Andaman Surgery

Quality Report

303 Long Road
Lowestoft
Suffolk
NR33 9DF
Tel: 01502 517346
Website: http://www.andamansurgery.nhs.uk/welcome,41931.htm

Date of inspection visit: 15 November 2017
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection report published 7 January 2016 - Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Andaman Surgery on 15 November 2017 as part of our regulatory functions.

At this inspection we found:

- The practice had good systems to manage risk so that safety incidents were less likely to happen. When they 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. The clinical team met regularly to keep updated, share learning and review patients. Support and monitoring was in place for the nursing staff, although the monitoring of the work undertaken by the nurse practitioner was primarily informal.
- The practice engaged with the Clinical Commissioning Group and worked with a group of local practices to improve the service for patients.
- Staff involved and treated people with compassion, kindness, dignity and respect. All staff had received equality and diversity and dementia awareness training.
- Patients found the appointment system easy to use and reported that they were able to access care at the right time. Patient feedback on access to appointments was positive, this was supported by a review of the appointment system and data from the latest national GP Patient Survey.

Summary of findings

- Information on the complaints process was available for patients at the practice and on the practice's website. There was an effective process for responding to, investigating and learning from complaints. Responses to patients were timely, however they did not all detail information about the Parliamentary and Health Service Ombudsman.
- Staff told us they were happy to work at the practice, received training for their role and were encouraged to raise concerns and share their views.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice was a training practice for qualified doctors training to become GPs.

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

- Review the work undertaken by the nurse practitioner to obtain assurance of the quality of their work.
- Continue to engage with the local Clinical Commissioning Group in relation to improving performance on antibiotic prescribing and radiology referral rates.
- Information about the Parliamentary and Health Service Ombudsman should be included in all complaint response letters.

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

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Review the work undertaken by the nurse practitioner to obtain assurance of the quality of their work.
- Continue to engage with the local Clinical Commissioning Group in relation to improving performance on antibiotic prescribing and radiology referral rates.
- Information about the Parliamentary and Health Service Ombudsman should be included in all complaint response letters.

Andaman Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Andaman Surgery

- The name of the registered provider is Andaman Surgery. The practice address is 303 Long Road, Lowestoft, Suffolk, NR33 9DF.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice has a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice has two GP partners, (one male and one female) and two salaried GPs (one male and one female). The practice is a training practice and has one GP registrar. (A GP Registrar is a qualified doctor who is training to become a GP). The nursing team includes one nurse practitioner, two practice nurses, a healthcare assistant and an apprentice healthcare assistant. The practice manager and assistant practice manager led a team of administration and reception staff, a prescription clerk and a cleaner.
- There are approximately 6700 patients registered at the practice.
- The practice website is http://www.andamansurgery.nhs.uk
- The practice has a below average number of patients between the ages of 15 to 45 and an above average number of patients over the age of 65 than the national average. Male and female life expectancy in this area is in line with the England average at 79 years for men and 83 years for women. Income deprivation affecting children is 20%, which is comparable to the England average and below the CCG average of 25%.

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 people safe and safeguarded from abuse.

- The practice conducted safety risk assessments. Safety policies were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. Safeguarding information displayed within the practice outlined clearly who to go to for further guidance. Staff were trained in safeguarding to a level appropriate to their role.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Children at risk were identified and discussed on a weekly basis. 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, at 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. Actions had been taken following a recent audit. For example, clinical waste bins were provided in the baby changing room.
- 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. GPs covered planned and unplanned absences of colleagues where possible in order to maintain continuity for patients.
- There was an effective induction system for permanent and 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. Guidelines were available for staff. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, changes were made to trial a telephone triage system; however this had not led to the expected improvements so this system was stopped.

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 made 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 and a system was in place to track that referrals had been received.

Appropriate and safe use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment minimised risks. Records were kept of checks on refrigerator temperatures and emergency equipment and medicines. The practice kept prescription stationery securely and monitored its use.

Good

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The CCG had identified antibiotic prescribing as an area of concern, and the practice had engaged with the CCG to work on this area.
- 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.
- Patients from three care homes were registered with the practice. Patients' medicines in one of the care homes had been reviewed by the GP or nurse practitioner as appropriate. A pharmacist from the CCG, worked with the practice to review patients' medicines for those who lived in the other two care homes.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues, for example health and safety, fire and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. 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, written guidelines had been developed for insertion of a contraceptive device.
- There was a system for recording and acting on safety alerts. The practice learned from external safety events and patient safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence based practice. We saw evidence 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 received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Older people:

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were in line with the local and national averages.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. This included a review of medication.
- The practice followed up on older patients discharged from hospital and ensured that any actions and follow up identified was completed

People with long-term conditions:

- Nationally reported data showed that outcomes for patients with long term conditions, including diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD), hypertension and atrial fibrillation were in line with the local and national averages.
- 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.
- Patients with complex diabetes were referred to the specialist diabetes service, which held a clinic at the practice once every two weeks.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 97% of patients with long term conditions who were recorded as current smokers, had a record of an offer of support and treatment. This was comparable to the CCG average of 96% and the national average of 97%.
- The practice had two 24 hour blood pressure monitors which it loaned to patients with hypertension to help investigate and manage their condition.

Families, children and young people:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- We saw positive examples of joint working with midwives and health visitors. A midwife held a weekly clinic at the practice. Postnatal checks were completed for new mothers and babies.
- 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. For example, rates for the vaccines given to two year olds ranged from 95% to 97% and for five year olds from 93% to 94%. Appropriate follow up of children who did not attend for their immunisations were in place.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 82%, 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 which included NHS checks for patients aged 40-74 and new patient checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Good

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

- Annual health assessments for people with a learning disability were undertaken by the practice nurse and GP, in line with recommended guidance. From April 2016 to March 2017, the practice had 30 patients eligible for a healthcheck, of which 20 patients had received one. The practice have undertaken further work in this area to ensure all those eligible are invited. On the day of the inspection, the practice had 34 patients on the learning disabilities register, of whom 32 were eligible for a health review. Since April 2017, 13 of these patients had received a health review and 3 had been invited and declined. Appointments were scheduled up to March 2018 for the remaining patients. Patients who did not attend were followed up by letter or telephone. The practice manager had oversight of this process.
- Easy read and simple text leaflets were available to support decision making.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those experiencing domestic abuse and those with a learning disability or mental health needs.

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the CCG average of 80% and the national average of 84%. The exception reporting was 4%, which was below the CCG average of 9% and the national average of 7%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 89% and the national average of 91%. The exception reporting was 5%, which was below the CCG average of 20% and the national average of 13%.
- 64% of patients who experienced poor mental health had received discussion and advice about alcohol consumption. This was below the CCG average of 88% and the national average of 91%. The exception reporting was 2%, which was below the CCG average of 18% and the national average of 10%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. A Psychiatrist and a GP with a special interest in mental health were available during lunchtime, on specific weekdays for GPs to discuss patients who had been seen by the mental health team.

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.
- We reviewed a two cycle clinical audit for the monitoring of patients prescribed a Novel anti coagulant (NOAC). (A medicine to prevent blood clots forming.) Identified action for improvement had been implemented. The second audit found that the total number of patients prescribed these medicines had increased from 32 to 61. The percentage of blood tests being overdue had reduced from 22% to 14% and the percentage of blood tests being done regularly had increased from 78% to 86%. Further improvements had been identified to ensure patients who started on these medicines by the hospital are highlighted, so they are added to the recall system. Where appropriate, clinicians took part in local and national improvement initiatives. The practice re-established being a research active practice in 2017. They were currently participating in two research studies. One study related to the receipt of encouraging text messages during smoking cessation The other related to proactively managing the risk of emergency admission to patients with asthma. The outcomes for these studies were not yet known.

The most recent published Quality Outcome Framework (QOF) results (2016 to 2017) were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 81% and the national average of 96%. The overall exception reporting rate was 9%, compared with the local CCG average of 13% 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.)

- Performance for diabetes related indicators was 85%, which was 7% above the local average and 7% below

Good

Are services effective?

(for example, treatment is effective)

the national average. Exception reporting for diabetes in all but one of the related indicators was below the local and national averages. However, 94% of patients newly diagnosed with diabetes, had a record of being referred to a structured education programme. The exception reporting was 45%, which was 10% above the CCG average and 20% above the national average. The practice advised a significant number of patients declined the offer to be referred and they were unable to code this, so this was included in their exception reporting figures.

- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 100%, which was 20% above the CCG and 4% above the national average. Exception reporting in all the related indicators was in line with the local and national averages.
- The practice performance for indicators relating to mental health was 79%; this was 3% above the CCG average and 15% below the national average. The exception reporting for these indicators was in line with and below the CCG and national average except for one indicator, which was due to the low number of patients.
- 100% of patients with asthma aged between 14 and 20 years had a record of smoking status in the preceding 12 months. This was above the CCG and national average of 88%. The exception reporting was 0%, which was below the CCG average of 10% and the national average of 3%.
- 100% of patients aged between 50 and 75 were receiving appropriate treatment for osteoporosis. This was above the CCG average of 89% and the national average of 86%. The exception reporting was 0% which was below the CCG average of 12% and the national average of 13%).
- 43% of patients aged 75 and over were receiving appropriate treatment for osteoporosis. This was below the CCG average of 81% and the national average of 71%. The exception reporting was 15% which was comparable to the CCG average of 14% and national average of 19%). The practice explained that this achievement was due to the lower numbers of patients with osteoporosis in this age range.

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 their needs. Staff were encouraged and given opportunities to develop. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. The practice was supporting an apprentice health care assistant, who was completing a recognised programme of training. The practice reviewed the competence of staff employed in advanced roles, including non-medical prescribing. Support and monitoring was in place for the nursing staff, although the monitoring of the work undertaken by the nurse practitioner was primarily informal.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice offered a smoking cessation service to patients. The practice offered a room to other organisations to support patients to receive intervention at an accessible location.
- 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 and keep antibiotics working campaigns.
- 77% of females between the ages of 50 and 70 had been screened for breast cancer in the preceding 36 months. This was in line with the CCG average of 72% and the national average of 73%.
- 61% of patients had been screened for bowel cancer in the preceding 30 months. This was in line with the CCG average of 60% and the national average of 58%.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff 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.

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, and social 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. There was no notice available to advise patients that this could be requested.
- 16 of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. All of the five patients we spoke with gave positive feedback in this area.
- We received mixed feedback from representatives from the three care homes where patients were registered at the practice in relation to ensuring privacy was maintained and patients being treated with kindness and respect. One representative had raised concern, which was being dealt with by the practice.
- The most recently published NHS Friends and Family Test (FFT) data from July 2017, showed from the five responses received, 100% of patients would recommend the practice. (The FFT was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed).

Results from the July 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 220 surveys were sent out and 119 were returned. This was a 44% response rate and represented approximately 2% of the patient population. Results were in line and above local and national averages:

- 96% 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%.
- 95% of patients who responded said the GP gave them enough time compared with the CCG average of 88% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 86%.
- 95% of patients who responded said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 96% of patients who responded said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they sa compared with the CCG average of 96% and the national average of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who do not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Good

Are services caring?

The practice proactively identified patients who were carers, through asking this on the new patient registration form, having information on a carer's notice board in the waiting room and by inviting patients who were carers to register as carers with the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 135 patients as carers (approximately 2% of the practice list).

- Staff told us that they would consider the needs of carers when booking appointments for patients who were or had carers. One patient told us that an appointment had been brought forward so that the carer was able to support.
- Patients coded as carers were reviewed to check they had received or been offered an influenza vaccination, up to date chronic disease review or general health check, as appropriate.
- Staff told us that if families had experienced bereavement, the practice sent a bereavement card to the family to offer their condolences and an appointment at the practice. We saw evidence of this. All patient deaths were reviewed by a GP and discussed at a clinical meeting.

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

- 90% 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 89% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 improved services in response to those needs. For example, patients had access to online services such as booking appointments and repeat prescription requests.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when people found it hard to access services. For example patients with visual impairment had an alert added to enable staff to offer additional support and assistance which included the clinician supporting the patient from the waiting room.
- 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 these patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to the practice.
- A GP or nurse practitioner undertook a weekly visit to three care homes where patients were registered at the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible and consultation times were flexible to meet each patient's specific needs. Blood tests were not always undertaken in advance, which resulted in test results not always being available for review at the scheduled appointment. The practice was aware of this and had planned to improve this in order that results would be available in a timely way.
- Reviews were undertaken during a weekly visit by a GP or nurse practitioner for those patients who lived in care homes. Patients with diabetes who had more complex needs were referred to the specialist diabetes service, which held fortnightly clinics at the practice.
- Patients with long term conditions were able to obtain urgent appointment the same day.
- The practice liaised with the local district nursing team and community matron 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 did not attend for immunisations. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. For example influenza clinics were held with school run times in mind.
- The practice hosted a charity service once a week, which offered counselling for young people who had experienced sexual abuse. This was available for patients registered at the practice and for patients registered at other practices.

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

- The needs of these patients 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, practice staff explained that they were able to see patients before or after scheduled appointment times, if deemed necessary. Patients confirmed this took place.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those experiencing domestic abuse and those with a learning disability or mental health needs.
- The practice offered longer appointments for patients with a learning disability. The practice informed vulnerable patients about how to access support groups and voluntary organisations.

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

- Staff had a good understanding of how to support patients with mental health needs and had received dementia awareness training.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.

Timely access to the service

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

- Patients generally had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. Patients were able to book appointments in person, by telephone or on line.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or above the local and national averages. 220 surveys were sent out and 119 were returned. This was a 44% response rate and represented approximately 2% of the patient population. The five patients we spoke with, and all apart from one of the completed comment cards, (which mentioned access to care and treatment), and observations on the day of inspection were positive in relation to satisfaction levels in relation to accessing care and treatment. Representatives from care homes were satisfied with how they could access care and treatment for registered patients.

- 90% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 80% of patients who responded said they could get through easily to the practice by phone; CCG - 77% and the national average of 71%.
- 97% 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 - 88%; national average - 84%.
- 97% of patients who responded said their last appointment was convenient; CCG - 84%; national average - 81%.
- 77% of patients who responded described their experience of making an appointment as good; CCG - 75%; national average - 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen; CCG - 60%; national average - 64%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately. It improved the quality of care in response to complaints and concerns.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 18 complaints were received from April 2016 to March 2017. We reviewed four complaints which had been received since March 2017 and found that they were satisfactorily handled in a timely way. However, information about the Parliamentary and Health Service Ombudsman was not included in all complaint response letters.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted on the results to improve the quality of care. For

Good

Are services responsive to people's needs?

(for example, to feedback?)

example, a reminder was emailed to all reception staff to ensure they were aware of the age range of children who could be booked for an influenza vaccination at the practice.

Are services well-led?

Good

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

Our findings

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. It had a business plan which identified strategic objectives.
- The practice had recently reviewed its vision, values and strategy, based on the existing work.
- 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.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud and happy to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw examples of non-clinical audits which had been introduced to ensure that safe and effective care was being provided and that improvements identified were acted upon.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example one complaint was raised and dealt with as a significant event, the learning and outcomes of which were shared with the patient. 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. For example one nurse was currently being supported to complete an advanced practice nurse course. All staff had had an appraisal in the last year, with the exception of one member of staff whose appraisal had been rescheduled for December. Staff were supported to meet the requirements of professional revalidation where necessary.
- All clinical staff were considered valued members of the practice team. They were given protected time for professional development, undertaking lead roles and evaluation of their clinical work.
- There was a strong emphasis on the safety, well-being and work life balance of all staff. We heard examples of how staff had been supported through difficult personal circumstances.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships and joint working arrangements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities, which included staff in lead roles. Staff we spoke with were aware of those with lead roles.

Are services well-led?

Good

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks, which included risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through reviews, which included peer review of their prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare Products Regulatory Agency (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 resolve concerns and improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had increased the number of appointments which could be booked online, which included seasonal influenza appointments, following feedback from the patient participation group.
- There was an active patient reference group, with two way engagement with the practice. For example, following a suggestion, the notice boards at the practice had been reviewed so that information displayed was clearer for patients to access. This also included information about walking groups and a poster which had been designed by a patient reference group member.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. One GP had a special interest in dermatology and GPs referred patients to this GP for specialist advice in this area.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews. Learning was shared and used to make improvements. For example the practice was part of a local commissioning group who were finalising arrangements to employ and share an advanced nurse practitioner.
- Leaders and managers encouraged staff to take time out to review individual objectives, processes and performance. For example, nurses had administration time built into their working day, which included time to undertake professional development.

Are services well-led?

Good

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

- The practice took part in NHS supported research studies and they trained doctors who were training to become GPs.