

# Wombwell Medical Centre Practice

## Quality Report

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South Yorkshire  
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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

## Contents

### Summary of this inspection

Overall summary

Page

2

### Detailed findings from this inspection

Our inspection team

4

Background to Wombwell Medical Centre Practice

4

Detailed findings

5

## Overall summary

### Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection in January 2016 rated the service as Good overall).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Wombwell Medical Centre on 11 December 2017 under

Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- 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 clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- 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.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- 79 out of 83 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

# Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- The practice organised a 'tea party' in collaboration with Barnsley Independent Alzheimer's and Dementia Support, South Yorkshire Dementia Alliance, and South Yorkshire Housing Dementia support for all patients and carers. This event covered fire safety and all patients were offered a home visit for assessments and improvements. All families and carers were supported to complete a Herbert protocol for all

patients. (The Herbert Protocol is a national scheme being introduced by the Met in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.)

- The practice had developed a protocol to ensure secondary care and community services were informed of patient deaths. This was to prevent further mail for the patient being sent out

The areas where the provider should make improvements are:

- The provider should review the processes to ensure the competencies of the advanced nurse practitioners clinical decision making skills and non-medical prescribing.

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

# Wombwell Medical Centre Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A lead inspector and a GP specialist adviser.

## Background to Wombwell Medical Centre Practice

Wombwell Medical Centre Practice is located at:

- George Street, Wombwell, Barnsley, South Yorkshire, S73 0DD.

The practice provides services for 9,664 patients under the terms of the NHS General Medical Services contract.

Further information can be found on the practice website: [/www.wombwellmedicalcentre.nhs.uk](http://www.wombwellmedicalcentre.nhs.uk).

The practice catchment area is classed as within the group of the fourth most deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Barnsley Clinical Commissioning Group (CCG).

There are three GP partners, two male and a female. They are supported by three advanced nurse practitioners, four practice nurses, one healthcare assistant, a apprentice healthcare assistant, a phlebotomist. A practice manager and a team of administration staff. The practice is also supported by a pharmacist, who is employed by the local CCG to support GP practices. ( The advanced nurse practitioner (ANP) role is generally understood to mean a nurse who has undertaken extra training in clinical assessment, including history-taking and physical examination, so they can safely manage patients presenting with undifferentiated and undiagnosed conditions.)

Opening hours are Monday 8am to 8pm, Wednesday 7am to 6pm and Tuesday, Thursday and Friday 8am to 6pm closed Saturday and Sunday.

Out of hours care can be accessed via the surgery telephone number or by calling the NHS 111 service and Iheart Barnsley.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an 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 an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections. For example, the provider had ensured all practice staff had a laminated sheet to refer to informing them of how to assess potential sepsis symptoms in patients.
- 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.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

## Are services safe?

- 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. The practice had raised 11 serious events from 7 November 2016 to 8 November 2017.

- There were adequate systems for reviewing and investigating.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### 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.
- The average daily quantity of hypnotics prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU). from 01/07/2016 to 30/06/2017 for the practice was 2.18% which was more than the clinical commissioning group (CCG) average of 1.28% and the national average of 0.9%. Staff explained this could be because patients who had experienced a recent bereavement were sometimes offered a short course of hypnotic medication.
- The number of antibacterial prescription items prescribed 1.41% was above the CCG average of 1.12% and national average of 0.98%. Staff explained that the practice had a higher prevalence of patients with chronic obstructive airways disease and as part of their care plan they had a rescue prescription to use if they developed symptoms. So meds were prescribed but not necessarily dispensed
- 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.
- The practice had digitalised all of the paper patient records (Known as Lloyd George envelopes). Access to these on the computer meant it was easier for clinical staff to see the patient's medical history; meaning faster, more informed diagnostic decisions can be made and requests for information dealt with quickly. It also ensured documents would not be lost due to paper erosion and the practice would have more space.
- The practice had carried out four two cycle clinical audits. For example, to review how well the practice had managed patients with glaucoma care and treatment. This had resulted in a review of patient notes and seven patients benefited by referral to a specialist service.

### 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.
- Patients aged over 75 were invited for a health check. From 1 April 2017 to 12 August 2017, 251 people had been invited for a health check and 249 had accepted.
- 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.
- The practice maintained a register of all patient who lived in a care or nursing home, to ensure that they met their specific needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice offers an in-house anticoagulant service, where the patients have their blood and medicine dosage checked at the same appointment using computing software. This was carried out by the practice nurse with a GP on site in case of any issues.
- The practice promoted the 'Year of Care'. (This promoted GP practices to carry out care and support planning with people with long term conditions (LTCs). To have better conversations and emphasises the importance of the care and support planning process itself in achieving outcomes, rather than the written care plan that may emerge at the end).

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Uptake rates for the vaccines given were in line with the target percentage of 90% or above with the exception of the percentage of children aged under 24 months with pneumococcal conjugate booster vaccine where the practice was below target at 78% for 2015 to 2016. In

# Are services effective?

## (for example, treatment is effective)

response, the practice had increased the number of 99% immunisations in 2016 to 2017 to 96%. The nurse explained the lower percentage for 2015 to 2016 was due to the rescheduling of vaccines by NHS England.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long term medicines.

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

- The practice's uptake for cervical screening was 84%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. From 1 April 2017 to 12 August 2017 529 people had been invited for a health check and 397 had accepted.

### 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, travellers and those with a learning disability. The practice offered annual assessments for those patients with a learning disability.

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

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 74% and worse than the national average of 83%.
- 63% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is worse than the CCG average of 88% and the national average of 91%. The practice manager explained that they had found it difficult to get patients to attend, despite sending regular reminders.
- 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 smoking cessation at the practice 94% which was comparable to the CCG and national average of 95%.

- The practice has four dementia champions who actively provided support to people living with dementia and, their families and carers and was a dementia friendly service.
- The practice organised a 'tea party' in collaboration with Barnsley Independent Alzheimer's and Dementia Support, South Yorkshire Dementia Alliance, and South Yorkshire Housing Dementia support for all patients and carers. This event covered fire safety and all patients were offered a home visit for assessments and improvements. All families and carers were supported to complete a Herbert protocol for all patients. (The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies that encourages carers to compile useful information that could be used in the event of a vulnerable person going missing.)

### 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.

The most recent published Quality Outcome Framework (QOF) results for 2016 to 2017 were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 95%. The overall exception reporting rate was 6% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example the practice had increased the number of patients invited in for a health check for people aged 40 and over.
- The practice was actively involved in quality improvement activity. The practice manager said that staff discussed the results of the QOF at clinical meetings to evaluate the practices progress and agreed a response to any possible concerns.

# Are services effective?

(for example, treatment is effective)

## 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 GPs and ANPs attended regular training events at the local CCG,
- The practice provided staff with on going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- The practice employed advanced nurse practitioners, (ANP-A nurse who has undertaken extra training in clinical assessment, including history taking and physical examination, so they can safely manage patients presenting with undifferentiated and undiagnosed conditions.) The ANP's worked within their own competencies, however the practice had not yet developed a supervision or audit process to ensure the competency of their clinical decision making, including non-medical prescribing. The manager explained this was because the lead nurse was away from work at present.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The staff explained any newly diagnosed cancer patients were referred for a specialist consultation within two weeks. However, recently the process had changed and the NHS choose and book appointment service now dealt with these instead of the practice administration staff contacting the specialist directly.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice has access to a social prescriber.
- 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.

## 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.
- Staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty training (DoLs).

# 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.
- 79 out of 83 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- We asked seven patients if they their privacy and dignity was always respected by the medical staff all stated it was.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 252 surveys were sent out and 88 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:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; compared with the CCG average and the national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; compared with the CCG average and the national average of 95%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.

- 92% of patients who responded said the nurse was good at listening to them, compared with the CCG average of 91% and the national average of 92%.
- 89% of patients who responded said the nurse gave them enough time, compared with the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; compared with the CCG average of 98% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared with the CCG average and the national average of 92%.
- 79% of patients who responded said they found the receptionists at the practice helpful; compared with the CCG average of 61% and the national average of 71%.

### 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 patient's and their carers can access and understand the information they are given): Information explaining the standard was available on the practice website.

- Interpretation services were available for patients who did not have English as a first language.
- The service had a hearing loop system to help patients who had difficulty in hearing.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Two members of staff had commenced a sign language course.
- 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.

Awareness of the patient's health and social care needs and use of computer software enabled the practice to proactively identify patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients as carers (1.1% of the practice list).

## Are services caring?

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, the practice had developed a protocol that included a comprehensive bereavement pack, which was posted out to all families. This aimed to provide information about community groups and support families. In addition it ensured all other agencies were informed to prevent mail addressed to the bereaved being sent by mistake.

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:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.

- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 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 across all population groups.**

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours non a Wednesday morning and Monday evening, online services such as repeat prescription requests.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example two members of staff had commenced sign language training.
- Care and treatment for patients with multiple longterm conditions and patients approaching the end of life was coordinated with other services. The practice had developed a protocol that included a comprehensive bereavement pack, which was posted out to all families. This aimed to provide information about community groups and support families. In addition, it ensured all other agencies were informed to prevent mail addressed to the bereaved being sent by mistake.

### 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.
- The practice had held a meeting called the tea party in association with South Yorkshire Barnsley Action Alliance, that had provided safety advice to older people.

### People with long-term conditions:

- Patients with a longterm condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours in a morning and evening once a week.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and travellers.

### 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 held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The provider referred patients to a social prescriber. (Social prescribing is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local non-clinical services.)
- A member of the Patient Participation group had composed a leaflet in August 2016 called the Dementia directory for patients and carers. This provided patients and carers with the contact numbers of local advice and support organisations.

### 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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower in some areas than the local and national averages. The registered manager explained that the practice intended to review the appointment system in January in response to these findings.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 41% 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%. In response the practice manager explained that the practice would be reviewing these findings in January 2018.
- 82% 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 81% and the national average of 84%.
- 74% of patients who responded said their last appointment was convenient; compared with the CCG average of 79% and the national average of 81%.

- 53% of patients who responded described their experience of making an appointment as good; compared with the CCG average of 68% and the national average of 73%.
- 37% of patients who responded said they don't normally have to wait too long to be seen; compared with the CCG average of 60% and the national average of 58%. The practice had responded to this on their website under You say we did, under shorter waiting times for appointments the provider had responded by employing two new members of staff to the clinical team.

On the day of the inspection four patients out of 83 commented about the negatively about the appointment system.

### 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 on the practice website and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. 14 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. All complaints were discussed at the clinical meetings. The practice manager explained that although the response from the provider did not include where the patient could refer the complaint to if they were unhappy with the response. The complainant was sent a copy of the leaflet at the beginning of the process that contained this information.
- The practice learned lessons from individual concerns and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a appointment being cancelled for a patients routine blood test processes for diabetes, these are now included in the monthly recalls at the practice.
- The practice website contains information about how to complain and who to refer it to if unhappy with the provider response.

# Are services well-led?

Good 

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

## Our findings

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

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Following the inspection the practice manager implemented a protocol to ensure staff followed the correct procedures.

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

### Governance arrangements

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

- 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 mostly clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, we found that the practice had not recorded in a protocol the full role of the ANPs and how it differed from the doctors. The practice manager agreed that this would be beneficial to the practice. Following the inspection the practice manager submitted a protocol of the areas of work ANP would not cover.

# Are services well-led?

Good 

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

- 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 medicine 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 clinicians had carried out four two cycle audits, these covered gout, epilepsy, cancer and glaucoma.
- 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.
- All new patients had to provide evidence of their identity to the practice.

## 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.

- There was an active patient participation group (PPG). This was advertised on the practice website, it had eight members and met twice a month meetings. The last meeting was in September 2017. A member of the PPG told us that the practice listened and responded to their comments and views. The PPG
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice's website had reported on the actions the practice had taken in response to patient and public feedback called 'You said we did'. Examples of what the practice had responded to were 'I would like making a appointment easier', the practice had responded by making appointments available online. Also where patients had commented that appointments should be on time. The provider responded by explaining that the GPs took pride in the way the clinicians take the time to listen and discuss with patients and this meant that it was difficult to complete a appointment in 10 minutes. In addition, the practice were constantly reviewing waiting times and looking for ways to improve.
- The surgery offers the Friends and Family Test (FFT) to all patients who access the surgery in person or online. The surgery generates monthly reports to ensure that feedback is captured and monitored in a timely manner. The feedback was shared with staff and the patient reference group, and was available on the surgery website.

## Continuous improvement and innovation

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

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

# Are services well-led?

Good 

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice manager was involved in was working with the local hospital to ensure patients living with dementia were identified at the point of access to secondary care.