

Dr Oliver, Ferguson & Gozzelino

Quality Report

Strand Medical Centre
272, Marsh Lane
Bootle
L20 5BW

Tel: 0151 922 1600

Website: www.strandmedicalcentre.nhs.uk

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection November 2014 – 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

Summary of findings

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 Dr Oliver, Ferguson & Gozzelino known as Strand Medical Centre on 5 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice in providing responsive services for people with protected characteristics under the Equality Act, and people who were in vulnerable circumstances or who had complex needs. For example:

- The practice with the support of the clinical commissioning group (CCG) had set up a transgender clinic to support this group of patients to access appropriate and supportive healthcare locally. This specialist clinic had been set up to support both the practice's transgender patients as well as those patients who were registered with other practices from theirs and the neighbouring CCG.
- The practice offered all patients HIV testing to support early diagnosis and timely treatment and intervention. As part of this work the practice also offered training and learning sessions to GPs to enable them to normalise discussions around HIV testing.
- The practice staff spoke five different languages (Italian, Spanish, Portuguese Hindi and Urdu) to support patients where English was not their first language.
- The practice supported refugee families who had moved to the local area.

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

- A copy of the electrical wiring safety certificate should be supplied to CQC.
- The practice should continue to monitor the effectiveness of the changes made to the systems supporting infection control and prevention.

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

Dr Oliver, Ferguson & Gozzelino

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Oliver, Ferguson & Gozzelino

Dr Oliver, Ferguson & Gozzelino known as Strand Medical Centre is operated by the partnership of Dr Oliver, Ferguson & Gozzelino. The practice was registered with CQC in April 2013. The practice is situated at Strand Medical Centre, 272, Marsh Lane, Bootle L20 5BW. The web address is www.strandmedicalcentre.nhs.uk

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as diabetes, asthma and hypertension.

The practice is responsible for providing primary care services to approximately 7515 patients. The practice is based in an area with high levels of economic deprivation when compared to other practices nationally.

The staff team includes three GP partners (two female, one male), a male salaried GP, a nurse practitioner, two practice nurses, two healthcare assistants, practice manager, deputy practice manager and administration and reception staff.

Strand Medical Centre is open from 8am to 6.30pm Monday to Friday. Patients requiring a GP outside of these hours are advised to contact the GP out of hours service, by calling 111.

The practice has a Personal Medical Service (PMS) contract. The practice offers enhanced services including, learning disability health checks, ambulatory blood pressure monitoring and seasonal influenza and pneumococcal vaccinations.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a number of safety policies which 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. They clearly outlined who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We discussed with the practice the need to review how information about children who did not attend secondary care appointments were reviewed and actioned. Following the inspection the practice confirmed a system had been put in place to ensure appropriate action was taken.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Clinical staff acted as chaperones and the practice manager had received appropriate training to carry out this role if needed.
- The practice had passed external infection control audits carried out by the local infection prevention and control team and had utilised these audits to formulate action plans for improvements. However, some of the systems in place to manage infection prevention and

control needed improving. We discussed with the practice the need to review how they assure themselves that the practice equipment and facilities were cleaned to an appropriate standard and that staff had the necessary training to support them in their role. Following the inspection the practice provided evidence that showed a review of infection prevention and control had taken place and a full time member of staff had been designated the clinical lead and had been booked on appropriate training. Cleaning audits were completed on a monthly basis with the cleaning company. Since our inspection, the practice advised us they had implemented a weekly monitoring system for the cleanliness of the premises.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We discussed with the practice the need to ensure the electrical wiring had been periodically tested to ensure it was safe. Following the inspection the practice provided evidence that showed a maintenance check of the building wiring system had been scheduled. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. We discussed with the practice the need to review how the practice ensured prescription stationery was held securely. Following the inspection the practice provided evidence that showed this had been addressed.
- 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.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, following a significant event and subsequent analysis the practice reviewed how they communicated with patients about their on-going health monitoring.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. The practice worked proactively to engage with socially marginalised groups to ensure they received appropriate and safe care and treatment.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice worked with the virtual ward team to access support and services for those patients at risk of hospital admission and worked with them to enable early discharge from hospital.
- The practice had developed a frailty register to monitor this group of patients. The practice designated a session per week for the advanced nurse practitioner to proactively manage this register.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice employed a pharmacist for one day per week whose role was to ensure that

medication changes were accurately updated in patient records and that the patients were aware of any changes that other agencies such as secondary care had recommended.

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 offered support and signposting to community service with regard to smoking, alcohol and drug cessation services. The practice had an in-house advanced shared care drug service for their own patients and patients from other practices across South Sefton CCG. This service offered local support to patients on drug cessation programmes who were stable enough to be cared for by a GP with specialist higher qualifications in the care of patients with addiction. Drug misuse workers attended the practice several days per week who offered a holistic rehabilitation program. The clinic is the largest amongst South Sefton and Southport and Formby CCGs and had been used as a model for implementing shared care services in the two CCGs.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice offered a full contraceptive service including fitting and removing of Long Acting Reversible Contraception.
- Safeguarding concerns were a standing agenda item at weekly clinical meetings to ensure concerns about children were shared with the whole clinical team.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 78%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients were able to access early morning appointments.
- Patients were able to access a range of on line services such as booking appointment, ordering repeat prescriptions and accessing test results.

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 and those with a learning disability.
- The practice provided health and well-being support to patients who were refugees.
- The practice had multi lingual GPs working at the practice to support patients where English was not their first language.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 90% 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 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 96% which was greater than the CCG average of 85% and the national 91%.

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. For example, the practice had a schedule of audits in place and all clinicians had lead roles to ensure effective monitoring of the service.

- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had set up a transgender clinic to support this group of patients to receive care and treatment within the local community.
- The most recent published Quality Outcome Framework (QOF) results were 546 of the total number of points available. The overall exception reporting rate was 17% which was significantly higher than 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 was aware of the high exception reporting and proactively worked with patients to engage with the practice.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 89% (CCG – 86%; national average - 90%).
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 97% (CCG – 96%; national average - 95%).

Are services effective?

(for example, treatment is effective)

- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 53% (CCG – 45%; national average - 50%).
- The practice used information about care and treatment to make improvements. For example the practice had appointed an Advanced Nurse Practitioner with specialist knowledge and experience in supporting patients with addiction issues.
- The practice was actively involved in quality improvement activity and monitored patient outcomes through their clinical and non-clinical audit activity to ensure all services provided by the practice met patients' needs. Where appropriate, clinicians took part in local and national improvement initiatives. For example offering existing and new patients a HIV test to support early diagnosis and treatment. As part of this work the practice also offered training and learning sessions to GPs within the CCG to enable them to normalise discussions around HIV testing.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. 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, 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.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood and had received training to understand patients personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy nine surveys were sent out and 119 were returned. This represented just over 1% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% 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%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 87%; national average - 85%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 92%.

- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 78% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 86%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids such as a hearing loop. The practice told us they were in the process of obtaining translation of a variety of routine letters and health promotion material into other languages.
- 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. All staff had received comprehensive signposting training to equip them with the skills to do this effectively.

The practice proactively identified patients who were carers by asking new patients in their health assessment and there was information available in the waiting area. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 178 patients as carers (over 2% of the practice list).

- Members of staff acted as carers champions to help ensure that the various services supporting carers were coordinated and effective.

Are services caring?

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

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

- 88% 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 86% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services.

We rated the practice as outstanding for providing services for people whose circumstances make them vulnerable and good for all other population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The practice staff spoke five different languages (Italian, Spanish, Portuguese Hindi and Urdu) to support patients where English was not their first language.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. All clinical rooms were on the ground floor and there was wheelchair access to the building.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- For patients with mobility issues the practice carried out home visits to ensure long-term conditions reviews were carried out within the agreed timescale.
- The practice offered a joint injection service for those patients who required them as part of their treatment plan.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. We discussed with the practice the need to ensure children and young people who missed hospital appointments were followed up. Following the inspection the practice provided evidence that showed a system had been put in place.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice provided supporting letters to other agencies to support patients to with social and wellbeing issues they were dealing with.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice with the support of the clinical commissioning group (CCG) had set up a transgender clinic to support this group of patients to access appropriate and supportive healthcare locally. This specialist clinic had been set up to support both the practice's transgender patients as well as those who were registered with other practices from theirs and the neighbouring CCG. The clinic coordinated patient care with other agencies such as haematology services. This work had led to the establishment of the Pan-Mersey Trans Collaboration Group, members of which were all health care personnel working in this field with the common aim of improving access to services for this group of patients.
- The practice offered all patients HIV testing to support early diagnosis and timely treatment and intervention. As part of this work the practice also offered training and learning sessions to GPs to enable them to normalise discussions around HIV testing.
- The practice supported refugee families who had moved to the local area. The practice was the only practice within the CCG to volunteer to be part of the humanitarian efforts to establish this group of patients and provide a safe environment with access to extended appointments to care for their complex physical and psychological needs. As part of the preparation for taking on this role, the whole practice team received additional training.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice was actively involved in the community and supported local charities by providing health education and signposting to enable patients to manage their health need proactively.

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. Some clinical staff had received dementia friend training
- The practice held mental health and dementia registers.
- Patients who failed to attend appointments were proactively followed up.

- Patients were provided with extended appointments.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable or lower than the local and national averages. Three hundred and seventy nine surveys were sent out and 119 were returned. This represented over 1% of the practice population.

- 61% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 34% of patients who responded said they could get through easily to the practice by phone; CCG - 64%; national average - 71%.
- 73% 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 - 81%; national average - 84%.
- 63% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 47% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 56% of patients who responded said they don't normally have to wait too long to be seen; CCG - 58%; national average - 58%.

The practice acknowledged that some of the national patient survey results with regard to access were low. However they had recently changed the telephone system and had experienced challenges with regard to the recruitment and retention of practice nurses and the retirement of a GP partner. The practice told us they felt

Are services responsive to people's needs?

(for example, to feedback?)

they were addressing these issues and had employed an advanced nurse practitioner to increase appointments and options for patients. The 27 completed CQC surveys supported this with only two comments made regarding issues about access.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. Twelve complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint the practice reviewed the clinical triage system to ensure patients were seen by the most appropriate clinician.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviours that did not meet with their vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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.
- The practice was a training practice and currently had two registrars.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.
- 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, 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.

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 including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice engaged with the local community and services to ensure issues impacting on the local and wider community were supported by services at the practice. For example, drug and alcohol services, support and treatment for the transgender community and for patients whose first language was not English.
- There was patient participation group however work was ongoing to increase the number of members and to re-launch the group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example the practice had employed an advanced nurse practitioner to support the clinical work of the practice. The practice had also installed a new telephone system to improve patients experience of booking appointments.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

Good 

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

- The practice proactively engaged with the CCG and in partnership undertook projects to support improvements in health and social care outcomes for patients.
- The practice had employed a pharmacist one day per week to review prescribed medication to support medicines optimisation for patients.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.