Little Horton Lane Medical Centre - Mall (also known as Dr KP Mall, Dr IM Raja, Dr A Khokhar)

Quality Report

Little Horton Lane Medical Centre,
392 Little Horton Lane,
Bradford
BD5 0NX
Tel: 01274 721924
Website: www.drmallandpartners.co.uk

Date of inspection visit: 13 December 2017
Date of publication: 08/01/2018

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
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, but is rated as requires improvement for providing caring services.

(The previous inspection was carried out on 4 November 2014 and the practice was rated as Good.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those 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 Little Horton Lane Medical Centre - Mall on 13 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems and protocols to review and manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There was an embedded system in place for actioning and cascading medicine safety alerts.
- The partners in the practice routinely reviewed the effectiveness and appropriateness of the care they provided by a process of peer review and keeping themselves up to date with best practice. This ensured care and treatment was delivered according to evidence- based guidelines.
- We saw that staff treated patients with kindness. However, results from the July 2017 annual national GP patient survey found that patients did not feel they were always treated with compassion, dignity and respect.
- Patient satisfaction with access to appointments was comparable to the local clinical commissioning group (CCG) averages but below national averages. The practice were aware of this and had conducted their own survey between April and July of 2017. We saw that urgent appointments with GPs were available on the day of inspection.
- The practice had identified that some pregnant women were not referring themselves as expected to

Summary of findings

midwifery services following their initial confirmation of pregnancy. Therefore, all pregnant women were proactively referred directly to midwifery services by the clinicians at the practice.

- The practice had commenced a review of the immunisation status of the staff team; in line with the guidance 'Immunisation against infectious disease' ('The Green Book' updated 2014.) However, this had not been fully completed on the day of inspection.
- The practice had approached a local branch of a national children's charity and from January 2018 had firm plans in place to begin working with them. The practice planned to hold workshops and talks and hoped to engage young people with the practice and in the patient participation group (PPG).
- We saw that the practice struggled to maintain a functioning Patient Participation Group (PPG) but were taking all necessary steps to support this.
- The practice were keen to engage with the wider community. They held charity events and regularly collected food items for local food banks.

We saw one area of outstanding practice:

- The practice offered language classes to newly registered eastern European patients. During new patient health checks for this population, additional time was also allocated to enable the clinician to explain the NHS health care system and manage patient expectations.

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

- Continue to review and act upon the results of patient satisfaction surveys in order to meet the needs of their patient population in the future.
- Continue to review access to the service and assure themselves that they are able to provide an appropriate number of appointments to meet patients' needs.
- Continue to improve the identification of carers to enable this group of patients to access the care and support they require.
- The provider should continue to review and document the immunisation status of the staff team.

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

Little Horton Lane Medical Centre - Mall (also known as Dr KP Mall, Dr IM Raja, Dr A Khokhar)

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 second CQC inspector and a GP specialist advisor.

Background to Little Horton Lane Medical Centre - Mall (also known as Dr KP Mall, Dr IM Raja, Dr A Khokhar)

Little Horton Lane Medical Centre – Mall (also known as Dr KP Mall, Dr IM Raja, Dr A Khokhar) is situated within Little Horton Lane Medical Centre, 392 Little Horton Lane,Bradford,BD5 0NX. The surgery has good transport links and there is a pharmacy located within the health centre. The practice provides fully accessible facilities for all patients and ample car parking including parking reserved for patients with a disability.

Little Horton Lane Medical Centre – Mall is situated within the Bradford City Clinical Commissioning Group (CCG) and provides services to 4,281 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are three male GP partners at the practice, a part time practice nurse and a healthcare assistant (HCA) both of whom are female. The practice also has a part time pharmacist who works one day per week. The clinical team is supported by a practice manager and a team of administrative staff. Patients at the practice do not have access to a female GP.

There is a higher than the national average number of patients under the age of 39, which is in common with the characteristics of the Bradford City area, and fewer patients aged over 45 than the national average. The National General Practice Profile states that 50% of the practice population is from a south Asian background with a further 13% of the population originating from black, mixed or other non-white ethnic groups.

Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than

Detailed findings

people in the most deprived areas. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Little Horton Lane Medical Centre – Mall is open between 8am and 6pm Tuesday to Friday with GP appointments available throughout the day between 9am and 5.30pm. The practice offers appointments from 8.30am on a Monday and extended hours access until 7.45pm. Between 6pm and 6.30pm, Tuesday to Friday the practice has arrangements with a deputising doctor's service. After this time out of hours care is accessed by calling the NHS 111service.

During our inspection we saw that the provider was displaying the previously awarded Care Quality Commission inspection ratings.

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. There was a comprehensive range of safety policies which were regularly reviewed, communicated to staff at meetings and were also available on the practice computer system. Issues in relation to health and safety were also discussed at team meetings. All staff received training and support relating to safety and risk management as part of their induction.
- There were systems in place to safeguard children and vulnerable adults from abuse; which reflected relevant legislation and guidance. Policies outlined the process to follow and who to go to for further guidance should a safeguarding concern arise. One of the GPs was the safeguarding lead for the practice and had received training appropriate for this role. All other staff were trained to the appropriate level. We saw that safeguarding alerts were added to the records of patients who were deemed to be at risk. Staff we spoke with on the day of inspection were able to demonstrate a good understanding of safeguarding.
- The practice worked with other agencies to support patients and protect them from neglect, discrimination and abuse.
- The practice carried out staff checks, including checks of professional registration where relevant. 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). Staff who acted as chaperones were trained for the role and had received an appropriate DBS check (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure).
- There was an effective system to manage infection prevention and control. An annual audit was undertaken and we saw that monthly audits were also completed and action taken as a result of these.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We were told that faulty equipment was promptly repaired or replaced. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff specifically tailored to their role. Records of induction programmes were kept within staff personnel files.
- 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, such as 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. GPs within the practice would often ask each other for a second opinion regarding a patient's condition. We saw evidence that where this practice occurred, additional notes were made to support the outcome.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice could share information regarding patients via their computer system and through both formal and informal meetings.
- Referral letters included all of the necessary information. The practice ensured that referrals, letters, results and the summarising of care records was completed proactively and within short timescales.

Good

Are services safe?

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, oxygen, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines which were supported by the practice pharmacist.
- There was an embedded system in place for receiving, cascading and acting upon medicine safety alerts. We saw that any patients which may have been affected by those alerts had been identified and reviewed accordingly.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We saw that health and safety was a priority during the induction of new staff.
- Environmental safety and known risks were regularly reviewed and activity analysed to look for any emerging trends. This helped the practice to understand areas of risk and improve safety.
- Staff were encouraged to raise any areas of concern relating to safety and monthly checks were undertaken by a dedicated lead member of staff.

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 during daily discussions and at regular practice meetings. They identified themes and took action to improve safety in the practice.
- Staff told us there was a 'no blame' culture in the practice and they saw learning from incidents as an opportunity to improve systems and prevent recurrence.
- 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. All patient safety alerts were discussed at practice meetings.

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 was comparable to other practices in the Clinical Commissioning Group (CCG) and nationally for the prescribing of medications such as Hypnotics (drugs whose primary function is to induce sleep), antibacterial prescription items (drugs used to kill bacteria) and antibiotic items prescribed that were Cephalosporins or Quinolones. These antibiotics should only be used in specific circumstances or when other antibiotics have failed to prove effective in treating an infection.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinical templates were used where appropriate to support decision making and ensure best practice guidance was followed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Only 3% of the practice population was aged over 75. These patients were offered rapid access appointments, longer appointments and home visits when required.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Information relating to vulnerable patients in this age group was shared regularly between teams at monthly meetings.
- Those identified as being frail had a clinical review including a review of medication and that this was regularly reviewed.
- 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. Home visits were conducted following discharge if necessary.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice participated in the Diabetes 9 care processes (a series of annual checks to monitor and improve the health of people with diabetes) and was within the top five achievers for completion of the assessments within the CCG.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given in 2015/2016 were in line with National standards at 90% or above. Unverified data for 2016/ 2017 showed that 98% of children had been given their vaccinations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. We saw that the practice had responded appropriately to a recent update alert regarding women of child bearing age and a specific medication.
- The practice had identified that some pregnant women were not referring themselves to midwifery services following their initial confirmation of pregnancy. As a result of this, all pregnant women were proactively referred directly to midwifery services by the clinicians at the practice.
- The practice had approached a local branch of a national children's charity and from January 2018 would begin working with them. The practice planned to hold workshops and talks and hoped to engage young people with the practice and in the patient participation group.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme. Lead roles were allocated to staff to ensure that uptake of the screening

Good

Are services effective?

(for example, treatment is effective)

programme was consistently reviewed and patients proactively contacted. The practice would also opportunistically offer patients screening when they attended appointments for other issues.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Travel vaccinations were also offered.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. For vulnerable patients, if applicable, reviews were offered towards the end of clinics which reduced the need to wait in a busy reception area.
- Annual health checks were undertaken for people with learning disabilities.

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is lower than the national average of 84% and the CCG average of 88%.
- 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 CCG average of 93% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was above average at 96% compared to the CCG average of 87% and the national average of 80%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 98% which was comparable to the CCG average of 97% and the national average 95%.

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. These included the regular discussions and reviews of significant events, actively looking to identify patients with dementia and the review of antibacterial prescribing.

The most recent published Quality Outcome Framework (QOF) results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 5% which is lower than the CCG average of 9% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The practice used information about care and treatment to make improvements. For example, a recent review of best practice guidance in relation to cancer screening led to an 11% increase in referrals being made.
- The practice was involved in quality improvement activity. The practice had actively sought to improve their prevalence of dementia identification by opportunistic screening using a recognised assessment tool and by reviewing hospital letters. We also saw evidence of a single cycle audit relating to patients with migraine. It demonstrated the review of patients was ongoing and ensured that the correct medications were being offered.
- Where appropriate, clinicians took part in local and national improvement initiatives such as the local initiative to identify and review frail patients and the Diabetes 9 care processes.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff told us they were actively encouraged to develop their skills and were given opportunities to develop.
- The practice allocated clinical staff regular administration time to enable them to complete additional tasks, audits or catch up on their paperwork.
- All the GPs at the practice were male. We were told that generally this was not an issue for patients. However, they would routinely take a female clinician on any home visits to female patients to act as a chaperone. The practice told us they would reflect on this.
- 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 induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services. We saw that referrals and discharges were managed in an efficient and timely manner. 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 personal needs and circumstances of different patients, including those who may be vulnerable.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice hosted a number of additional clinics to support patients which included access to an alcohol advisor, a benefits advisor, a counsellor and an in-house diabetic dietician. The practice had hosted an open day where these clinicians and other organisations could provide patients with further signposting information and support.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. Information and support for these issues could be sought from the nursing team.

Consent to care and treatment

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

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

Requires improvement

Are services caring?

Our findings

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

Kindness, respect and compassion

We saw that 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.
- A room with good facilities was available for mothers wishing to breast feed.

- 10 of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with seven patients during the inspection and staff were described as professional and caring.
- The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. Overall results from 20 responses in October and November 2017 showed that 61% of patients would be likely or extremely likely to recommend the surgery to their friends and family.
- The practice had conducted their own patient survey between April and July 2017 and found that from 23 patients that had responded, 22 said they would be likely or extremely likely to recommend the practice.
- The practice were keen to engage with the wider community. They held charity events and regularly collected food items for local food banks. We reviewed letters of thanks for the work that was undertaken.

Results from the July 2017 annual national GP patient survey found that patients did not feel they were always treated with compassion, dignity and respect. Data showed that 383 surveys were sent out and 108 were returned. This was a completion rate of 28% and represented about 3% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 73% of patients who responded said the GP gave them enough time; CCG average 78%; national average 86%.
- 86% of patients who responded said they had confidence and trust in the last GP they saw; CCG average 94%; national average 95%.
- 73% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average 75%; national average 86%.
- 78% of patients who responded said the nurse was good at listening to them; CCG average 85%; national average 91%.
- 81% of patients who responded said the nurse gave them enough time; CCG average 84%; national average 92%.
- 90% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average 95%; national average 97%.
- 78% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average 83%; national average 91%.
- 67% of patients who responded said they found the receptionists at the practice helpful; CCG average 77%; national average 87%.

The practice had carried out a patient survey between April and July 2017. Information from the survey showed that information and helpfulness of the staff team was rated as 'good' overall.

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. One patient we spoke with told us they were not aware of this service. We were also told that family members

would interpret for patients during consultations. We asked the practice to reflect on this as vulnerable patients may be at risk of not receiving the correct information.
- The practice employed a diverse staff team who were able to speak a number of south Asian and eastern European languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services and referrals were made as necessary. They helped them ask questions about their care and treatment.

The practice had identified 1% of their patients as carers. The practice's computer system alerted GPs if a patient was also a carer. The practice was seeking to build on this figure.

- We saw that information for carers was visible in the waiting area and that leaflets were also available.
- The practice had links to a local support organisation that regularly updated the carers' board in the reception area and had previously held an information giving session in the practice.
- Staff told us that if families had experienced bereavement, their usual GP contacted them and if appropriate visited the family. We were told of examples of where GPs would conduct additional visits when the death was expected to ease the issuing of the death certificate when the person passed away and of occasions where staff had attended funeral services.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, although results were below both local and national averages:

- 74% 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 79% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average 75%; national average 82%.
- 78% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average 84%; national average 90%.
- 71% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average 79%; national average 85%.

The practice was aware of the data and planned to carry out a new patient survey in January 2018.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments up to four weeks in advance and advice services for common ailments. We saw that 30% of patients were signed up to use on line services.
- Where home visits were conducted for female patients, we were told an additional female member of clinical staff would routinely attend to chaperone if necessary.
- The practice improved services where possible in response to unmet needs. For example, the practice had identified that some pregnant women were not referring themselves as expected to midwifery services following their initial confirmation of pregnancy. As a result, all pregnant women were proactively referred directly to midwifery services by the clinicians at the practice.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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, longer appointments and rapid access for those with enhanced needs.
- We were told that during monthly meetings information relating to older patients was shared to ensure good continuity of care.
- A number of older patients had been identified as suitable to order their medication repeats over the telephone.

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. The practice booked long-term conditions reviews using a template which allowed staff to accurately predict the required length of the appointment.
- Patients with diabetes who were newly diagnosed or had poor diabetic control were offered support from an in-house diabetic dietician.
- 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. At risk children were discussed with the health visitors.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment or triage appointment as 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 were available on a Monday evening.
- Telephone consultations and triage appointments were available which supported patients who were unable to attend the practice during normal working hours.
- Newly registered patients at the practice were actively encouraged to sign up for on line services.

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 hosted a number of additional clinics to support patients which included access to an alcohol advisor, a counsellor and an in house diabetic dietician.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- A benefits advisor attended the practice one afternoon per week to offer help with housing and financial problems.
- Vulnerable patients including those with learning disabilities were invited to attend reviews at the end of clinics. This enabled appointments to run over if necessary and the practice had identified that the waiting area was calmer and less crowded which reduced stress for some patients. The practice worked effectively with the local learning disability team.
- The practice offered language classes to newly registered eastern European patients. During new patient health checks for this population, additional time was also allocated to enable the clinician to explain the NHS health care system and manage patient expectations.

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. We were told that patients with urgent mental health needs were triaged as a priority by the duty doctor.
- The practice offered annual physical health checks and were aware of the local mental health teams.

Timely access to the service

On the day of inspection, we reviewed the number of clinical appointments available to patients and saw that patients had access to a same day appointment. Appointments were also available to see the practice nurse and the health care assistant the day after the inspection.

Patients with the most urgent needs had their care and treatment prioritised. They had timely access to initial assessment, test results, diagnosis and treatment. Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally lower than local and national averages. Data showed that 383 surveys were sent out and 108 were returned. This was a completion rate of 28% and represented about 3% of the practice population.

- 56% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 43% of patients who responded said they could get through easily to the practice by phone; CCG average 55%; national average 71%.
- 69% of patients who responded said that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment; CCG average 72%; national average 84%.
- 63% of patients who responded said their last appointment was convenient; CCG average 70%; national average 81%.
- 47% of patients who responded described their experience of making an appointment as good; CCG average 60%; national average 73%.
- However, 61% of patients who responded said they don't normally have to wait too long to be seen; CCG average 44%; national average 58%.

The practice had conducted their own patient survey between April and July 2017 and discussed with us that they were aware that patients felt that access was an issue. The practice told us they were continually reviewing access to appointments and trying to meet patient needs. We saw evidence of access and demand plans which had been submitted to the CCG.

The practice survey showed that:

- Of 39 responses; 87% of patients said that appointment convenience was good/ very good or excellent.
- Of 46 responses; 70% of patients said that their appointment wait time was good/ very good or excellent.
- Of 38 responses; 84% of patients said the availability of a doctor of their choice was good/ very good or excellent.
- Of 43 responses; 65% of patients said the speed with which the practice telephone was answered was good/ very good or excellent.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 and would assist people to complain where necessary. For example, those patients for whom English was a second language.
- The complaint policy and procedures were in line with recognised guidance. We reviewed three complaints received in the last year. We found they were satisfactorily handled in a timely way and replies and apologies were meaningful.
- 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.
- The practice's patient participation group raised concerns regarding the telephones not being answered in a timely manner with the practice. In response to this, the practice installed a new line and ensured that two staff were available at peak times to answer the telephone.

Are services well-led?

Good

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

Our findings

We rated the practice, and all of the population groups, as good for providing a well-led service.

Leadership capacity and capability

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

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

Vision and strategy

The practice had an up to date Statement of Purpose which included a clear vision to provide high quality accessible care for patients; 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 committed to the vision, values and strategy and understood 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.

- We were consistently told that the partners and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice and said they were able to raise concerns with senior staff and were encouraged to do so. Staff had confidence that these would be addressed.
- The practice focused on the needs of patients and tailored services to meet individual needs.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated throughout the practice and when responding to incidents and complaints. For example, when a home visit was delayed the practice apologised to the patient and staff were reminded of the correct procedure. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were supportive processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary and were actively encouraged to attend training courses that would impact positively on patient care.
- Clinical staff, including the practice nurse and health care assistant, were considered valued members of the practice team. They were given protected time to attend meetings, for professional development and the evaluation of their clinical work.
- There was a strong emphasis on the safety, welfare and well-being of all staff. We saw that confidential support and counselling was available to the staff team and social evenings were held during the year.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- We observed very positive relationships between the staff, members of the multi-disciplinary team (MDT) and staff members from an adjoining practice.
- Clinicians in the practice attended regular CCG update and training meetings.

Governance arrangements

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

Are services well-led?

Good

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established and embedded policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, peer review, prescribing and referral decisions.
- There was a managerial and clinical oversight of patient safety alerts, incidents, complaints and all aspects of the management of the practice.
- Quality improvement activities, including clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice and improve quality.
- The practice had plans in place and had trained staff for major incidents. We saw the business continuity plan was effective and contained relevant contact numbers.
- 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. Staff were allocated lead areas to review and action which had led to an increase in patients attending for appointments such as cervical screening and childhood immunisations.
- 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. For example the CCG.
- 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. When the attendance of midwifes and health visitors at clinical meetings reduced; the practice raised this as a concern with senior managers of those teams.
- There was a patient participation group (PPG) which members of the staff team attended. As attendance at the meetings was often poor, the practice had approached a national charity operating within the area and had firm plans to speak to their client group to discuss the PPG and facilitate and encourage attendance at the meetings from young people.
- The practice responded to the GP patient survey by conducting their own survey between April and July of 2017 with more positive responses noted. The practice were planning some further surveys in January 2018.
- In response to patient feedback, the practice had developed a "you said, we did" board, which was

Are services well-led?

Good

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

displayed in the patient waiting area. This demonstrated how the practice had listened to patients and the actions they had taken in response. For example, new seating had been purchased for the waiting area.

- The service was transparent, collaborative and open with stakeholders about performance.
- Staff welfare was a priority for the practice. Confidential counselling and support was available through an outside agency and we were told of examples where staff were given leave at short notice to attend family events.

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 partners at the practice regularly requested a second opinion from each other to benefit patient care and held informal daily meetings to ensure that patient needs were being met.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff were supported to pursue individual areas of expertise or interest that would benefit the patient group.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.