Cedar House Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
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. (Previous inspection April 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

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 Cedar House Surgery on 14 November 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 is meeting 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 evidenced that they worked as a cohesive team with clear clinical oversight to provide patient centred care to their patients.
- The practice had reviewed and developed innovative skill mix within the practice. For example, they employed two advance nurse practitioners, one who specialised in the care of children, and one whose role included visiting patients living in care homes.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Practice 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 on the day when they needed it however some patients told us they had difficulty in booking appointments in advance. This was also reflected in the latest GP national GP patient survey data.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Information about services and how to complain was available to patients and the practice recorded verbal and written complaints.

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

- Continue to monitor patient survey data and implement changes to continue to improve patient access.
- Continue to identify carers to ensure that they receive appropriate support and care.

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

Cedar House 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 two GP specialist advisers, a practice nurse specialist adviser, and a second CQC inspector.

Background to Cedar House Surgery

The Cedar House Surgery is situated in St Neots, Cambridgeshire, just off the main high street. The practice has a primary medical services (PMS) contract with the NHS. There is a branch site approximately two miles away and there are approximately 13,000 patients registered at the practice. Patients can choose to be seen at either location. We did not visit the branch site as part of this inspection.

The practice has four partner GPs, two female, two male, and five salaried GPs, all female. All partner GPs have lead responsibilities and management roles. The practice also teaches medical students. There are two advance nurse practitioners (known by the practice as consultant nurses), four practice nurses, and four health care assistants. A reception manager and a team of eleven receptions, three secretaries and a prescribing clerk support the practice manager.

The surgery is open Monday to Friday between 8.30am and 6pm; there is an extended surgery until 8.15pm on Wednesday and Thursday evenings. Out of hours services are provided by Herts Urgent Care via the 111 service.

The practice patient age profile was similar to the national average with the life expectancy of patients above the national average. The male life expectancy was 80.4 years compared to the national average of 79.4 years. The female life expectancy was 85.2 years compared to the national average of 83.1 years. The deprivation score is above the England average indicating that the practice serves a less deprived area.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. These were available both electronically and in paper format.
- 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. A GP and advance nurse practitioner were the leads and conducted annual audits.
- 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, 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.
- 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. We saw there was an effective system to ensure any urgent referrals were followed up. The practice held regular referral meetings to review and discuss cases, these included referrals proposed by locum GPs.

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.
- Practice staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed the antimicrobial prescribing and their performance was comparable to other practices. There was evidence of actions taken to support good antimicrobial stewardship.

Good

Are services safe?

- Records we reviewed showed that 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, including a health and safety risk assessment, fire and legionella risk assessments (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. The GPs 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 where a patient had not received appropriate monitoring in a timely way the practice reviewed and implemented new procedures. These new procedures ensured that allocated staff members checked that patients had attended the practice for their blood test and reviews, and if the patient failed to attend the GP was informed.
- There was a system for receiving and acting on safety alerts. The practice manager ran any relevant searches and patients were then followed up by the GPs.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. The practice held regular meeting where they discussed new guidelines and shared learning.
- From records we reviewed and from interactions observed we saw no evidence of discrimination when making care and treatment decisions.
- The practice had a health machine available in the practice so that patients could take their blood pressure and weight. They were able to give these results to the practice staff who passed the results onto the clinical team.
- Practice staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had recently trained a staff member to become a care navigator. We saw that this staff member had given information to patients and other staff members about other services and agencies who could help and offer support to patients. For example the care navigator had been trained to be aware of and direct patients who may benefit from, seeking advice from the local pharmacy rather than waiting for a GP appointment.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice 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 provided planned visits as well as those for acute need to the local care homes. We spoke with the managers of two of these homes and they told us they found the care given by the consultant nurse was always appropriate and where appropriate a GP was involved.

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.
- Practice staff who were responsible for reviews of patients with long term conditions had received specific training.
- Results from the Quality and Outcomes Framework (QOF) 2016 -2017 showed the practice had achieved 100% in the indicators relating to long term conditions such as Asthma, Chronic Obstructive Pulmonary Disease (COPD) and diabetes. There were areas where the practice exception reporting was slightly above the clinical commissioning group (CCG) and national averages We discussed this with the practice and saw that all patients were reviewed by a GP before the exception code applied.

Families, children and young people:

- The practice employed an advance nurse practitioner who specialised in the care of children and young people. The advance nurse practitioner worked closely with the GPs to promote wellbeing in this population group.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice 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 80%, which was in line with the 81% coverage target for the national screening programme.

Good

Are services effective?

(for example, treatment is effective)

- 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. All patients had two named GPs and they often provided their direct contact numbers to other professionals to ensure continuity of care for these patients.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. There was a travelling community living within St Neots, patients from this community were registered with the practice; the practice had recognised that this group of patients could be marginalised. The practice had systems and processes to ensure help and support was available. For example where patients were identified with lower literacy skills, reception staff helped patients to complete any forms required.
- The practice had offered 100% of the patients with a learning disability an annual health check and 91% of these had been completed. The other 9% had declined an appointment but the GPs reviewed these patients at other times for example when reviewing their repeat medicines.

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 the previous 12 months. This is comparable to the national average.
- 93% of patients diagnosed with schizophrenia, bipolar disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.

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.

The most recent published Quality Outcomes Framework (QOF) results (2016-2017) were 100% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 96% The overall exception reporting rate was 14% 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.)

- We discussed with the practice team the higher exception reporting rate. The practice GPs provided clinical oversight to the performance of the QOF. All patients were reviewed by the GP before the exception reporting code was added and records we looked at confirmed this. We reviewed some medical records and found that the exception code had been applied appropriately.
- The practice used information about care and treatment to make improvements. For example an audit was undertaken in November 2016 in relation to diabetes prevention. The practice identified patients who were at higher risk of developing diabetes and looked at the support and care given. The practice developed an action plan to improve the number of patients that were given support such as patient education, this included lunchtime teaching sessions for the practice staff. The audit was re run in July 2017 and showed an improvement in the numbers of patient referred. The practice planned to continue with regular update meetings for staff and further audits to monitor their progress and effectiveness.

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.

Good

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications, and training were maintained. Practice staff were encouraged and given opportunities to develop. For example the practice had funded the practice manager to undertake their training, and had funded, and supported a health care assistant to gain their nursing diploma.
- The practice provided staff with
- The practice was able to describe a clear approach for supporting and managing staff should their performance be 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. We saw an example where the practice staff had recognised that the community health visiting team were not always aware of new patients joining the practice. The staff put a system in place to ensure this information was shared in a timely manner.
- 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. Patients were given two named GPs and these GPs often gave their direct contact numbers to ensure continuity of care for these patients.

Helping patients to live healthier lives

Practice 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.
- Practice staff encouraged and supported patients to be involved in monitoring and managing their health. For example the practice had a blood pressure and weight machine available for patients in the waiting area.
- Practice staff discussed changes to care or treatment with patients and their carers as necessary. Patients we spoke with told us they had felt engaged in decisions about their care.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and 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.
- Written consent was obtained for procedures such as long acting contraceptive and minor surgery.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect, and compassion.

- Staff understood patients' personal, cultural, social, and religious needs. For example, those relating to the traveller community who lived in the practice catchment area.
- 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.
- 25 of the 38 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Nine had mixed responses and four were negative. Only two held negative comments about the care given to patients. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity, and respect. 255 surveys were sent out and 118 were returned. This represented about 46% response rate and 0.8% of the practice population. The practice was in line with the average for its satisfaction scores on consultations with GPs and nurses compared with the CCG and national averages. For example:

- 89% of patients who responded said the GP was good at listening to them which was the same as the clinical commissioning group (CCG) and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG 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 the national average of 86%.
- 94% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 96% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 95%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG and the national average of 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Practice staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice asked patients newly registering with the practice and clinically staff took every opportunity to check with patients during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 174 patients as carers (1.3% of the practice list).

- The practice had trained a member of staff to be a care navigator. This member of staff had completed her silver level training with the local clinical commissioning

Good

Are services caring?

group (CCG) and was developing notice boards and information for patients. Information was also cascaded the practice team to ensure all staff were able to sign post patients to other support networks.
- Practice staff told us that if families had experienced bereavement, their usual GP contacted them. These patients were usually known to at least two members of the GP team. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 87% 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%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG and the national average of 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 91% and the national average of 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups as requires improvement 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 the practice provided evening appointments on two evenings per week. However, patients reflected that these were difficult to book in advance.
- The practice improved services where possible in response to unmet needs. The practice was aware of the needs of the travelling population that lived with their catchment area and were responsive to their needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients could choose to be seen at the location most convenient to them. However, patients reflected these were more difficult to book in advance and with the GP of their choice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and specialist nurses 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.
- The practice employed an advance nurse practitioner with specialist skills in paediatrics. This nurse was undertaking further education to provide mental health services to young people who were experiencing poor mental health.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered a full contraceptive service at both practice locations.

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 two evenings per week.
- Telephone 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 homeless people, travellers, and those with a learning disability. The practice ensured that all patients nearing the end of their lives had two named GPs to ensure they received continuity of care during this difficult time.
- The practice was aware of the needs of the local traveller community and ensured that they were able to access information in a way they could understand.

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

- The practice looked after a psychiatric nursing care home where patients experiencing poor mental health

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

lived. These patients were often uncomfortable meeting different clinical staff, therefore the advanced nurse practitioner, with a prescribing qualification and a background of community nursing, conducted a fortnightly ward round. This was in additional to any visit that was requested by the home when patients were acutely unwell as well as visiting on an ad-hoc basis when the patients were unwell.

- The advance nurse practitioner had built a positive rapport with the patients and care home staff and ensured they received appropriate and timely health care for their physical needs as well as the mental health care needs. The advance nurse practitioner was supported by a GP on call and the adult safeguarding lead. They also attended the practice meetings so that any patients that were of concern were discussed with the multi-disciplinary team.
- 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 an advance nurse practitioner or GP.

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.
- Patients reported they were able to get appointments on the day but they experienced difficulties in pre booking their appointments and they also reported difficulties in getting through on the telephone system first thing in the morning.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below local and national averages in some areas. This was supported by observations on the day of inspection and completed comment cards A common theme from the negative responses was in relation to pre booking appointments.

- 60% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and the national average of 76%.
- 50% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 71%.
- 21% 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 58% and the national average of 56%.
- 74% of patients who responded said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 60% of patients who responded described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 63% 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 was aware of these significantly lower satisfaction figures. They had recognised that the shortage of GP staff had impacted on their ability to provide good access. The practice had lost four GPs within a short space of time and had, with the permission of NHS England, closed their patient list. The practice had been successful in recruiting new salaried GPs and nursing staff, and had re opened their list from April 2017. The practice was confident that this would reflect in the national patient survey data next year. The practice was reviewing their appointments system to identify ways to improve access for pre-planned appointments. They told us that this would ease the telephone access, as fewer patients would need to phone in on the day.

The practice shared with us their plans to employ another GP, a clinical pharmacist, and nursing staff. We saw that the practice was considering the wider skill mix of clinical services to improve access to their patients. Patients confirmed that they did always get appointments on the day if they wanted them.

Listening and learning from concerns and complaints

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 24 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient had complained in relation to a delayed referral. At a meeting held on 10 July 2017 the practice reviewed and agreed standard timeframes within which referrals should be completed.

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

The GP partners had the capacity and skills to deliver high-quality, sustainable care.

- The GP partners and management team had the experience, capacity, and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice was exploring ways to enhance the skill mix within the practice to improve access to patients.
- The GPs and management team at all levels were visible and approachable. Practice staff told us that they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.
- Practice staff we spoke with told us that they had named senior staff who they could speak with should they not wish to discuss their concern with a partner or the practice manager.
- 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.

- All the staff members we spoke with told us they felt respected, supported, and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and where shortfalls were identified, for example pre booking of appointments. The practice was taking action to improve things by employing extra clinicians and having regular rota meetings to discuss any shortfalls.
- GP partners and managers told us they would, if necessary, act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. We reviewed response letters sent to patients who had complained, we found they contained detail explanations, an apology and details of actions the practice would take. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Practice 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. A staff member we spoke with told us that they had discussed with the management team concerns they had about how they could manage their workload and the number of messages they received on paper. The management team agreed that there were risks associated and with the staff member developed an online system to use. The staff member we spoke with told us that this was working well.
- 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. We saw evidence where non clinical staff funding and support was provided for them to further their development.
- 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. Practice staff were supported to meet the requirements of professional revalidation where necessary. We saw evidence where a member of staff was encouraged and funding and support was provided for them to further their development and undertake clinical qualifications.

Are services well-led?

Good

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

- There was a strong emphasis on the safety and well-being of all staff. The practice regularly discussed staff rotas to ensure that staff were able to manage a good work life balance.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Practice 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.
- There was clear clinical oversight to ensure that the 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.
- Practice staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The GP partners had established proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. These were easily available to staff either electronically or in paper form.

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. The management team had oversight of MHRA alerts, incidents, and complaints; these were a standard agenda item on practice meetings.
- 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 was reviewing their system to record these to ensure they were easily available for review and monitoring.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard, and acted on to shape services and culture.

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. We spoke with three members of the group and they were positive about the care given by the practice. They also reported on the positive relationship at the meetings and feedback they were given from the practice.
- The service was transparent, collaborative and open with stakeholders about performance. NHS England had supported the practice in the recent list closure. The practice re –opened their list in April 2017 following the employment of GPs and advance nurse practitioners.

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 currently offers education placements to medical students and plans to become a training practice for GP registrars.
- 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.
- The partners and practice manager encouraged staff to take time out to review individual and team objectives, processes and performance.