Wokingham Medical Centre

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 26 January 2016 – 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 at Wokingham Medical Centre on 1 November 2017 as part of our inspection programme. As this was a comprehensive inspection we looked at all key questions and reviewed the care delivered to all population groups.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines and had a strong focus on use of research and audit in reaching clinical decisions.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- The practice had responded to feedback from patients. A significant change in the appointment system had been undertaken having assessed patient feedback from the national GP patient survey. However, it was too early to evaluate the effect the change would have on patient feedback on access and caring.
- Complaints were responded to in a timely manner but information for patients on how to complain was not readily available within the practice.

Summary of findings

- There was an active patient participation group (PPG) but the PPG sought to take a more active role in bringing patient feedback to the attention of the practice.

We saw one area of outstanding practice:

- The practice undertook research projects. One such project included 32 of their registered patients diagnosed with diabetes. The patients underwent a change in their diet monitored by a GP and all lost weight resulting in an improvement in their health. Over 20 of the patients were able to stop taking medicines, and the others reduced their dose of medicines used, to control their diabetes.

The areas where the provider should make improvements are:

- Providing patients with information on how to make a complaint which is both visible and accessible within the practice premises.
- Establish effective and sustainable systems and processes to ensure actions to respond to patient feedback are monitored.
- Consider their response to the patient participation group. For example, in provision of seating for patients that found it difficult to use low seats.

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

Wokingham Medical Centre

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 and a second CQC inspector.

Background to Wokingham Medical Centre

Wokingham Medical Centre is located in the town centre of Wokingham and is managed by the partnership of Wokingham Medical Centre. The practice premises were purpose built and opened in 2014. The new building provides an accessible and modern practice with a broad range of facilities to meet patients' needs. It is open from 8am to 6.30pm and extended hours appointments are available each weekday morning and on Saturday mornings.

Patients are registered from the town and local rural areas. The practice population has a high proportion of patients in local care homes (240). There is minimal deprivation according to national data. Approximately 23,300 patients are registered with the practice.

Care and treatment is delivered by nine GP partners, one salaried GP and two long term locum GPs, with six male and six female GPs, 12 members of nursing staff including practice nurses, nurse practitioners and health care assistants. There is a management team, administration and reception staff.

The practice is a member of Wokingham Clinical Commissioning Group. We visited Wokingham Medical Centre, 23 Rose Street, Wokingham RG40 1XS as part of this inspection. More information about the practice can be found on their website at https://www.wokinghammedicalcentre.co.uk.

The practice has opted out of providing out-of-hours services to its own patients. There are arrangements in place for patients to access care from an out-of-hours provider and NHS 111.

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. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections. For example, guidelines on how to identify and treat sepsis (Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs) were available to all clinical staff. The GPs we spoke with were aware of the guidelines and how to apply them.
- 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.
- There was a system in place to track patients referred with suspected cancer to confirm they were seen within two weeks.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had undertaken audits of antimicrobial prescribing (Antimicrobial medicines include antibiotics). There was evidence of actions taken to support appropriate prescribing of antimicrobial medicines.

Good

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice conducted face to face or telephone reviews of the use of repeat medicines with patients.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored their delivery of care and treatment 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, the practice changed their system to ensure a visible alert was placed immediately on the records of patients booked to attend for minor surgery procedures. This arose because the wrong patient had been booked for a minor surgery clinic.
- 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.

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 average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.7. This was better when compared to the clinical commissioning group (CCG) average (0.78) and national average (0.96). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.96 which was the same as the CCG average and better than the national average (1.01). Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was 5.02% which was above the CCG average of 4.36% and national average of 4.71% (practices aim to prescribe fewer of this type of medicine as these can become less effective the more frequently they are used) . The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Clinical staff and prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were identified as frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- GPs and a practice nurse undertook home visits to older patients when required to review their care needs and administer vaccinations, such as the flu immunisation.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. There were care plans in place for 7% of the registered population aged over 75 years old.
- 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.
- Designated GPs undertook regular visits to local care homes to review the care of registered patients living in these locations.

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 relevant training.
- Nationally reported data showed outcomes for patients diagnosed with long term conditions were at or above national and local averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice operated a priority appointment system for younger children to ensure they were either seen or their parents or guardians received a telephone consultation on the day

Good

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 carers and those with a learning disability.
- The practice offered an annual health check to patients diagnosed with a learning disability and 75% had taken up this offer in the last year.

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

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%. The practice rate for diagnosing dementia exceeded the local average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice responded to 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 (practice 93%; CCG 93%; national 91%); and the percentage of patients experiencing poor mental health who had their blood pressure checked and recorded was 91% which matched the CCG and 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. The practice undertook a range of clinical audits and took part in clinical research. The practice was part of a wider group of practices that shared performance data. We were shown a performance monitoring tool that was in use by the other practices in the group and noted that Wokingham Medical Centre was to be included in the monitoring. Further work on information technology systems was required before this could take place.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 11% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The percentage of patients diagnosed with diabetes who achieved the most challenging target for the HbA1c test (an important blood test that gives a good indication of how well diabetes is being controlled) was 62% which matched the national average and was similar to the CCG average of 61%. However, exception reporting was better at 3% below the national average therefore more patients were included to receive this test.
- The percentage of patients diagnosed with depression who received a follow up assessment between 10 and 56 days following their diagnosis was 73% compared to the local average of 74% and national average of 64%. However the exception rate was 13% compared to the CCG average exception rate of 14% and national rate of 22%.

- The practice used information about care and treatment to make improvements. For example, an audit of children on the at risk register ensured these children were receiving appropriate health and social support.
- The practice was actively involved in quality improvement activity including research and clinical

Good

Are services effective?

(for example, treatment is effective)

trials. The practice had undertaken a project with a group of 32 patients diagnosed with diabetes. The project involved working with the patients to change their diet to a modified Mediterranean diet. All the patients in the trial had lost weight and their condition had improved significantly. The results showed over 20 patients ceased to use medicine to control their diabetes and the remainder reduced their medicine doses.

- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was working with clinicians from the local hospital on a research study to improve the care of patients referred with urological problems.

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. Nursing staff we spoke with told us they attended courses and events to support their learning and development. They also told us that they undertook on-line learning to maintain their continuous professional development (CPD) in their own time. They were also allocated blocked appointment time to undertake mandatory training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The advanced nurse practitioners had both attended clinical supervision courses and one of the GPs was their designated clinical supervisor.
- 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 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.
- The CQC GP advisor reviewed three sets of records of patients who had attended hospital departments. We found that appropriate action had been taken to follow up the hospital clinicians recommendations had been undertaken in all three cases.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, the practice had installed a 'health pod' in one of the waiting rooms. This enabled patients to take their own blood pressure and hand the result in to the practice. If GPs or nurses identified any concerns arising from the blood pressure results they contacted the patient to call them in for a consultation.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- 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.
- 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.
- We received 32 patient Care Quality Commission comment cards of which 30 were wholly positive about the service experienced. The two negative responses related to accessing appointments in a timely manner and wishing to see a GP rather than receive telephone advice. This is in line with the results of the NHS Friends and Family Test.

Results from the July 2017 annual national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The survey forms had been sent to 222 patients and 112 were returned. This represented less than half a percent of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 79% of patients who responded said the GP gave them enough time; CCG average - 87%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 74% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average – 86%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; CCG average - 93%; national average - 91%.
- 83% of patients who responded said the nurse gave them enough time; CCG average - 93%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 96%; national average - 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 93%; national average - 91%.
- 69% of patients who responded said they found the receptionists at the practice helpful; CCG average - 88%; national average - 87%.

The minutes of clinical meetings we reviewed showed that leaders in the practice were both aware of and concerned about the reduction in patient satisfaction in relation to the care and support they received. We found that partners had devoted an entire meeting to reviewing and analysing the feedback and planning how to address it. We also noted that the practice had focused upon changing the way appointments were delivered to provide more opportunity for face to face consultations. We noted that partners wished to review feedback once the new appointment system was embedded. It was too early to evaluate whether increasing face to face appointment time with GPs would influence how patients viewed their experience of receiving compassionate care.

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 informing patients this service was available. Multi-lingual staff who might be able to support patients were also available.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

The practice proactively identified patients who were carers. All staff had been trained to be alert to comments and written communications that identified carers. Reception staff we spoke with told us they were able to add

Good

Are services caring?

a carer to the practice carers register and alert the lead member of staff who provided information for carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 444 patients as carers (2% of the practice list).

- A weekly carers clinic was held at the practice which carers could visit without appointment to seek advice and support. However, we noted that administration staff did not have access to any form of carers guide that they could give to carers when they first registered as such.
- 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 responses were below average to questions about their involvement in planning and making decisions about their care and treatment.

- 75% 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 84% and the national average of 86%.
- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 82%; national average - 82%.
- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 91%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 85%; 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice 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 extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments). The advanced nurse practitioners, who were trained to support patients with minor illnesses, worked with reception staff in the morning to take patient calls for advice and appointments. This enabled patients with minor illnesses to receive treatment advice over the phone and for a clinical assessment of the need for an appointment to be made immediately. One of the GPs ran health promotion sessions at a local mosque.
- The facilities and premises were appropriate for the services delivered and had won three design awards when it was first opened.
- The practice made reasonable adjustments when patients found it hard to access services. For example, practice nurses visited patients in their homes to undertake reviews and administer immunisations.
- 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 over 75 years of age 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 nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment, which could be face to face or by telephone, when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours every weekday morning and Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to take their own blood pressure using a machine in the waiting room rather than wait for an appointment with the health care assistants.
- Patients requiring prescriptions were able to have these sent to a pharmacy of their choice which reduced the need for them to attend the practice to collect their prescription and then take it to the pharmacy.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- Patients identified as vulnerable were offered regular health review if appropriate to their situation.
- A drop in carers clinic was available at the practice every week.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Patients diagnosed with a learning disability were visited in their home if they were unable to attend the practice.

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.
- Data showed that the number of patients diagnosed with severe and enduring mental health problems who received a physical health check was higher than average.
- The practice was above the local average for diagnosing dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice had changed their appointment system two weeks prior to inspection. This enabled greater access to face to face GP and nurse appointments without an initial assessment by a clinician as to whether an appointment was required. We reviewed the appointments system and found that release of appointments was phased to facilitate on the day access for urgent concerns, next day appointments, two day in advance appointments and book in advance appointments. The next appointments available for routine booking in advance were available three working days after the inspection.

- 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 had been simplified to make it easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below average when compared to local and national averages. The survey forms had been sent to 222 patients and 112 were returned. This represented less than half a percent of the practice population.

- 57% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 43% of patients who responded said they could get through easily to the practice by phone; CCG average – 70%; national average - 71%.
- 70% 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 average - 86%; national average - 84%.
- 59% of patients who responded said their last appointment was convenient; CCG average - 83%; national average - 81%.
- 45% of patients who responded described their experience of making an appointment as good; CCG average - 75%; national average - 73%.
- 63% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 61%; national average - 60%.

The practice was fully aware of the survey results and had also received feedback from their patient participation group and local Healthwatch which indicated patients found access to the practice difficult. As a consequence the practice introduced a new appointment system on 16 October 2017. The limited feedback from patients who completed CQC comment cards, and those we spoke with, since the introduction of the new system was positive.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available via the reception staff and was displayed in the practice leaflet and on the website. However, there was no information about how to complain displayed on noticeboards or elsewhere in the practice. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had 36 complaints in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- 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, the practice had responded to complaints

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

about difficulty getting through to the practice by phone and obtaining face to face appointments by changing the appointment system and having nurse practitioners assist with telephone assessments in the morning.

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. This was evidenced by the support long term locum GPs received to involve them in clinical development within 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 strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with staff and external partners. For example, staff understood the practice direction in joining a wider partnership of GP practices and were aware of the practice involvement in the local accountable care system.
- 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 providing evidence based medicine. Provision of and strove to deliver 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 clinical needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, when an incident occurred of failure to remove a suture after an operation the practice gave the patient an account of how they would prevent similar incidents in future and a full apology. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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 also evidence of practice nursing staff being given time to engage in quality improvement activity. They had conducted an audit of post minor surgery infection. This identified only one case of infection in a year and the results were shared with the practice team.
- There was a strong emphasis on the safety and well-being of all staff, which was confirmed in our discussions with seven members of the practice team.
- 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 good governance and management. Governance systems did not always ensure provision of compassionate care that involved patients as partners in their care.

- Structures, processes and systems to support governance and management were clearly set out and understood. During the inspection we found that

Are services well-led?

Good

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

governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. Information from patients and other agencies received by CQC prior to inspection indicated that this was not always the case.

- Leaders within the practice were aware of the below average patient feedback arising from the national GP patient survey. The practice had responded by undertaking a significant change in their appointment system moving away from a telephone first system to booking more face to face consultations. This system had been implemented two weeks prior to inspection. The partners had discussed, and recorded their discussion, how access to face to face consultations may influence patients views on the caring nature of the service. Whilst there was evidence of responding to patient feedback it was too early to evaluate whether the practice's response would improve patient opinion of the service they received. Leaders used a recognised management tool to implement change within the practice. This was incorporated within a change management strategy and was understood by staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their 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 a business continuity plan in place and staff knew where to access it. The plan which included how to deal with 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. For example the GP partners were fully involved in the recent change to the appointment system. Practice nursing staff had input to the change in telephone assessment systems which placed them at reception to undertake first stage assessment of need when patients called the practice for an appointment.

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 not always combined with the views of patients provided via the patient participation group (PPG).
- Quality and sustainability were discussed in relevant meetings where all staff had access to relevant information. For example, all staff were aware of the practice rationale for becoming a partner practice in a wider group of GP practices and had been briefed on this.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to improve this further by using a benchmarking tool within the wider group of practices that the practice was part of.
- 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 appropriate arrangements in place that were 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 did not always involve patients, the public and external partners to support high-quality sustainable services.

- The practice met with representatives of local Healthwatch to discuss the information they had gathered on patient opinion of the services. The practice was active in the clinical commissioning group (CCG) accountable care system project.

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- There was an active patient participation group (PPG). However, the PPG told us they had approached the practice to increase their opportunities to meet with leaders within the practice. The five members of the PPG we met with also told us that they found the practice listened to issues they raised but did not always respond to them. For example, the PPG had asked the practice to review the provision of suitable seating for patients who had difficulty getting up from low chairs. They told us they had not received a response.
- The service was transparent 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. Four of the GPs were accredited as trainers. At the time of inspection there were three doctors in their final year of training to become GPs.
- The practice demonstrated a commitment to quality improvement through benchmarking against other practices within the practice group. By undertaking a programme of clinical audit and by partaking in clinical research.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements. For example, there was a three stage process for recording and learning from significant events. The practice undertook a review and learnt from events when they took place. They then reviewed the learning at a significant event review meeting. The review was repeated six months later to ensure the learning was embedded within the practice and that no further similar incidents had occurred in the interim.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.