

Pringle Street Surgery

Quality Report

216-218 Pringle Street
Blackburn
BB1 1SB

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Date of inspection visit: 24 January 2018

Date of publication: 03/04/2018

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated 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 with dementia) - Good

We carried out an announced comprehensive inspection at Pringle Street Surgery on 24 January 2018. This was the practice's first inspection and was carried out as part of our commitment to inspecting and rating all GP practices in England.

At this inspection we found:

- The practice ensured that care and treatment was delivered according to evidence-based guidelines and reviewed the effectiveness and appropriateness of the care it provided.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice documented investigations resulting from them and improved their processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice demonstrated awareness of the specific cultural needs of its patient population.
- Staff felt respected, valued and supported and were able to give us examples of how the practice had listened and acted on their feedback.

Summary of findings

- The practice engaged positively with integrated working alongside other professionals. Regular multidisciplinary team meetings took place to ensure person-centred care was delivered to patients.
- Quality improvement issues were discussed in regular staff meetings. Clinical matters were discussed in monthly meetings.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice showed us how it engaged in local pilot schemes and could demonstrate how it had improved patient outcomes, for example by improving the uptake of cervical smear screening.

We saw one area of outstanding practice:

- The practice engaged with other healthcare professionals to facilitate improved care for its patients. For example it worked with an 'Achieving Self Care' facilitator who was employed by a local hospital trust and attended the surgery once per week on a Tuesday to support patients who experienced mild – moderate mental health difficulties. Since November 2016 the practice had

referred 59 patients to this service, with 38 of these benefitting from improved mental wellbeing as measured by the Warwick-Edinburgh Mental Wellbeing Scale (a tool for measuring a person's mental wellbeing).

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

- Clinical oversight of the management of incoming correspondence should be sufficient to ensure the system is working safely and effectively.
- Staff should be aware of policy and procedure documents relating to the work they undertake. These documents should be sufficiently detailed to describe the activity being carried out.
- Complete mitigating actions in line with documented risk assessments, for example in relation to legionella.
- The complaints procedure should be readily available to patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Pringle Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Pringle Street Surgery

Pringle Street Surgery (216-218 Pringle Street, Blackburn, BB1 1SB) is located in a converted two story residential property, close to the town centre. The premises has ramped access to facilitate entry to the building for people experiencing difficulties with mobility.

The practice delivers primary medical services to a patient population of approximately 1900 people via a general medical services (GMS) contract with NHS England. The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG).

The average life expectancy of the practice population is slightly below the national averages (74 years for males and 81 years for females, compared to 79 and 83 years respectively nationally).

The practice has a higher proportion of younger patients than the average practice both locally and nationally. For example, 32% of the practice population are aged under 18 years, compared to the local average of 25% and national

average of 21%. Conversely, the practice caters for a lower proportion of older patients; for example just 8% are aged over 65 compared to the local average of 14% and national average of 17%.

Information published by Public Health England estimates that 64% of the practice's patient cohort is of Asian ethnic background.

Information also published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by three GP partners (two female, one male). In addition the practice employs a practice nurse. Clinical staff are supported by a practice manager and a team of five administrative and reception staff.

The practice is a teaching and training practice, taking medical students as well as registrars.

The practice is open between 8am and 6.30pm each weekday apart from Tuesday, when the practice closes at 1pm with cover being provided by the provider's other GP practice locally in Darwen. Surgeries are offered at varying times each day. Patients are also able to access additional extended hours appointments, which are offered from four other local premises by the local GP federation between 5pm and 8pm on weekday evenings, and between 8am and 8pm on weekends.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111, offered locally by the provider East Lancashire Medical Services.

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, although we did see in some cases mitigating actions required as per the risk assessments were not consistently completed in line with the timescales documented in them. For example, we noted the legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) indicated that annual water sample testing would be undertaken to ensure the bacteria was not present in the system. The most recent testing certificate we viewed was dated August 2016; this confirmed no legionella was present at that time. Other mitigating actions identified by the risk assessment, such as monthly water temperature checks, were completed and documented in a timely manner.
- 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. While the policies themselves did not outline clearly who to go to for further guidance, we saw that this information was displayed separately throughout the practice premises to ensure the information was easily accessible to staff.
- 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 (IPC). The practice premises had recently undergone refurbishment work to the upper floor and we saw how the practice had liaised with the CCG's IPC lead to ensure any risks were mitigated appropriately.
- 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 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, 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.

- 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.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The practice had a policy in place to govern the management of incoming correspondence such as test results and letters; this indicated that any correspondence indicating action was required, such as new or changed medications, results and new diagnosis would be sent to the GP to view. Non-clinical staff had responsibility for triaging incoming correspondence to establish which items the clinicians needed to have sight of. This system had been introduced by the practice in June 2017. However, the non-clinical staff we spoke with during the inspection were not aware of the practice's 'reviewing and acting on correspondence, reports and results protocol' document. We were told they would use their judgement and common sense to decide which correspondence needed to be forwarded to the GPs. While the practice manager informed us they checked the decisions made by non-clinical staff around incoming correspondence, this was done on an informal basis and not documented. There had not been any clinical oversight or audit process undertaken to ensure the safety of decisions made as part of this system.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We noted three of these had expired, and four had not been signed as required. However, the practice nurse was able to offer appropriate explanations as to why this was the case; for example some related to medicines not used by the practice and were stored for reference, while the publishers of others had not produced updated versions.
- 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 appropriate risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident involving an urgent two-week wait referral, we saw evidence that changes to the practice's referral process were implemented. We saw meeting minutes demonstrating how this learning was communicated to staff, and staff we spoke with were aware of both the incident and the changes that resulted following analysis of it.
- 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 as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We saw evidence that updates to best practice guidelines such as NICE (National Institute for Health and Care Excellence) guidance was disseminated and discussed at practice partnership meetings.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice for 01/07/2016 to 30/06/2017 showed that the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was better than local and national averages; 0.6, compared to 1.24 locally and 0.9 nationally. (This data is used nationally to analyse practice prescribing and Hypnotics are drugs primarily used to induce sleep.)
- Similar data for the prescribing of antibacterial prescription items showed that practice prescribing was below local and national levels; 0.78 compared to 1.11 locally and 0.98 nationally.
- The percentage of antibiotic items prescribed by the practice that were Cephalosporins or Quinolones (antibiotics which work against a wide range of disease-causing bacteria) was 4.3%, compared to the local average of 5% and national average of 4.7%.
- 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.

We reviewed evidence of practice performance against results from the national Quality and Outcomes Framework (QOF) for 2016/17 and looked at how the practice provided care and treatment for patients (QOF is a system intended to improve the quality of general practice and reward good practice.)

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 and were discussed at the practice's multi-disciplinary team meeting to ensure their needs were being met.
- The practice clinicians were aware of and proactively referred patients into the local 'Here to help' service offered by Age UK. This was a service offered to patients over the age of 50 experiencing social issues. The practice had referred 15 patients into this service during 2017.
- 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 achieved the highest uptake rate in the CCG for immunising patients aged over 65 against flu in 2016/17. This had been recognised with an award.

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.
- All patients admitted to hospital due to a deterioration of their chronic obstructive pulmonary disease (COPD, a disease of the lungs) were followed up with the practice within 5 days of being discharged from hospital to ensure their treatment needs were being met appropriately.
- The practice was a positive outlier for the percentage of patients with COPD who had had a review completed including an appropriate review of their breathlessness in the preceding 12 months (100%, compared to the local average of 93% and national average of 90%).
- The practice recognised it had a patient population with a high prevalence of diabetes, and in January 2017 employed a practice nurse with a speciality background

Are services effective?

(for example, treatment is effective)

in this area to ensure these patient's needs were best met. Performance for diabetes related indicators were higher than local and national averages. For example, the percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 85% compared to the clinical commissioning group (CCG) and national averages of 80%.

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 mostly in line with the target percentage of 90% or above. It had achieved above this target rate for 3 of the 4 indicators for immunisations given to 1 and 2 year olds, with 79% of 1 year olds receiving their full course of vaccinations in the year 2015/16. Since the publication of this data, the practice had implemented a revised system whereby the practice manager took responsibility for proactively contacting families if their children were due vaccinations to invite them to attend. Searches were run monthly using the practice's electronic record system to identify these patients.
- 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 in 2016/17 for cervical screening was 70%, which compared positively with the local average of 69% and national average of 72%. The practice had previously recognised this was an area for development (the previous 2015/16 uptake rate was 63%) and had implemented measures to improve uptake; the female GPs were both up to date with their training and offered screens opportunistically to supplement those offered by the practice nurse.
- 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 those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the local and national averages of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was a positive outlier compared to the local average of 93% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100%, above the local average of 94% and national average of 91%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99% compared to 96% locally and 95% nationally.
- The practice worked with an 'Achieving Self Care' facilitator who was employed by a local hospital trust and attended the surgery once per week on a Tuesday to work with and support patients who experienced mild to moderate mental health difficulties. Since November 2016 the practice had referred 59 patients to

Are services effective?

(for example, treatment is effective)

this service, with 38 of these benefitting from improved mental wellbeing as measured by the Warwick-Edinburgh Mental Wellbeing Scale (a tool for measuring a person's mental wellbeing). Sessions targeted coping techniques for anxiety and panic symptoms, improving self-confidence and assertive communication strategies.

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. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was piloting a new care pathway for the CCG for treatment of non-alcoholic fatty liver disease. We saw that the practice engaged well with the local Quality and Outcomes Enhanced Services Transformation (QOEST) quality improvement programme; a suite of quality improvement plans initiated by the CCG and developed by practices to monitor and improve the quality of clinical care provided to patients, the access to and sustainability of general practice. The practice also worked with members of the CCG pharmacy team to ensure that practice prescribing was carried out in line with local and national recommended guidelines.

The most recent published QOF results for 2016/17 were 99.5% of the total number of points available compared with the CCG average of 98.3% and national average of 96.5%. The overall exception reporting rate was 10.4% compared with the local average of 11.1% and a national average of 9.6% (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. The practice shared a number of completed clinical audits with us which had been repeated to ensure that any changes implemented were effective. One demonstrated improved diagnostic practices around urinary tract infections in line with Public Health England guidance (appropriate diagnosis recorded in 94.4% of cases, up from 85.7% previously).

Other audit work demonstrated improvements to the care of patients with chronic kidney disease in line with updated

guidance; 10 patients were identified as requiring review and as a result of action taken by the practice eight of these patients had their medication updated to ensure their condition was being managed appropriately, with relevant advice provided to the other two patients.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with
- 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. The practice held multi-disciplinary team meetings every two months.
- 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.

Are services effective?

(for example, treatment is effective)

- 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.
- Clinical staff we spoke to demonstrated awareness of relevant best practice guidance and care pathways around urgent cancer referrals.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 50% of females aged 50-70 had been screened for breast cancer in the previous 36 months (compared to 61% locally and 70% nationally), and 46% of patients aged 60-69 had been screened for bowel cancer in the previous 30 months (compared to 51% locally and 55% nationally).
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 25 patient Care Quality Commission comment cards we received were positive about the standard of care and treatment experienced, with only 1 also making a negative comment regarding the lack of availability of evening appointments. This positive feedback was corroborated through discussions with a further four patients during the inspection.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 363 surveys were sent out and 69 were returned. This represented a response rate of 19% and was about 4% of the practice population. The practice results were variable for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.

- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers with a member of the reception team taking responsibility to link in with the local carers service to help ensure that the various services supporting carers were coordinated and effective. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (1% of the practice list).

Are services caring?

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 81% 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 87% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice targeted awareness of diabetic education programmes during Ramadan. Patient information leaflets were available in waiting areas in a variety of different languages appropriate to the practice's patient population.
- The practice improved services where possible in response to unmet needs; for example the practice had engaged with a pilot project in December 2017 where a GP with a special interest in diabetes ran three clinics at the practice to address the needs of the most significant diabetic patients.
- The facilities and premises were appropriate for the services delivered. Recent refurbishment work completed at the premises had increased the number of consultation rooms and incorporated the new provision of a lift to facilitate access to the first floor for patients experiencing mobility difficulties.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice offered longer appointments to patients with complex needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

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.
- 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.
- Telephone 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.
- Patients with complex needs were offered longer appointments.
- There were two monthly meetings with other health and social care professionals to discuss the care and treatment of vulnerable patients.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice facilitated weekly sessions run by an 'Achieving Self Care' facilitator to support patients with mild-moderate mental health needs.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use and offered flexibility, with clinicians adjusting clinic times where required to accommodate patient's needs.

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

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.
- 88% of patients who responded said they could get through easily to the practice by phone; CCG - 73%; national average - 71%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 84% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.

- 80% of patients who responded described their experience of making an appointment as good; CCG - 75%; national average - 73%.
- 74% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

This positive feedback was also confirmed by the patients we spoke with as part of the visit.

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. However, while complaints literature for patients was stored electronically on the practice's shared drive, not all staff we spoke to were aware of its location. Literature was not readily available to support patients should they wish to make a complaint.

- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed two complaints received by the practice in the previous 13 months (one verbal and one received via email) and found that they were satisfactorily handled in a timely way, with apologies offered as appropriate and clear explanations of the actions the practice had taken to address the concerns. We did note that the written response sent did not include relevant information about how the patient could escalate their complaint to the ombudsman should they be dissatisfied with the practice's response.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, it amended the appointment times to offer greater choice in response to a complaint regarding their availability.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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 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 told us how they would act on behaviour and performance inconsistent with the vision and values should the need arise.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw examples of patient complaints where the practice's response clearly outlined the measures put in place to rectify any issues raised. 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 needed. 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. 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 governance and management, although we did note that some elements of the practice's governance arrangements would benefit from greater detail.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective in most cases. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- The practice would benefit from more thorough arrangements in order to be assured of the safety and effectiveness of the new protocol for managing incoming correspondence introduced in June 2017. At the time of inspection, staff were not aware of the policy document corresponding to this activity and there had not been clinical oversight or audit process commenced as means of checking clinicians had sight of all that they needed to.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established a range of policies, procedures and activities to ensure safety. However, we noted that some lacked detail. For example, the recruitment policy did not detail the pre-employment checks undertaken by the practice during the recruitment process for new staff. We also saw examples where the content of policies did not fully reflect the activity of the practice, for example the training intervals set out in the safeguarding and infection control policies. We noted that the practice updated these policies immediately once this had been discussed during the inspection.

Managing risks, issues and performance

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

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, in the case of the documented legionella risk assessment, some mitigating actions had not been completed in line with the timescales set out.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Staff told us how the practice listened and acted on their feedback, for example receptionists had discussed concerns around the scanning and coding processes and as a result the process was streamlined to improve workloads.

Are services well-led?

Good 

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

- There was an active patient participation group (PPG). We spoke with two members of the PPG during the inspection and they told us how the practice was responsive to patient feedback. The PPG had previously suggested a patient newsletter to enhance engagement with the practice and we saw that this had been implemented as a result with the January 2018 newsletter available for patients in the waiting area.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The

practice engaged with local pilot schemes to address the needs of its patient group, for example developing the care pathway for treatment of non-alcoholic fatty liver disease and facilitating a GP with special interest in diabetes to run clinics at the practice as part of a local trial.

- Staff knew about improvement methods and had the skills to use them.
- 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.