

# Crocus Medical Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crocus Medical Practice on 18 July 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2018 inspection can be found by selecting the 'all reports' link for Crocus Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 6 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 July 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

Our key findings were as follows:

- Significant improvements had been made since our previous inspection.
- There was now a system to respond, action and review Medicine and Health products Regulatory Agency (MHRA) alerts.
- Medicines were kept safely, including those that required cold storage.
- Patients who were prescribed high risk medicines were receiving appropriate monitoring and review.

# Summary of findings

- The practice had not carried out an appropriate risk assessment to identify all emergency medicines that it should stock at both locations, although relevant medicines were acquired immediately after our inspection.
- Recruitment checks were effective and sought to ensure that staff were appropriately appointed. This was the case for permanent staff and locum GPs.
- The practice maintained a register of patients with learning disabilities. There were 42 patients on the register. There had been 25 health checks of patients with learning disabilities carried out in the last year. We saw that the remainder of patients were being actively recalled.
- Governance procedures had improved and were effective at identifying and mitigating risks to patients.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.






**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.

<b>Are services safe?</b>	<b>Good</b>	
<b>Are services effective?</b>	<b>Good</b>	
<b>Are services caring?</b>	<b>Good</b>	
<b>Are services responsive to people's needs?</b>	<b>Good</b>	
<b>Are services well-led?</b>	<b>Good</b>	

# Summary of findings

## The six population groups and what we found

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

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

# Crocus Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The team was led by a CQC inspector and was supported by a GP specialist advisor and a pharmacist specialist.

## Background to Crocus Medical Practice

Crocus Medical Practice is located in Saffron Walden, Essex. This comprises of two practices, the main practice at Castle Street in Saffron Walden and the branch practice on High Street, Great Chesterford. These two practices were previously known as The Rectory Practice and Borough Lane Surgery, which merged in 2015. Patients can choose to attend either practice.

Crocus Medical Practice provides GP services to approximately 12,500 patients. New patients are registered from an eight mile radius of Saffron Walden.

The practice has more patients aged over 65 years than the CCG and national average and fewer patients aged under four years old. There are fewer patients that are unemployed than average, and a comparable amount of patients with a long-term health condition. The life expectancy of male patients is higher than the national average by three years, and the life expectancy of female patients is higher than the national average by one year.

Crocus Medical Practice is governed by a partnership of three female GPs and the practice is in the process of updating their registration with CQC. The partnership is supported by one male and three female salaried GPs, a

nurse practitioner, four practice nurses and three healthcare assistants. A number of full and part time administrative and secretarial staff support the practice manager, who works full time across both locations.

The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from a pharmacy. There is a dispensary located at both the main surgery at Saffron Walden and also the branch surgery at Great Chesterford. These are open every weekday from 8.30am until 6.30pm.

The main practice at Saffron Walden is open every weekday. It opens at 8am until 6.30pm on a Monday, Wednesday and Thursday. Extended opening hours are on a Tuesday and Friday. On a Tuesday, the practice opens at 8am until 8pm and on a Friday, it opens at 7am until 6.30pm. The branch surgery at Great Chesterford is open every weekday from 8am until 6.30pm. Outside of the hours, patients can book appointments with a GP or nurse through reception at the local hub at Saffron Walden Community Hospital. The hub is open on a Wednesday and Thursday evening and all day on Saturday.

This inspection was an announced comprehensive inspection carried out on 6 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 July 2017. In our inspection of July 2017, we found that the practice were overall requires improvement, with safe being inadequate, effective, caring and responsive good and well-led requires improvement. The full comprehensive report on the July 2018 inspection can be found by selecting the 'all reports' link for Crocus Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During this inspection, we visited the main practice in Saffron Walden and the dispensaries in Saffron Walden and Great Chesterford.

# Detailed findings

## Why we carried out this inspection

We carried out an announced comprehensive inspection at Crocus Medical Practice on 18 July 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2018 inspection can be found by selecting the 'all reports' link for Crocus Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 6 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 July 2017.

This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Are services safe?

## Our findings

At our previous inspection on 18 July 2017, we rated the practice as inadequate for providing safe services as there were not effective procedures in place to review and monitor patients taking medicines that required additional monitoring. Further, the practice was not periodically identifying patients who were at risk following Medicine and Health products Regulatory Agency (MHRA) alerts. The practice did not have adequate systems to manage medicines that required cold storage.

These arrangements had significantly improved when we undertook a follow up inspection on 6 March 2018. The practice is now rated as good for providing safe services and across all population groups.

### Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. The practice had a fire risk assessment completed by a third party, although this was not available on the day of our inspection. The practice had recently completed a fire drill. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff and locum 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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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.
- There was a comprehensive folder of information for GP locums which included information about where to send referrals and what other services were available in the locality.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Information about the symptoms of sepsis could be found on the practice website and in the waiting area. Staff had received training about the symptoms of sepsis and what to do if this was suspected.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

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



# Are services safe?

## Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases and equipment minimised risks.
- The practice had not carried out an appropriate risk assessment to identify all emergency medicines that it should stock at both locations. The Great Chesterford location did not have benzylpenicillin (for meningitis), naloxone (antidote to opioids) and atropine (for bradycardia during minor procedures). These medicines were immediately acquired after our inspection.
- The practice ensured that they always had a stock of medicines that may be required for the care of end of life patients.
- The practice kept prescription stationery securely and monitored its use.
- Access to the dispensary was restricted to authorised staff and the keys were kept securely. Arrangements for dispensing at both locations kept patients safe and prescriptions were signed before medicines were dispensed and handed out to patients. There was a lead GP responsible for medicines management and dispensary staff and they held regular meetings which included a review of any relevant incidents. Written procedures were in place and had been recently reviewed and updated.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- At our previous inspection, we found that there were not effective systems to monitor patients' health when they were prescribed high risk medicines. This was no longer the case: the practice now had a comprehensive system to routinely identify patients that needed monitoring and a robust system to ensure that they were followed up so that repeat supply of medicines was safe

- The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had a good safety record and took action to improve when this was required.

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

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when it was identified that fridge temperatures were out of range, action was taken to implement a new policy which sought to mitigate the chance of this happening again in the future. The revised policy was scheduled to be reviewed in the months following the significant event to ensure that the action was effective.
- There was now a system for reviewing and acting on all Medicine and Health products Regulatory Agency (MHRA) alerts, although we found a recent safety alert had not been managed appropriately. The relevant alert stated that the practice should contact patients to check whether they had received a defective inhaler and take action to replace it accordingly. Whilst we found that the practice had not done this, during the course of our inspection they contacted the four patients that had received the inhaler and it was identified that one patient had an inhaler from the defective batch. Arrangements were made to replace it the next day.

# 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.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- GPs carried out a weekly visit to two local care homes to proactively review and monitor patients who lived there. They carried out these visits alongside pharmacists wherever possible which sought to ensure medicines were effectively reviewed and managed. GPs took laptops with them so that patients' records were effectively updated.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice routinely invited patients over 75 for a health check. There were 1010 patients over 75 at the practice and over a 12 month period, 183 relevant patients had accepted the invitation and attended for a health check. Patients were referred to other agencies such as voluntary and community services as required. Patients' care was supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Clinical staff each had lead roles in an identified long-term condition. All staff were made aware of these roles so that appropriate and efficient advice could be obtained.
- Staff who were responsible for reviews of patients with long term conditions had received specific training
- Patients with long-term conditions had a structured annual review in their birthday month 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.
- Patients taking medicines which required ongoing monitoring were now being appropriately reviewed.

#### Families, children and young people:

- The practice held a monthly meeting with other healthcare professionals to discuss children of concern. This included the GPs, practice nurse, midwife, health visitor and school nurse.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had a policy to ensure that children who were unwell would receive a same-day appointment.
- The practice engaged with school teachers and counsellors when a need was identified.

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

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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:

# Are services effective?

## (for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- GPs carried out a weekly visit to two local care homes to proactively review and monitor patients who lived there.
- The practice maintained a register of patients with learning disabilities. There were 42 patients on the register. There had been 25 health checks of patients with learning disabilities carried out in the last year. We saw that the remainder of patients were actively being recalled.
- 293 patients who were carers had been identified. There had been 108 carers health checks completed in the last 12 months.

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

- There were now effective systems to monitor patients taking lithium, a medicine prescribed to some patients experiencing poor mental health.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 95% 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 comparable to the national average.
- 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 91% which was comparable to the national average.
- The practice involved and met with the Community Psychiatric Nurse to review patients experiencing poor mental health.

### 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. This had been improved since our previous inspection:

- The practice had an effective system of audit which it used to mitigate risk and make improvements. Findings

were discussed and shared at clinical meetings. One audit was in response to a recent MHRA alert concerning a medicine used in gynaecology. Relevant patients were identified and recalled and their medicines reviewed.

- The practice used information about care and treatment to make improvements. For example, regular audits were completed to identify newly pregnant ladies on long-term medicines. Relevant patients were invited in to review their medicines.
- All patients on long-term medicines were regularly audited and reviewed to ensure that their medicines were prescribed safely. This information was checked by the dispensary before they issued a repeat prescription.

The most recent published Quality Outcome Framework (QOF) results indicated that the practice had achieved 558 out of a maximum of 559 points available. The overall exception reporting rate was 9% 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.)

### Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The practice ensured the competence of staff employed in advanced roles by regular meetings and discussion.

### Coordinating care and treatment

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

# Are services effective?

(for example, treatment is effective)

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

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- A physiotherapist held a weekly clinic at the practice.

## Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 237 surveys were sent out and 118 were returned. This represented about 0.9% 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 CCG average of 88% and the national average of 89%.
- 94% of patients who responded said the nurse was good at listening to them compared with the CCG and national average of 91%.
- 89% of patients who responded said that the last time they saw or spoke to a GP, the GP was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG and national average of 91%.

### Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and

their carers can access and understand the information they are given). Information about the Accessible Information Standard was displayed on the practice's website:

- Interpretation services were available for patients who did not have English as a first language. Information for new patients could be translated on the practice website. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. This included the practice information leaflet.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. 293 patients who were carers had been identified. This represented over 2% of the practice register. There had been 108 carers health checks completed in the last 12 months.

- The practice worked closely with services in the voluntary sector and would refer patients to an appropriate service as required.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 85% of patients who responded said that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 95% of patients who responded said that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments compared to the CCG and national average of 90%.

## Are services caring?

- 87% of patients who responded said the last GP they saw was good or very good at involving them in decisions about their care compared to the clinical commissioning group (CCG) average of 79% and the national average of 82%.
- 93% of patients who responded said the last nurse they saw was good or very good at involving them in decisions about their care compared to the clinical commissioning group (CCG) average of 86% 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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Appointments could be booked on-line, in person or over the phone.
- There was a dispensary at both practices which dispensed medicines to patients living one mile or more from the nearest pharmacy.
- Appointments were available in the evenings and at weekends at the local 'hub'.
- Information about common ailments was available on the practice website.
- Text reminders were sent to patients who provided their mobile phone number.
- Repeat medicines and records could be obtained online.
- A hearing loop was available.
- The practice made reasonable adjustments when patients found it hard to access services. Facilities were accessible to patients who used a wheelchair and a wheelchair was available for use.
- Telephone consultations were available for those who had difficulty attending the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

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

#### 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 if possible, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with local health professionals to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 12 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. The practice offered extended opening hours, whereby appointments were available outside of traditional working hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Appointments could be accessed online, as well as requests for repeat prescriptions.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or caring responsibility.
- There were systems to support patients who had been recently bereaved. Useful information was available on the practice website.

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

- There were monthly multi-disciplinary meetings which were attended by the Community Psychiatric nurse wherever possible.

# Are services responsive to people's needs?

## (for example, to feedback?)

- GPs involved families or carers as appropriate. There were good relationships with other healthcare professionals and care homes.
- GPs carried out assessments of mental capacity and completed best interest decisions where this was required.

### 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 or better than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 237 surveys were sent out and 118 were returned. This represented about 0.9% of the practice population.

- 86% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 74% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of 61% and the national average of 71%.

- 81% 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 73% and the national average of 76%.
- 86% of patients who responded positively to their overall experience of making an appointment compared with the CCG average of 77% and the national average of 80%.

The practice had implemented an action plan following last years' GP Patient survey results. They had identified that responses in relation to their telephone access required improvement and subsequently introduced a new phone system and publicised online services. As a result of the changes made, feedback in relation to telephone access was now positive.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 13 complaints were received in the last year. We reviewed four complaints received since the beginning of the year and found that these were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints. Other healthcare professionals and organisations were contacted as required to ascertain what happened when things had gone wrong.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 18 July 2017, we rated the practice as requires improvement for providing well-led services as there were not effective systems to identify and manage risks. These risks included the storage of medicines that required cold storage, patients who were prescribed medicines that were high risk and those who were affected by risks identified in MHRA alerts.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 6th March 2018. The practice is now rated as good for being well-led and across all population groups.

### 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 performance. When improvements were identified, leaders implemented and disseminated action plans, keeping the team regularly updated on achievements and risks.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges facing the practice and were effectively addressing them. For example, the practice had experienced changes to the clinical team, a shortage of permanent GPs and an increased seasonal demand. In response to this, the partners had engaged GP locums whilst vacancies were advertised and patient satisfaction remained high. Further, the practice had made and sustained improvements as required by the Care Quality Commission.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

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

- The practice had successfully implanted their action plan to improve, and was now performing in accordance with their vision and strategy.

- In their statement of purpose, the practice advocated a high-quality dispensing service. We found evidence to confirm that the practice was now meeting these objectives.
- They advocated passing on the special expertise within the team in respect of training and education of the other doctors, student doctors and other staff locally and within a wider sphere of influence. We saw examples of how the practice had utilised the skills within the nursing team to train administrative staff and further, how student doctors were actively involved to improve patient care.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year, including the practice manager. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

### Governance arrangements

# Are services well-led?

Good 

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

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. Lead roles were displayed around the practice.
- 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.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice now had a designated disabled bay at both the main practice and at the branch surgery. This was an improvement that had been made following patient feedback.
- There was an active patient participation group.
- 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.
- The practice was diversifying its clinical team and had recently appointed a paramedic to respond to some home visits. Further, they were to be training a physician associate later in the year and it was anticipated that this would be a useful addition to the clinical team in the future.

## Are services well-led?

Good 

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

There were good relationships with the CCG and the practice were holding regular discussions about the suitability of premises and what could be done to continue to improve services.