

Needham Market Country Practice

Quality Report

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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?

Requires improvement



Are services well-led?

Good



Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. At the previous Care Quality Commission (CQC) inspection in February 2016, the practice received requires improvement overall. A further inspection was completed in January 2017, where the practice remained rated as requires improvement.

Our announced comprehensive inspection on 8 May 2017 was undertaken to ensure that improvements had been made following our inspections carried out in February 2016 and January 2017, the practice received a good rating overall.

We carried out an announced comprehensive inspection at Needham Market County Practice on 26 March 2018 as part of our inspection programme.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

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

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided through clinical audit. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Data from the Quality and Outcomes Framework showed patient outcomes in many areas were above the national averages. To ensure this was managed well, the practice had increased clinical oversight into reviewing, improving, and monitoring their performance.
- All patients had a named GP who took responsibility for their care. The practice prioritised continuity of care and patients were encouraged whenever possible to see their named GP

Summary of findings

- Staff told us they were happy to work at the practice and felt supported by the management team. Staff told us they were encouraged to raise concerns and share their views.
- Results from the July 2017 national GP patient survey were generally in line with or above local and national averages.
- Patients and staff told us that telephone access could be difficult and patients often attended the practice in person to book their appointments. On the day of the inspection we observed that there was a large queue of patients at the practice waiting for the practice to open. Patients that we spoke with and comment cards that we received advised us that they attended the practice in person because it is easier than attempting to access the practice by telephone. The practice had recently updated their telephone system and the practice informed us that they had plans to further develop their telephone system.
- Information on the complaints process was available for patients at the practice and on the practice's website. There was an effective process for responding to and investigating complaints and responses to patients were made in a timely manner. However, learning points identified were not always recorded or shared with the whole team staff.

- The practice held various meetings including clinical and non-clinical. Minutes were taken but these did not always contain sufficient detail to ensure staff who had not been present would receive the information.
- The practice had implemented a suite of practice specific policies and procedures which staff had read and were using. We saw a new practice intranet system was in place and this was in the process of being fully populated safely and systematically.

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






- Review and improve the systems and processes to ensure that information and learning is shared with the whole practice team including information from complaints and significant events.
- Improve the take up of health checks for patients with a learning disability.
- Review and improve access for patients accessing the practice by telephone.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Good	

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	

Needham Market Country Practice

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 and a second CQC inspector.

Background to Needham Market Country Practice

Needham Market Country Practice is situated on the outskirts of Needham Market, Suffolk providing General Medical Services to approximately 12,416 patients. The practice is in a rural area and, for those patients who prefer or without transport, the practice offers appointments in the nearby village of Somersham and Claydon. We did not visit these sites during this inspection. At the main site there is a dispensary for those patients who are entitled to use it, we visited this as part of our inspection.

The practice has a team of eight GPs, four female and four male, to meet patients' needs. Seven of the GPs are partners, meaning they hold managerial and financial responsibility for the practice and one is a salaried GP.

There is a team of five practice nurses, two health care assistants and three phlebotomists who run a variety of appointments such as long term conditions, minor illness and family health. There is a dispensary manager and a team of dispensers. In addition there are two practice administrators and a team of non-clinical administrative, secretarial and reception staff who support the practice manager. Community midwives run sessions twice weekly at the practice.

The main practice is open between 8.30am and 8pm on Monday, 8.30am to 6.30pm Tuesday to Friday and 8.45am to midday on Saturday. GP Appointments are available in Somersham on a Tuesday morning and in Claydon on Monday and Friday mornings. The practice has extended hours appointments on Monday evenings and every Saturday morning. Out of hours services are provided by IC24 via the 111 service.

According to information taken from Public Health England, the practice has a higher than average number of patients aged 75+ years, and a lower than average number of patients 15-34 years, compared to the practice average across England. The practice area is one of the least deprived areas within England, according to information taken from Public Health England's index of multiple deprivation score.

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.

- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Safeguarding information displayed within the practice outlined clearly who to go to for further guidance. There was a lead GP for both adult and childrens safeguarding and staff we spoke with could identify who the lead was. Staff were trained in safeguarding to a level appropriate to their role. GPs and nurses were trained in safeguarding to level three. Staff knew how to identify and report concerns.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Vulnerable patients were identified and discussed each week at the clinical team meeting. 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)."
- Staff who acted as chaperones were trained for the role and had received a DBS check and were trained for the role.
- There was an effective system to manage infection prevention and control (IPC) and a GP partner was the lead. There was an IPC guidance and protocol in place. An IPC audit had been completed in June 2017, a further

audit was completed in November 2017. Although most actions had been completed we found that clinical samples were stored in a refrigerator that contained vaccines; this had been identified on both audits but not actioned. Following the inspection, the practice provided evidence that a new separate refrigerator had been ordered for the storage of clinical samples.

- On the day of the inspection, the practice was unable to evidence that they held up-to-date vaccination records of clinical staff. However, immediately following the inspection the practice provided a complete list of vaccination records.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. GPs covered planned and unplanned absences of colleagues in order to maintain continuity for patients.
- There was an effective induction system for temporary staff tailored to their role, including an induction pack for locum GPs.
- 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 and dispensary staff we spoke with were aware of the process to request urgent medical support.
- 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. We viewed three referral letters and found they all contained adequate and relevant information. Referral letters were faxed, but the practice was due to change to electronic transmission.

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. This included daily checks of expiry dates of medicines and equipment. 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, closely monitored patients on high risk medicines and arranged for appropriate blood testing prior to prescribing the medicines. We viewed twenty nine records for patients taking medicines such as methotrexate and found that all patients had been monitored appropriately.
- Arrangements for dispensing medicines at the practice kept patients safe. Prescriptions were always signed prior to dispensing by a GP. Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of the expected temperature range. All dispensed

medicines were double checked prior to being dispensed. The dispensary held a range of standard operating procedures which were regularly reviewed and updated.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for health and safety, fire safety and legionella.
- The practice monitored and reviewed activity. This helped them to identify and 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 log of significant events to easily identify trends. Significant events were discussed at the weekly partners meeting, however, they were not always discussed at team leader meetings and not always shared with the whole practice team. The practice informed us that significant events would be added as a regular agenda item for the team leader meetings.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following a medical emergency when a patient had become very unwell, they identified some areas for improvement. For example, they identified it would have been beneficial for key staff to have defined roles such as a staff member to be responsible for note recording during the event. This would enable accurate information to be passed onto the ambulance crew. They also identified that more privacy screens were needed to ensure the dignity of the patient(s) involved.
- There was a system for receiving and acting on safety alerts which included Medicines and Healthcare

Are services safe?

Regulatory Agency (MHRA) alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We looked at three patient safety

alerts and found these were managed appropriately. The dispensary had a clear process to follow with medicine safety alerts and we saw evidence there was a log kept including any actions taken.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice were in line with local and national averages for the prescribing of daily quantity of hypnotics and for the prescribing of antibacterial prescription items.
- The practice performance for the prescribing of antibiotic items that are cephalosporins or quinolones was 13%. This was in line with the Clinical Commissioning Group (CCG) average of 12% and slightly above the national average of 9%.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- All patients had a named GP. The GPs tried whenever possible to use personal lists and see their own patients ensuring they received continuity of care. The GPs worked a 'buddy' system, this meant that if one GP was not available, another GP who knew the patient provided care.
- 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.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with and above the local and national averages.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs. Hospital discharge letters were entered onto the practice computer system and reviewed by the patients' own GP. The patients' GP contacted the patient or relatives if there were any concerns or necessity following the hospital discharge.

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. For example, nurses were trained in the management of diabetes and respiratory disease.
- The practice had achieved 100% for nationally reported data relating to long-term conditions including diabetes, asthma, hypertension and atrial fibrillation data. The practice had achieved 99% for national reported data relating to COPD.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for most of the vaccines given were above the target percentage of 90% with a range of 96% to 100%. The percentage of children aged 2 with pneumococcal conjugate booster vaccine was recorded at 68%, the practice told us that they had reviewed this and identified a coding error.
- We saw positive examples of joint working with midwives and health visitors. Community midwives held two sessions per week from the practice.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 74%, which was below the 80% coverage target for the national screening programme. To encourage uptake and awareness information from Jo's cervical cancer trust (a national UK charity) was displayed in the practice including in the female toilets. The exception reporting for cervical screening was 3% which was below the CCG and national average of 7%
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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 had 44 patients with a learning disability on their register; 28 of these patients have health assessment in the previous 12 months. Of the 16 remaining, 10 had been sent a reminder letter in the last month and six had yet to be followed up.
- To encourage patients with a learning disability to accept cervical screening the practice used pictorial information to improve understanding.

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 85% and below the national average of 84%. The practice exception reporting rate was 4% which was below the CCG average of 8% and the national average of 7%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a

comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 93% and national average of 90%. The practice exception reporting rate was 6% which was below the CCG average of 15% and the national average of 13%.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 96% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable with the CCG average of 92% and the national average of 91%. The practice exception reporting rate was 9% which was below the CCG average of 13% and the national average of 10%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had recently completed two complete audits in relation to the prescribing of penicillin for sore throats and the pneumococcal vaccination uptake rate for patients with a diagnosis of coeliac disease.

On the first cycle of the pneumococcal vaccination audit, the practice found that 49% of patients eligible had received a pneumococcal vaccination. The practice contacted the patients by letter and telephone to offer them the vaccine and when the audit was repeated, the practice found that the uptake rate had improved to 78%.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 9% 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.)

- Performance for cancer related indicators was 100%; this was above the CCG and national averages of 97%.

Are services effective?

(for example, treatment is effective)

The exception reporting rate was 20% which was below the CCG average of 30% and national average of 26%. The prevalence of cancer was 3% which was in line with both the CCG average of 3% and national average of 4%.

- Performance for depression both the CCG average of 9% and national average of 9%.
- Performance for osteoporosis both the CCG average of 1% and national average of 1%.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice closed one day per month, which allowed staff to undertake training and development or attend relevant local and national meetings.
- 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 recognised the need to avoid admissions to hospital for patients residing in a care home and worked closely with the local care homes to educate staff and provide support.
- 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 GPs ensured that patients were known to two GPs to ensure continuity of care at this difficult time.
- The practice could demonstrate that they have held multidisciplinary case review meetings where all patients on the palliative care register were discussed.

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. Information in relation to self care was evident in the waiting room and consultation rooms.
- 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 carer support services.

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 effective?

(for example, treatment is effective)

- The practice could evidence that where minor surgery or contraceptive fitting had been completed, appropriate written consent had been obtained and documented.

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. Slips were available on reception if patients wished to write down their confidential or sensitive issues rather than discussing them in reception.
- 35 of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The six negative comment cards related to accessing the practice, primarily via telephone.
- All three patients we spoke with were positive about the services experienced and about the attitude of staff at the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 223 surveys were sent out and 128 were returned. This represented about 1% of the practice population. The practice was above when compared with the CCG and national averages for its satisfaction scores on consultations with GPs and in line for nurses' consultations. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.

- 98% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 86%.
- 89% of patients who responded said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 95% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 74% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 89% and 87%. The practice have recently encouraged reception staff to undertake care navigator training to develop their role.

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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Are services caring?

- 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. The practice identified whether a patient was a carer through identification on the new registration form and supported carers with information leaflets around the practice and making enquiries during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 313 patients as carers (approximately 2.5% of the practice list).

- There were information leaflets and posters throughout the practice advising carers of the different support services available locally.
- Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone. This enabled the GP to discuss 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 above or in line with local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.

- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services because:

- Patients that we spoke with advised us that they attended the practice in person because it is easier than attempting to access the practice by telephone. This was supported by a large queue of patients on the day of the inspection waiting for the practice to open. Further to this, results from the July 2017 GP Patient Survey showed; 52% of patients who responded described their experience of making an appointment as good, 37% of patients who responded said they don't normally have to wait too long to be seen and 53% of patients who responded said they could get through easily to the practice by phone. Since our inspection, the practice have launched an online triage system in an attempt to improve access to the practice for patients.
- Evidence we saw did not show that all learning points identified from complaints had been recorded or shared with the whole practice team. Since our inspection, the practice have taken some action in response to this finding.

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 for repeat prescription requests and advanced booking of appointments.
- The practice was open between 8.30am and 8pm on Monday, 8.30am to 6.30pm Tuesday to Friday and 8.45am to midday on Saturday. The practice had extended hours appointments on Monday evenings and every Saturday morning.
- The facilities and premises were appropriate for the services delivered.

- The practice made reasonable adjustments when patients found it hard to access services. For example, GPs made weekly visits to local care homes and home visits were available to patients that are unable to access the practice.
- 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 GPs also accommodated home visits for those who had difficulties getting to the practice due to the limited local public transport availability.
- GPs undertook weekly visits to the four care homes aligned to the GP practice to ensure they offered proactive care as well as acute care.

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. Patients with more than one condition were fully reviewed at one appointment saving the patient from attending the practice on more than one occasion. 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.
- Patients with long term conditions could have a longer appointment when necessary and the reception team know who these patients are.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraceptive services including long acting devices.

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

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

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- There were systems to identify and follow up patients who had not attended hospital appointments.
- There were systems to identify patients whose circumstances make them vulnerable and we saw evidence that these patients were discussed in clinical team meetings.

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 provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations.

- There were various information materials around the practice signposting patients who may be experiencing mental health problems to relevant support groups.
- Staff we spoke with clearly identified how they would assist patients in the practice who were experiencing poor mental health.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs; however the process of making an appointment was very difficult for patients.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. This was supported by observations on the day of inspection, patients we spoke with and completed comment cards. 223 surveys were sent out and 128 were returned. This represented about 1% 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 79% and the national average of 76%.
- 83% 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 compared with the CCG average of 88% and the national average of 84%.
- 76% of patients who responded said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 52% of patients who responded described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 37% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 65% and the national average of 64%.

Are services responsive to people's needs?

(for example, to feedback?)

- 53% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 71%.

The practice were aware of the poor results in relation to access via the telephone system. Following this feedback, the practice had recently updated their telephone system and the practice informed us that they had plans to further develop their telephone system. The new system had opened more lines into the practice reducing the need for patients to repeatedly dial. Further improvements were planned to give patients automated options to go through to the correct department, for example, to the reception or dispensary. However, the practice had not monitored the impact of these changes and could not evidence that the changes had a positive impact on patients accessing the practice by telephone.

On the day of the inspection we observed there was a large queue of patients at the practice waiting for the practice to open. Patients that we spoke with advised us that they attended the practice in person because it is easier than attempting to access the practice by telephone. Since our inspection, the practice have launched an online triage system in an attempt to improve access to the practice for patients.

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. 21 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice sometimes learned lessons from individual concerns and complaints. Following a recent complaint about the timing of an invitation letter for a health check, the practice reviewed their system and letter and amended their timings ensuring patients had greater flexibility in the month they attended.
- Evidence we saw did not show that all learning points identified from complaints had been recorded or shared with the whole practice team. Since our inspection, the practice have taken some action in response to this finding.

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.

- Staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Since our previous inspection a new practice manager had been recruited, staff told us that changes that had been made were positive. For example, a safe and systematic process to populate the new intranet with the policies and procedures had made it easier for them to access.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. For example, leaders had encouraged and assisted reception staff to undertake care navigator training to develop their role and improve patient experiences.
- 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.

- The practice was working in collaboration with nine other local practices to bring additional services to their patients. These practices planned to have two emergency care practitioners and two dementia specialist nurses working with the patients in the future.
- 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.

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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- Following feedback from staff that they felt communication could be improved, the practice had introduced monthly departmental lead meetings. Staff that we spoke with told us they felt communication had improved and they were working with the management team to improve this further. There were positive relationships between teams.

Governance arrangements

Are services well-led?

Good 

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

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

- The practice had an organisational chart which detailed the staff members in each department and who they reported to. Information was also displayed to inform staff of GPs and nurses with lead roles.
- The governance and management structure, joint working arrangements with other staff and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control. Staff we spoke with were able to identify those who had lead roles in the practice.
- Weekly partner meetings took place and were minuted. However, these lacked some detail to ensure that actions identified would be carried out and by whom.
- The practice had a process in place to monitor staff training.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice had introduced a new electronic system to ensure that practice policies and procedures were easily accessible to all staff on their desktop computer.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- 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 patient safety 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.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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 virtual patient participation group (PPG) who communicated useful practice specific information and local campaigns to members by email.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice worked with and delivered training to local residential and nursing homes where they required assistance.

Are services well-led?

Good 

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

Continuous improvement

There were systems and processes for learning and continuous improvement.

- Staff were encouraged to raise concerns and share ideas to improve the practice. Staff gave examples of how their suggestions had been implemented by the practice. For example, the practice had developed monthly team leader meetings to share information with staff and to receive feedback from them. The practice and staff planned to further improve these to ensure all information and learning was shared in a timely manner.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.