

Stafford Medical Group

Quality Report

Locking Castle Medical Centre
Highlands Lane
Locking Castle
Weston-Super-Mare
North Somerset
BS24 7DX
Tel: 01934 524260
Website: www.lockingcastlemedical.co.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.

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 Stafford Medical Group on 8th and 9th November 2017 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.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they had developed a plan to move the service forward which included reviewing facilities and succession planning for the leadership and clinical provision at the practice.

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

- Continue with a programme of identifying and supporting carers.

Summary of findings

- The provider should continue to keep under review the facilities and environment at Stafford Place to ensure that they are safe and fit for purpose, and to meet the needs of the patients who use it.

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

Stafford Medical Group

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 Stafford Medical Group

Stafford Medical Group is located at Locking Castle, Highlands Lane, Locking Castle, Weston-super Mare, North Somerset, BS24 7DX. Stafford Medical Group also provides a part time service from Stafford Place, 4 Stafford Place, Weston-Super-Mare, BS23 2QZ. Together the locations had approximately 11,710 patients registered from around the local and surrounding areas. Patients can access information about the service at www.lockingcastlemedical.co.uk.

Patients can attend either of the practice locations although nursing services are only available from the Locking Castle location. Only GP consultations were available from Stafford Place. Neither location had passenger lifts to the first floor of the buildings. Patient care was provided on the first floor at Locking Castle and up until recently also at Stafford Place.

The practice is a partnership of two GP partners, who employ two salaried GPs, and three long term locum GPs. Five of the GPs are male and two are female. Not all of the GPs work across both locations. The practice employed an Advance Nurse Practitioner, three practice nurses and one health care assistant. The practice has a practice manager who is supported by a team of management staff, reception staff, administrators and secretaries.

Both of the practice locations are open from 8.00am, Monday to Friday. Locking Castle is open until 6.30pm each evening; Stafford Place closes at 1pm each day.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted to deliver for a number of enhanced services including; extended hours access for patients, childhood immunisations, enhanced services for the assessment and provision of services for patients living with dementia, alcohol screening and action and the practice were involved in the unplanned hospital admission avoidance scheme.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the practice website.

Data from 2015/2016 that is available to the CQC shows:

The age of the patient population was slightly above the national averages for patients under the age of 18 years at 26%, the national average being 20%. For patients over 65 years the practice has 13% with the national average being 23%.

Other Population Demographics included 50% of the practice population had a long standing health condition, which was similar to the national average of 53%. Also 68% of patients were in paid work or full time education which was above the national average of 62%. Only 5% of the practice population was from a Black and Minority Ethnic background. Information from the

Index of Multiple Deprivation 2015 (IMD): showed the practice population is at 21 (the national average 21). The lower the number the more affluent the general population in the area, is.

Detailed findings

Income Deprivation Affecting Children (IDACI): is 19% (the national average 20%)

Income Deprivation Affecting Older People (IDAOP): is 17% (the national average 17%).

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information from the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. Aspects of infection control audit in regard to Stafford Place had not been undertaken at the time of the inspection visit. For example, checking the disposable screening in consulting rooms had been dated. However, staff completed an infection control audit following the inspection and provided information of the changes they had made to ensure safe measures were in place for the future.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The practice had identified that the facilities at Stafford Place were inadequate, and had limited the range of services it provided there for the (400) who lived in the local catchment area. We saw they had identified that access to the building and parts of the building did not meet current accessibility requirements. For example, there was no lift to first floor consulting rooms and only one ground floor consulting room was suitable for use. There were several areas where water ingress had caused physical damage to the building in patient areas which concerned the provider as they had not been able to address these issues swiftly. There was no suitable treatment room. The provider gave us evidence of their risk assessment processes and the action plans in place to ensure patient and staff safety was maintained. The provider also shared their long term plans of how they wished to address providing services to these patients in the future. 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. Although, we saw that temperature checks had been carried out on the vaccine fridge at Stafford Place for the small number of influenza vaccines kept there, these checks were irregular. The practice provided information following the inspection that this had been addressed by the implementation of an electronic monitoring system. We also found there were a small number of medicines stored in GP consulting rooms at Stafford Place. Although the rooms were locked when not in use these medicines were in unlocked cupboards, with no monitoring system in place. Following the inspection the practice told us they had centralised and secured these medicines within a new medicines cabinet. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

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, incidents and feedback from parents regarding the triage of young children led to a change in the process for reception staff to book direct face to face same day appointments without a prior triage.
- 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

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.
- In the year 01/07/2015 to 30/06/2016 the number of antibacterial prescription items prescribed per Specific Therapeutic group at the practice was 1.44 which was higher than the Clinical Commissioning Group (CCG) and National levels of 1.0. The practice was able to provide us with the most up to date information which indicates that in August 2017 the practice had reduced the use of antibacterial prescription items down to 1.2 which was in line with the national target of 1.2.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients have access to telephone consultations and can book on line for appointments. There is a system for on line repeat prescription requests. The practice sent text reminders to their mobile phones for appointments.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- 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 medication.
- For some patients there was an agreed care plans with patients wishes that can be shared with other providers and services. For example, Treatment Escalation Plans and End of Life planning.
- There was a flexible appointment system to allow extended appointments if required.
- A practice nurse carried out influenza and pneumococcal vaccinations for housebound patients. Blood pressure checks and urgent blood samples were taken if required at the same visit.

- The practice followed up on older patients in regard to unplanned admissions and when they were discharged from hospital. Patients potentially at risk and carers receive priority phone calls to check they have the necessary support and medication in place that they need.

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. The practice offered chronic disease management appointments and services at any time of the day.
- For patients with the most complex needs, the nursing staff worked with other health and care professionals to deliver a coordinated package of care. For example, liaising with chronic disease management advisors like the Diabetic Specialist Nurses.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Retinal screening was provided at the practice.
- Performance for diabetes related indicators was mostly similar to the Clinical Commissioning Group (CCG) and national averages. However, the percentage of patients with diabetes, on the register, in which the last average blood sugar test was acceptable in the preceding 12 months (November 2017), was 63%, the target being 83%. The practice had instigated further training for nursing staff to support patients have regular checks. They had also commenced a new programme of enabling patients with pre-diabetes indicators to take control of their own health to live healthier lives.

Families, children and young people:

- Children's immunisation clinics. 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
- Annual children's nasal influenza immunisation 'party' to encourage the uptake of immunisation.
- Pertussis (Whooping Cough) vaccine to pregnant women.

Are services effective?

(for example, treatment is effective)

- Reserved slots both morning and afternoon appointments to see acutely ill under-fives needing a same day appointment.
- Meningitis ACWY vaccine for teenagers and new students.
- The practice has joined the C Card scheme to support young people between ages 13 – 24 with access to condoms.

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

- The practice's uptake for cervical screening was 85%, which was in line with the 80% coverage target for the national screening programme.
- On line appointment booking system.
- On line repeat prescription requests.
- SMS text appointment reminders.
- Telephone consultations from 9am to 6.30pm.
- Evening appointments for both GPs and nurses.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice prioritised the completion of housing forms for the vulnerable homeless.
- The practice is registered to issue Food Bank vouchers if patients are in a crisis.

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

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is below the national average than 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 is comparable to the national average of 88%.
- 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 93% for the practice; the clinical commissioning group (CCG) was 92%; the national average was 90%.

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 GP partners and the two salaried GPs undertook periodical reviews of work including reviewing consultations and decision making to ensure they were in line with current good practice and the practices ethos. They also looked at patient and staff feedback regarding the clinicians and carried out peer review of any contentious referral letters. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were the practice achieved 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The overall exception reporting rate was 7.8% compared with a national average of 5.7%. (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 overall exception rate and the exception rates for all but one of clinical domains or indicators are in line with the CCG or national averages. Performance for diabetes related individual indicators was mostly similar to the Clinical Commissioning Group (CCG) and national

Are services effective?

(for example, treatment is effective)

averages. However, the percentage of patients with diabetes, on the register, in which the last average blood sugar test was acceptable in the preceding 12 months (November 2017), was 63%, the target being 83%. Although still below expected targets this is an improvement to the figures from the previous of 56% for the period (01/04/2015 to 31/03/2017) the CCG and national average at that time being 77%.

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 such as members of the nursing team had advanced university training for managing patients with diabetes.
- The practice provided staff with
- 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 had treatment escalation plans in place to support agreed decisions were instigated and implemented.

- 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. There were quarterly Palliative Care meetings with the Hospice nurse to support End of Life planning for patients and their families.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example the practice recently commenced a programme that targeted patients that were at risk for developing diabetes (HbA1Cs between 42 and 47mmol/per litre). This was to encourage them to take control and manage their weight, improving their diet and increasing their physical activity.
- 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.
- 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.
- Of the ten patient Care Quality Commission comment cards we received nine were positive about the service experienced. One was unhappy about the timescales in obtaining a non-urgent consultation with a GP. 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. 287 surveys were sent out and 124 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86% national average - 85%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw and spoke to; CCG - 96%; national average - 95%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 90%.

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 and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. This was through when patients registered at the practice, observation and during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (0.4% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- 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:

- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 81%.

Are services caring?

- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; national average - 85%.
- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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 across all population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests, advanced booking of appointments, and a flexible appointment system to allow extra time should it be required.
- The practice improved services where possible in response to unmet needs.
- The practice had recognised that some aspects of the facilities and premises at both locations needed either developing or were not appropriate for the services delivered and had implemented an action plan to remedy the issues. For example, a passenger lift and additional consulting and treatment rooms at Locking Castle. At Stafford Place the environment did not meet current expected standards to meet a broad spectrum of care and treatment services required.
- The practice made reasonable adjustments when patients found it hard to access services. For example by telephone consultations, home visits and accommodating appointments on the ground floor of the buildings.
- 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.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations from 9am until 6.30pm for people at work. Online booking for appointments and repeat prescribing. Evening appointments available with GPs and nurses.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. For example, they had identified 54 patients with a learning difficulty, most of whom were not living in a care home service.

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

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had supported some staff to have training through Dementia Friends to raise their awareness about dementia.
- There was a member of staff who was a Dementia lead for the practice, with ongoing annual reviews for patient with a diagnosis of dementia or similar disorder. Regular assessments for anxiety and depression and annual or more frequent Mental Health Reviews were available for those patients with more significant mental health needs.

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 below the local and national averages. This was not necessarily supported by observations or feedback from patients on the day of inspection and completed comment cards.

- 66% of patients who responded said they could get through easily to the practice by phone; CCG – 70%; national average - 70%.
- 62% 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 - 75%.
- 73% of patients who were 'Very satisfied' or 'Fairly satisfied' with their GPs opening hours: CCG 81%; national average 80%.

Patients told us they were able to obtain appointments should they wish, although they may have to wait longer to see the clinician of their choice and at the location of their choice.

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. Eleven complaints were received in the last year. Two of the complaints were still under investigation. We reviewed two complaints and found that they were satisfactorily handled in a timely way. We noted they were comprehensively reviewed, followed good practice and detailed records were kept. We reviewed part of the information of a complaint made in 2016 regarding care and treatment provided to a patient during 2015/2016. We looked at this complaint as we had been made aware of it by the complainant and its subsequent referral to the Health Service Ombudsman. We saw that the process for handling complaints had changed since that period, a lead member of staff now was accountable for ensuring due process was completed.

The practice learned lessons from individual concerns and complaints and by analysis for trends. It acted as a result to improve the quality of care. For example, the system for accepting specimens brought in by patients at the reception desk. A patient was unhappy that personal questions were asked at the reception desk by staff and within earshot of other members of the public. They also had concerns about the staff attitude. The complaint was investigated and actions implemented to improve the patient experience. The form to be completed by patients to support the reason why a specimen was brought in was updated and patients were asked to add detail themselves without the need of staff requesting information. Patients were guided to move to a separated area of the reception desk to hand specimens over and speak to staff. Staff training was instigated and the practice hosted a "Frontline Customer Training Programme" where other services staff could attend and ensure that all of the reception staff participated.

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. For example, they had developed a plan to move the service forward which included reviewing facilities and succession planning for the leadership and clinical provision at the practice.
- 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 behaviour and performance inconsistent with the 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.
- 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 were in the processes of participating in 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.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their 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. For example, the care and treatment for patients with diabetes by developing the skill sets within the nurse team.

- 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.
- There was an active patient participation group (PPG). The group were proactive and focused on listening to patient feedback and encouraging and supporting the practice to make changes to improve the service. Positives comments were heard about all levels of staff routinely attending the PPG meetings and the feeling of a team approach to making changes to improve outcomes for patients. Areas that had changed through involvement of the PPG and patient feedback have included receptionists names on display at the desk, and staff encouraged to introduce themselves earlier in conversation. Other changes have been implemented with telephones being answered away from the front desk behind a closed door. The PPG are currently involved in the patient survey and assessment of facilities at Stafford Place to enable the provider to make the necessary decisions about the sustainability of providing a service from this location.
- 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.

Are services well-led?

Good 

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

- There was a focus on continuous learning and improvement at all levels within the practice. Listening to patient and other service providers feedback they identified extra actions were needed to improve the repeat prescription process. The practice had been in receipt of a number of comments and concerns regarding the speed and accuracy of the repeat prescription process. They employed two new prescription clerks, approximately six months ago with community pharmacy experience, to carry out this role throughout the day at Locking Castle Surgery. They also instigated a direct phone line for pharmacists and care services to speak to these staff directly. We saw and was provided with some information of how this has improved the management of the whole process. New protocols had been implemented such as ensuring safe practice was carried out regarding repeat prescriptions of any Controlled Drugs. Staff had implemented a system to monitor and reduce the number of failed prescriptions when sent to the pharmacy with working with the GPs and the other clinicians.
- Clinical staff had access to Weston Planet which is an organisation run by the Primary Healthcare Professionals of Weston Super Mare with the objective of providing learning opportunities in a protected setting guaranteeing four hours of protected teaching a month for ten months of each year.
- 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.