

Fryerns Medical Centre

Quality Report

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Date of inspection visit: 23 November 2017

Date of publication: 15/12/2017

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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

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 Fryerns Medical Centre on 23 November 2017. We

carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to reoccur. Incidents that had been reported had been investigated. Lessons were learned and processes were improved.
- 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 which were discussed in clinical meetings.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use. However patient feedback said that it was difficult to get through on the telephone. The practice was looking at updating their telephone system to cope with demand.

Summary of findings

- Appropriate recruitment checks were carried out and there were current registrations with their professional bodies where applicable.
- Staff had received mandatory training applicable to their role.
- There was sufficient and appropriate equipment for use in the treatment of patients, including in the event of a medical emergency and the equipment was calibrated to ensure it was working correctly.
- The practice had completed various risk assessments in relation to areas that were identified at risk. There were mitigating actions and levels of risk were assessed.
- There was a comprehensive business continuity plan in place in the event of an emergency taking place that disrupted the services to patients. The practice could relocate to the partners neighbouring practice if required.
- Boxes of prescriptions were stored securely however on the day of inspection were not tracked through the practice. The practice amended the monitoring sheet immediately and said that this would be implemented following the inspection.
- The practice sought and acted on feedback from staff, patients and had listened and responded to surveys completed. The practice had also completed its own survey with patients and planned to complete this quarterly to check changes made showed improvement.

- The practice did not have an active patient participation group. However there was an initial meeting planned for February 2018.
- The practice was clean and tidy and staff had reviewed infection prevention control and policies.
- Patient safety and medicine alerts were shared amongst the clinical team and consistently actioned and a record and log was maintained.

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

- Implement the procedure to ensure prescriptions are tracked throughout the practice.
- Review the policies and procedures to ensure they are personalised and practice specific.
- Continue to work to establish a Patient Participation Group.
- Continue to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. For example telephone access.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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	

Fryerns Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Fryerns Medical Centre

Fryerns Medical Centre is located in Basildon, Essex. The practice has a general medical services (GMS) contract with the NHS.

- There are approximately 3000 patients registered at the practice.
- The practice provides services at Peterborough Way, Basildon, Essex, SS14 3SS.
- The practice is registered with the Care Quality Commission as a partnership, with two GP partners. There is a practice manager and an assistant practice manager and three administration members of staff who cover reception and clerical duties during the working week covering a variety of different hours. There is a practice nurse and a healthcare assistant (HCA). District nurses, Health Visitors, Midwife and Community nurses work closely with the practice.
- The practice is open from Monday to Friday between the hours of 8am and 6.30pm.
- The GP surgeries are available on Monday to Friday mornings between 8am and 11am, and afternoons between 3pm and 6.30pm. On alternate Tuesday and Wednesdays the practice has extended hours with nurse and GP appointments available from 6.30pm to 7.40pm. Telephone appointments are available Monday to Friday 11am to 12pm. Patients at this practice are able to book two weeks in advance.
- The practice has opted out of providing 'out of hours' services which is now provided by IC24. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.
- The practice has a higher than average deprivation level and higher than average elderly population compared with national and local averages.
- The partners have another surgery in the area that allows cover of clinical staff from both sites and support in case of emergencies.

Are services safe?

Our findings

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

Safety systems and processes

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

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

inspection the practice could not evidence the COSHH safety sheets or risk assessment. These were forwarded by email the day after the inspection. 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. Staff covered from the partners other surgery for annual leave.
- 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. Reception staff had attended training on sepsis and were aware of signs to look for and questions to ask patients.
- The practice had completed various risk assessments when required, for example there was a risk assessment in place regarding the practice not having a Patient Participation Group and actions taken to alleviate the risk. In addition to a risk assessment for not holding face to face formal multi-disciplinary team meetings.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. Urgent referrals were monitored to ensure patients received an appointment and patients that did not attend were followed up.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines minimised risks. We saw that emergency medicines and equipment were checked regularly. We saw records that documented these checks. The fridge temperatures were recorded daily. The practice had a cold chain process that the staff were aware of and understood. The practice kept stocks of prescription stationery securely. However the practice were not recording and tracking serial numbers throughout the practice on the day of the inspection. The practice amended the monitoring sheet immediately and said that this would be implemented following the inspection.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice had discussed the outcome of the audits in clinical meetings.
- 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 was a no blame culture in the practice and the practice used the events to learn and make changes were required.
- 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, there had been episodes of abuse to staff by patients and the zero tolerance policy was reviewed and implemented.
- We saw that actions and lessons learned were documented and discussed in minutes of meetings.
- 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. This guidance was discussed in clinical meetings. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

The practice held regular meetings with the CCG prescribing team to discuss any areas that needed reviewing. From these meetings the practice had identified areas for improvement and had audited prescribing of antibiotic items. The practice reviewed the prescribing of antibiotics for 2015/16. This had led to actions implemented and patients reviewed. Since the partnership had taken over in August 2016 the practice had reduced the rate of their antibiotic prescribing by 46% and were the highest achievers in the CCG.

- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had some diabetes leaflets in other languages such as Bengali and Punjabi. The practice used the computer to access leaflets and patients information in other languages when required to enable patients to take information away with them.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. There were procedures in place for reception staff to follow.

Older people:

- Patients over 75 had a named GP and were informed of this.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicine.

- Patient identified at risk of falling were referred to the Falls Service.
- 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.

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.
- Referrals were made to community services, for example for patients that were diabetic.
- The practice sent invitations for annual influenza vaccinations as well as home visit vaccinations for their house bound patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016/17 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, was 89% compared to CCG average of 90% and national average 92%. Exception reporting in this indicator was 2.5% which was below the CCG average 4.2% and national average 5.5%.
- Performance for stroke related indicators were above the CCG and national averages. For example, was 93% compared with CCG average of 85% and 88% national average. Exception reporting in this indicator was 3.4% compared with 3.6% CCG average and 4.3% nationally.
- Performance for mental health related indicators was higher compared to the CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record in the preceding 12 months was 93% compared with CCG average of 89% and national average of 92%. Exception reporting in this indicator was zero compared with 8.5% CCG average and 12.5% nationally.

Are services effective?

(for example, treatment is effective)

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 above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women. Patients were referred to ante-natal clinic and those with long term conditions were monitored in secondary care.

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

- The practice's uptake for cervical screening was 82%, which was in line with the 81% coverage target for the national screening programme.
- 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 signposted or referred to smoking cessation and healthy lifestyle choices.

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 those with a learning disability. These patients received an annual health check.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 93% 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 100%.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had completed three audits that had been completed and re-audited in the past 12 months. One was in relation to prescribing and monitoring of those patients on high risk medicines to ensure patients were been reviewed and monitored correctly. One was regarding reducing of the prescribing of antibiotics in the practice. The third was to review prescribing of Non-steroidal anti-inflammatory drugs (NSAID). This had shown that when the partners took over the practice there were 15 patients on a high dose of NSAID. Patients were invited for a medicine review and at the second audit, there were two patients still receiving this medicine. Learning from this audit was that in the future the practice would avoid high dose NSAIDs prescribing.

The most recent published Quality Outcome Framework (QOF) results were 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

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 when possible.

Are services effective?

(for example, treatment is effective)

- The practice manager had a log of mandatory training for all staff which highlighted when these were due for review.
- The practice provided staff with

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.
- The practice had audited their patients from the palliative register that had passed away in the last year. All patients had achieved their wish of their preferred place of care in the last days of their lives. . For example, their own home or hospice.

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, and tackling obesity. Staff signposted and referred patients to improve lifestyle such as exercise and weight management. The practice referred patients for smoking cessation.

Consent to care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a sign at reception that advertised this.
- All but one of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Two commented negatively on been able to get through to the practice for an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 372 surveys were sent out and 107 were returned. This represented about 3.6% of the practice population. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 82% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 80%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.

- 92% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were downloaded and used when applicable for patients.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community services. They were able to refer patients that were carers to social services for any support that they required.

The practice proactively identified patients who were carers. This was with the staff that identified carers when they attended appointments with the cared for and also this was a question on the new patient registration form. There was a notice board in the waiting area asking if patients were carers and support groups information was provided. The practice's computer system alerted GPs if the patient was also a carer. The practice had identified 37 patients as carers (1.2% of the practice list).

- Staff told us that if families had experienced bereavement the practice sent them a sympathy card.

Are services caring?

Patients were offered support 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:

- 85% 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 80% and the national average of 86%.
- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 75%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.

- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

The practice had completed a survey on patients from August 2017 to October 2017 to ascertain the level of satisfaction since the new partners had taken over. The practice had 40 responses which had been analysed. The survey highlighted that patients were happy with the service provided in the practice and that the main concerns for patients were getting through on the telephone.

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, and online booking).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The extended hours opening had been changed to alternate from Tuesday to Wednesday following suggestions by the patients.
- The practice enabled patients to make advance bookings. The practice had reduced this to two weeks in advance following analysis of their appointments which patients did not attend. It was found to be more prevalent when the patients had booked further in advance and that appointments made on the day were more likely to be kept.
- 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 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.
- Telephone consultations were available Monday to Friday for patients to talk to the GP.

- The practice had two chairs with arms, one in the waiting area and one in the treatment room. This was following feedback that it would help patients to get in and out of the chairs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice had regular discussions with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances and appointments were they had not attended.
- The practice offered shared care for antenatal patients. They offered postnatal examinations and six to eight weeks baby checks.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours to 7.40pm on alternate Tuesday and Wednesdays. The practice had also changed their appointments in the morning to commence at 8am as the previous provider did not start until 10am.
- Telephone consultations were also available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

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. The practice assessed patients at risk of dementia and made onward referrals when required.

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.
- The practice had a text messaging service for those patients that were registered to it so that blood test results could be texted to their mobile phone.
- 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. However patient's comments and the in house survey results reflected difficulties with getting through on the telephone, although this was not reflected in the data from the national GP patient survey published in July 2017..

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages. This was supported by observations on the day of inspection and completed comment cards. 372 surveys were sent out and 107 were returned. This represented about 3.6% of the practice population.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 76% of patients who responded said they could get through easily to the practice by phone; CCG – 66%; national average - 71%.
- 74% of patients who responded said that they were able to get an appointment to see or speak to someone the last time they tried; CCG - 82%; national average - 84%.

- 74% of patients who responded said their last appointment was convenient; CCG - 77%; national average - 81%.
- 58% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 85%.
- 65% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.

Despite the positive data from the national survey, the practice still responded to the feedback from their own survey. The action plan following the practices survey highlighted that the main challenge was the appointments. The practice had increased the amount of book on the day appointments and had also increased the number of telephone consultations. The practice were reviewing their telephone system to increase the number of lines available for patients to call on to reduce the patients calling and the phone line been engaged.

The practice was surveying the patients quarterly to monitor the improvement.

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. Complaints could be made verbally or in writing. Four complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- The practice manager and partners had completed training on root cause analysis and had made use of this training to investigate complaints and assess what went wrong and what could have prevented it. Lessons learned were listed in the responses we reviewed.
- 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 regarding a change of

Are services responsive to people's needs?

(for example, to feedback?)

medicine to a generic brand, the practice now had a process that before the prescription is changed there is a detailed discussion with the patient, in addition to an information leaflet from the local medicines management team.

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. The practice had signed up to the EU doctor's initiative to recruit doctors to General Practice and were looking into becoming a training practice in the future.
- 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.
- The practice manager had been in post for one year and had attended training and development. The partners worked closely with the practice manager and development was visible in minutes of meetings for the year.

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 aims and objectives.
- The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress and discussed this in meetings with staff.

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. As the practice staff had worked in the practice for a length of time most of the patients were known by name.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Patients were contacted and invited in for meetings to discuss any concerns or incidents if appropriate. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The staff we spoke with told us that there had been more opportunities for development and training since the two partners had taken over.
- 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.

Governance arrangements

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

Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, some of the policies were not personalised to the practice.
- The practice had a handover book which all staff completed to identify any messages, tasks or issues. Staff reviewed the book and answered any queries prior to the start of their shift.

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. If this affected patients clinicians also discussed it with them.

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 worked together to improve.
- 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. For example the practice had conducted a survey to gather feedback since the two partners had taken over the practice.
- The practice did not have a patient participation group. However they had completed a risk assessment in relation to this and had a virtual contact group. These patients were due to have a meeting as a PPG in February 2018.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

Good 

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

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.
- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Staff in the practice had been given further development and training opportunities. For example the practice nurse was to undertake their prescribing training.