

Dilston Medical Centre

Inspection 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 location

Requires improvement 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as requires improvement overall. (Previous rating October 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection of this practice on 8 December 2014 when the practice was rated as requiring improvement overall (inadequate for providing responsive services; requires improvement for providing safe, effective, caring and well-led services).

We carried out another announced comprehensive inspection on 7 November 2016 when the practice continued to be rated as requiring improvement overall (requires improvement for providing safe, effective and caring, responsive and well-led services).

We carried out a further announced comprehensive inspection on 29 September and 4 October 2017, when the practice was rated as inadequate overall (inadequate for providing safe, effective and caring, responsive and well-led services). As a result, the practice was placed into special measures.

The full comprehensive reports on these previous three inspections can be found at: .

At this inspection we found:

- The practice had improved many aspects of how the service was managed and delivered. There was improved leadership capacity within the practice, and this had supported a focus on addressing previous areas of concern.
- 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 had started to review the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines. However, performance in some areas was lower than comparators.
- Staff involved and treated patients with compassion, kindness, dignity and respect. However, the practice had not yet demonstrated the improvements they had implemented were leading to improved patient satisfaction levels.
- 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.

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

- Follow up and maintain evidence of a full employment history for all new and existing staff.
- Develop a system to increase identification of patients who are also carers and continue to develop support for carers.
- Provide information to patients on the complaints process in a range of the most common language spoken by patients whose first language was not English.
- Develop and build upon the quality improvement arrangements to ensure the practice monitors and acts upon information about the quality of the service and clinical audits to support continued service improvements.

I am taking this practice out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Population group ratings

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

Our inspection team

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

Background to Dilston Medical Centre

The Care Quality Commission (CQC) registered Dilston Medical Centre to provide primary care services.

The practice provides services to around 9,000 patients from one location, which we visited as part of this inspection:

- 23 Dilston Road, Newcastle Upon Tyne, Tyne and Wear, NE4 5AB

Dilston Medical Centre provides care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice has two GP partners (one male and one female). They also have a salaried GP (female), a practice manager, an assistant practice manager, a nurse practitioner (female), two nurses (both female), phlebotomist (female) and staff who undertake reception and administrative duties.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in the second most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 75 years, compared to the national average of 79.2 years. Average female life expectancy at the practice is 80.4 years, compared to the national average of 83.2 years.

53.2% of the practice population were white, 2.7% were mixed race, 34.6% were Asian, 5% were black and 4.5% were other races.

The practice had displayed their CQC ratings from the Autumn 2017, in the practice reception area and on their website, in line with legal requirements.

Are services safe?

We rated the practice as good for providing safe services.

In September 2017 (previous rating September 2017 – Inadequate), we found:

- When things went wrong, reviews and investigations were not always sufficiently thorough and did not always include all relevant people. Necessary improvements were not always made when things went wrong.
- Some of the systems, processes and practices in place did not minimise risks to patient safety. There were concerns about the processes for infection control, some equipment used was contrary to national guidance and premises were not adequately maintained.
- Not all staff had received training to support them to keep people safe.
- Staff were unclear as to who could act as a chaperone within the practice.

At the June 2018 inspection we found the practice had addressed all these concerns. The practice learned and made improvements when things went wrong. There were now adequate systems to assess, monitor and manage risks to patient safety.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff had now received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) Staff who acted as chaperones had received training. The practice had addressed the concern raised in the Autumn 2017 CQC inspection about uncertainty on who carried out the chaperone role within the practice. Staff were now clear on the roles and responsibility of chaperones, including which staff could undertake this role.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice had addressed previous concerns about maintenance of the premises, infection control and safety of equipment used. There was now an effective system to manage infection prevention and control. The practice had improved arrangements to ensure that facilities and equipment were well maintained, safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

In our Autumn 2017 CQC inspection, we found concerns with staffing levels. There was reduced management capacity and a high use of locum GPs. Since the last inspection staffing levels had improved and were stable. A practice manager and assistant practice manager had been recruited. This was providing more management support to the practice. The practice had recruited a salaried GP and were in the process of registering a new GP partner with CQC. This had increased clinical capacity. They told us they rarely used locum GPs now. The duties of the non-clinical administrative team had been reorganised to ensure the completion of tasks.

The patient list continued to rise and the ability to meet this demand was still constrained by the size of the premises. However, the practice had acted within their remit to improve access for patients. This included implementing:

- A new appointment system to ease the flow of appointments to match patient demand.
- Improved arrangements to better utilise rooms within opening hours. The practice was still refining how best to utilise rooms and maximise capacity, but we noted this had improved appointment availability for patients.
- The extended hours, which had started around the time of the last inspection, were still in place.
- Supporting arrangements to reduce the number of patients who failed to attend appointments. The practice provided us with comparative figures of patients who failed to attend appointments for February to May 2017 (1,244) and the same period in 2018 (607).

Are services safe?

This demonstrated a 49% decrease. They told us this reduction was due to the following things they had implemented. These were better utilising a patient partner scheme to provide 24-hour, seven day a week phone access for patients to make and cancel appointments and request prescriptions; increasing the number of patients registered for online services from 2.4% to 20.3%; and, sending patients text message reminders of appointments, with the facility to reply to cancel their appointment if they no longer need it.

We found, there were now adequate systems to assess, monitor and manage risks to patient safety. We also found:

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.
- At the September and October 2017 CQC inspection we found staff shortages had led to a build-up of clerical work related to clinical correspondence. We found the practice had addressed this issue, and clinical correspondence was now handled in a timely way.

Appropriate and safe 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, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with 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.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice a good track record on safety.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.
- In September and October 2017, we found when things went wrong, reviews and investigations were not always sufficiently thorough and did not always include all relevant people. Necessary improvements were not always made when things went wrong. At this inspection we found the practice had improved the process for handling significant events. These were discussed at meetings held every Wednesday that all clinicians attended. Where appropriate they were also discussed at weekly administrative huddle meetings.

Are services safe?

There was clear evidence of improvements made as a result of significant events. Staff were able to tell us about significant events they had raised and told us they were given feedback during regular meetings.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across the population groups, people with long term conditions; families, children and young people; and, working age people (including those recently retired and students).

We rated the following population groups as good:

- **older people;**
- **people whose circumstances may make them vulnerable; and,**
- **people experiencing poor mental health (including people with dementia).**

The practice was rated as requires improvement for providing effective services because:

- The practice had not yet demonstrated the improvements they had implemented were supporting patients to achieve good health outcomes in some areas. This included monitoring of patients with long term conditions and take up rates of childhood immunisations and cancer screening programmes.

In September 2017 (previous rating September 2017 – Inadequate), we found:

- Patients' outcomes were very variable, and sometimes significantly worse, when compared with other similar services. The practice did not demonstrate effective leadership in the management, monitoring and improving outcomes for people.
- Staff had not received regular update training in some areas to support them to provide services in a safe and effective way.
- We found there were not effective and timely processes in place to handle clinical correspondence and share information with other healthcare professionals within the practice.

At the June 2018 inspection we found the practice had either addressed or was in the process of addressing all these concerns. The practice had started to implement a comprehensive programme of quality improvement activity to routinely review the effectiveness and appropriateness of the care provided. We found the practice had taken and continued to take steps to improve the health outcomes for patients. Staff had received

updates and now had the skills, knowledge and experience to carry out their role. There were timely and effective processes in place to handle clinical correspondence and share information with other health care professionals.

Effective needs assessment, care and treatment

The practice had systems in place 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' immediate and ongoing 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.
- 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 might be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The latest published quality and outcomes framework (QOF) data available was considered during the last inspection. This demonstrated the practice was below comparators in some areas, including for indicators relating to diabetes and hypertension. The practice provided us with pre-publication data which had not yet been validated to demonstrate the progress they had made since the last inspection. Although there was an

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improvement in QOF performance overall, there were still some areas where the practice had not yet demonstrated improved health outcomes for patients. In particular, for those indicators relating to diabetes.

- The practice told us their patient group was highly transient and they had high levels of patients who were from black and ethnic minorities (at 46.8%) for the local area. The practice told us the profile of patients on their register had an impact on the uptake of monitoring of long term conditions. They had a focus on improving outcomes for patients, but recognised there were challenges in this. They had continued with their implementation of the Year of Care model. This approach helps patients to manage their own long-term condition. They recognised the areas where they performed lower than comparators, such as diabetes, and were considering further improvements to support improved health outcomes in these areas. For example, they were considering a dedicated diabetics clinic and had already identified a named GP lead in this area.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90%, apart from for children aged two who had received their booster immunisation for Pneumococcal infection which was at 90.7%. The data

however, encompassed the period prior to the last inspection, and there had been no update of this data to inform this inspection. The practice told us they were aware a high number of parents failed to attend appointments for immunisation of their children. They told us the patient profile impacted on uptake. They told us they sent reminders to parents to attend for immunisation and worked closely with health visitors to increase uptake.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 47.4%, which was below the 80% coverage target for the national screening programme. The most recent published indicators relating to cervical cancer screening encompass the period prior to the last inspection, and there had been no update of this data to inform this inspection. The practice told us data they had demonstrated 69% of eligible women had undergone screening in the last five years. The practice was aware they were below the target level and was acting to improve this. They told us cultural and religious beliefs of the local patient population led to lower than average number of women taking up the opportunity for screening. A GP partner was leading on the improvement work in this area. They had appropriately trained staff available, with appointment times offered throughout practice opening hours. Patients were offered an appointment with a female clinician and non-attenders flagged on the patient record to allow screening to be discussed opportunistically. The practice was looking at those patients previously excepted to reduce the number excluded from indicators.
- The practice's uptake for breast and bowel cancer screening were below the national average. Again, they told us the patient profile had an impact on uptake. They provided opportunistic reminders to encourage uptake of screening. There had been a slight increase since the last inspection of the percentage of patients 60-69 screened for bowel cancer. However, the percentage of eligible women aged 50-70 attending for breast cancer screening had decreased slightly. The practice had produced information about common NHS

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screening programs in the most frequent languages spoken by patients in the practice to encourage uptake. This included bowel, breast and cervical cancer screening.

- 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:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practices' performance on quality indicators for mental health was mostly in line with local and national averages. Unpublished and as yet unverified data provided by the practice also showed improvements in most indicators relating to mental health.

Monitoring care and treatment

The practice had started to implement a programme of quality improvement activity to review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

At the September and October 2017 CQC inspection we found patients' outcomes were very variable, and sometimes significantly worse, when compared with other similar services. The practice did not demonstrate effective leadership in the management, monitoring and improving outcomes for people. In most areas there had been no more recent data published since the last inspection to demonstrate if the practice had improved.

The practice provided us with the preliminary QOF results for 2017/18, which were not yet validated or published to demonstrate where improvements were made. This demonstrated they had improved from 2016/17 to 2017/18. The practice recognised they still faced challenges in improving health outcomes for their patients. However, we saw evidence to demonstrate improvements were being made and the practice had plans as to how they would achieve further improvements.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

In our September and October 2017 inspection we found staff had not received regular update training in some areas to support them to provide services in a safe and effective way. In June 2018, we found this had been addressed and staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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.

Are services effective?

- 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

At our last inspection in September and October 2017, we found there were ineffective and untimely processes in place to handle clinical correspondence within the practice. We found the improvements made within the practice had addressed this concern. We found clinical correspondence was now handled in a timely and effective way.

At the last inspection, attached healthcare professionals told us multi-disciplinary meetings were sometimes cancelled at the last minute and there weren't always clear actions agreed and delivered as a result of these meetings. The feedback at this inspection was generally more positive. Attached health care professionals told us meetings were generally planned and the practice took action to address any points raised. However, there were some things that could improve further. For example, they told us meetings were sometimes still cancelled and there wasn't always enough time to discuss individual patients as the meetings were quite full. However, they told us generally they had seen improvements within the practice.

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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- 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 own health, for example, through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for providing caring services because:

- The practice had not yet demonstrated the improvements they had implemented were leading to improved patient satisfaction levels.
- The number of patients identified as carers was lower as would be expected based on their practice demographics.

In September 2017 (previous rating September 2017 – Inadequate), we found results of the National GP Patient Survey (July 2017) were well below local and national averages. No new survey results had been published since the last inspection. However, the practice had made many improvements to the service offered. Patient feedback was generally more positive; however, further assurance was needed to demonstrate this was representative of patient views more generally.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results published July 2017 were considered as part of the last inspection and were generally below comparators. The practice had made many improvements since then and told us they expected this to show in the results from 2018, which had yet to be published. The patient feedback we collected and reviewed during the inspection was generally positive. There had been a survey carried out by the practice, however, the small sample size did not give us assurance the results were representative of general patient satisfaction levels.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. However, the practice had identified a lower number of patients as carers, as would be expected based on their practice demographics. They had identified 0.6% of their patient as carers.
- There had been no more recent GP patient survey results since the last inspection. However, patient feedback we collected and reviewed demonstrated patients felt involvement in decisions about care and treatment. There had been a survey carried out by the practice, however, the small sample size did not give us assurance the results were representative of general patient satisfaction levels.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

In September 2017 (previous rating September 2017 – Inadequate), we found the practice were not responsive to the needs of patients. There were low levels of satisfaction with access to the service and ineffective planning to support good access. The processes for listening and learning from complaints were ineffective.

In June 2018, we found although still constrained by the size of the premises the practice had acted within their remit to improve access for patients. It was too early to see the result of the improvements made by the practice in the national GP patient survey, as no new survey results had been published since the last inspection. However, the practice had demonstrated improvements by:

- Increasing appointment availability by improving utilisation of consultation rooms; changing the schedule for when appointments were released to patients; reducing the number of patients who failed to attend appointments; and, continuing with the extended hours with an early morning session one day a week.
- The practice had implemented Patient Partner, a 24-hour, seven day a week phone access for patients to make and cancel appointments and request prescriptions.
- There were more permanent GP staff working at the practice, increasing the opportunity for patients to have continuity of care.

The complaints process had improved and now demonstrated impartiality and fairness. The practice learnt and improved as a result of complaints.

Responding to and meeting people's needs

In September and October 2017, we found patients found it hard to access services because the facilities and premises were not appropriate for the service being provided. We found the building was small and this limited the ability to respond to the need of their patients. The patient list continued to rise and the ability to meet this demand was still constrained by the size of the premises. However, the practice had acted within their remit to improve access for patients. This included improving utilisation of consultation rooms; changing the schedule for when appointments were released to patients; reducing the number of patients who failed to attend appointments; and, continuing with the extended hours with an early

morning session one day a week. They recognised the premises still posed restrictions on the way they could deliver services. As such, they continued to pursue opportunities for alternative premises working with commissioners as part of a longer-term plan.

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice displayed a number of information posters in the seven most common languages spoken by the practice population. These were Arabic; Bengali; Punjabi; Romanian; Urdu, and Slovak. This included information about how to access the service and also some general health information about bowel and breast cancer. They had expanded this to include about other common NHS screening programs to encourage uptake, where eligible.

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.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Are services responsive to people's needs?

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice referred patients with long term conditions who had social and other non-medical needs to the local social prescribing scheme to help support them to stay healthy and maintain their well-being.

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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. For example, there were extended opening hours and telephone appointments available.
- The practice sent text message reminders of appointments.
- The practice had implemented Patient Partner, a 24-hour, seven day a week phone access for patients to make and cancel appointments and request prescriptions.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- There were longer appointments available for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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 referred patients experiencing poor mental health who had social and other non-medical needs to the local social prescribing scheme to help support them to stay healthy and maintain their well-being.

Timely access to care and treatment

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.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

At our September and October 2017 inspection we found the processes for listening and learning from complaints were ineffective. The practice did not have a fair and impartial process for listening and responding to complaints.

In June 2018, we found the practice had mostly addressed our concerns. Complaints were handled fairly and impartially. There was evidence the practice took complaints seriously and learnt and improved as a result.

- Information about how to make a complaint or raise concerns was available. Posters about how to make a complaint were displayed in the practice waiting area in the seven most common languages spoken by the practice patients. However, the practice complaints leaflet was still available in English language version only.
- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. They acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

In September 2017 (previous rating September 2017 – Inadequate), we found we found the capacity for leadership and management had deteriorated. The delivery of high quality care was not assured by the leadership, governance or culture in place.

In June 2018, we found the leadership, governance and culture in the practice had improved. The practice had recruited a new GP partner and practice management team, which had strengthened the management and leadership capacity and capability within the practice.

The new leadership team had enabled a focus on continuous improvement and facilitated the practice to address previous areas of concern. The practice had implemented action plans and made improvements to the way they delivered services. There was now a culture of continuous improvement to achieve high-quality sustainable care.

Leadership capacity and capability

In Autumn 2017, we found a lack of leadership and oversight in the practice resulted in ineffective systems to identify and respond proactively to emerging and knowable safety risks. In June 2018, we found there was good oversight of the challenges faced by the practice, with action taken or plans to address those within the remit of the service.

We found:

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

Vision and strategy

At the Autumn 2017 inspection, we found there was a lack of shared vision within the partnership. The practice did not have effective strategies in place to make sustainable

improvements. Not all partners saw the value in making financial investment to secure a good quality service and therefore it was not prioritised. In June 2018, we found we found:

- The practice had a clear vision and credible strategy to deliver high quality, sustainable care.
- There was agreement between leaders about the priorities and there were effective strategies and financial commitment in place to make sustainable improvements.
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

- There were positive relationships between staff and teams.

Governance arrangements

In Autumn 2017, the practice overarching governance framework was not effective and did not support the practice to identify and act upon areas for improvement.

In June 2018, we found 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 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 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. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit was starting to have 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 considered and understood the impact on the quality of care of service changes or developments.

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

At our last inspection further improvements were needed to ensure the practice received and acted upon feedback from the patient participation group (PPG). In June 2018, we found the PPG were actively engaged and listened to by the practice. They spoke positively about the improvements made by the practice.

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.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

In September and October 2017, there was little evidence of learning or reflective working in the way the practice operated. In June 2018, the practice demonstrated a commitment to improving the service and had addressed all areas of concern raised at the previous inspection.

Are services well-led?

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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

Please refer to the evidence tables for further information.