on the day of the inspection told us they could discuss anything with the practice manager and GPs.
- 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. For example, 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 and had access to a policy in the event of needing to raise concerns in relation to staff in the workplace.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. 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 held social events which encouraged staff to build on the positive working relationships.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity

Are services well-led?

Good

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

training. However, some staff had not completed training in this area. Staff felt they were treated equally and reported there were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- 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.
- 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 and weekly fire testing was carried out.
- 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. The practice had worked closely with the PPG to improve its telephone access.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). We spoke with two members of the PPG who told us they felt valued by the practice. Meetings were held on a quarterly basis. The practice had listened to their views and made improvements such as the telephone access.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Good

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.