

# Thamesmead Health Centre

## 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?	Good	
Are services well-led?	Good	

# Key findings

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## 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 Thamesmead Health Centre on 21 March 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out inline with our next phase inspection programme.

At this inspection we found:

- The practice had a vision to deliver high quality care for patients.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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. The practice offered a flexible range of appointments and services.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There were systems in place to ensure that patients with long-term conditions or who were vulnerable received the treatment and health checks they needed.

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

# Summary of findings

- Make all appropriate staff aware of the process for recording, resetting and logging fridge temperatures.
- Take steps to increase the annual review rate of patients identified as having a learning disability and review the need to put processes in place to ensure GPs have appropriate involvement in the annual reviews of people with learning disabilities undertaken by the healthcare assistant and pharmacist.
- The practice should formalise the structure of supervision for all employed clinical staff.
- Review the processes in place for cervical screening to increase uptake.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Thamesmead Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a second CQC inspector and an expert by experience.

## Background to Thamesmead Health Centre

The registered provider of the service is Thamesmead Health Centre. The practice is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury; Maternity and midwifery services; Diagnostic and screening procedures; Family planning services and Surgical procedures.

The address of the registered provider is Thamesmead Health Centre, 4-5 Thames Reach, London, SE28 0NY. <https://www.thamesmeadhealthcentre.co.uk/>.

Thamesmead Health Centre provides primary medical services in Thamesmead to 7,866 patients and is one of 37 practices in Greenwich Clinical Commissioning Group (CCG). The practice is part of the organisation AT Medics, which was established in 2004. AT Medics is led by six GP directors and spreads across 37 locations within London. Thamesmead Health Centre has a population deprivation score of four in England (one being the most deprived and 10 being the least). The proportion of children registered at the practice who live in income deprived households is 27% which is higher than the CCG average of 25%.

The practice population of children is higher than the CCG and national average. However, for older people the practice population is significantly below the CCG and national average. The practice population of those of working age are above the CCG and national averages. Of patients registered with the practice, 43% are White or White British, 11% are Asian or Asian British, 39% are Black or Black British, 6% are mixed British and 2% are other ethnic groups.

The practice operates from the first floor of a large purpose-built health centre. Facilities are on the ground floor and are wheelchair accessible. The practice has access to five doctor consultation rooms and two nurse treatment rooms. The practice team at the surgery is made up of three male GPs, two of them are salaried GPs the other is a partner of AT Medics. A part-time female practice pharmacist, a part-time female practice nurse, two part-time female health care assistants/administrators, one part-time female locum nurse practitioner, four part-time receptionists one of whom also works as a referral coordinator, an administrative lead, a practice administrator and a practice manager. The practice also had a Regional Manager worked from the practice once a week.

The practice hosts Live Well Greenwich and is attended on Tuesdays by a health professional, who provides guidance to patients on how to live a healthy lifestyle. Greenwich GP Hub operates from the practice, Monday to Friday 4pm to 8pm, Saturdays and Sundays 8am to 8pm and Bank Holidays 8am to 8pm. Patients can be booked directly into this service.

# Are services safe?

## Our findings

**We rated the practice as good for providing safe services.**

### Safety systems and processes

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

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- All staff had received chaperone training and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice carried out appropriate staff checks at the time of recruitment and monitored indemnities and qualifications.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- Appropriate indemnity arrangements were in place to cover potential liabilities.

### Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an effective induction system for both permanent and temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

- Clinicians knew how to identify and manage patients with severe infections including sepsis. There was a poster in reception to support reception staff to identify the symptoms of sepsis.

### Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.
- Management of correspondence in the practice was safe. The practice had systems to deal with incoming information from other organisations including hospital letters and results.

### Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, the fridge's temperature was not reset on a daily basis as required after each temperature check.
- The practice had a system in place for monitoring high risk medicines.
- The provider had a clear process and audit trail for the management of information about changes to patient's medicines from other services and acted on incoming correspondence.
- Staff who prescribed, administered or supplied medicines to patients gave advice on the medicines inline with current national guidance.

In 2016/17 the practice had a slightly higher than average antibacterial prescribing rate. They were aware of this and had carried out audits to monitor their prescribing rate which led to a reduction of their antibacterial prescribing.

- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines.

## Are services safe?

### Track record on safety

The practice had a good track record on safety.

- 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 of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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, a patient called the practice to arrange a smear test; however, the patient's notes identified the patient as already having a smear test. The patient confirmed that she had another appointment on the date the smear test was recorded; therefore, could not have had the smear test. The practice contacted the laboratory and appropriate government body to rectify the error. The patient was subsequently given an appointment for a smear test. The practice recorded the incident as a significant event and introduced a fail-safe procedure whereby all smear tests are now recorded on their clinical system and an appointment book. The book was used as an audit tool to ensure patients had their smear tests, that the results had been received by the practice and communicated to the patient.

- We saw evidence that the practice acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### 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 well-being.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. Advance care plans were used for those at the end of life.
- Antimicrobial prescribing was clearly monitored. In 2016/17 the percentage of broad-spectrum antibiotic items prescribed was lower than the CCG and national average. Broad spectrum antibiotics are those which act against a wide range of disease-causing bacteria, such as bacteria causing diarrhoea but which may contribute to antibiotic resistance. However, the practice has a slightly higher than average prescribing rate overall.
- In 2016/17 the practice had a lower level of prescribing hypnotics compared with the prescribing rate of the CCG and the national average. Hypnotics are drugs that are used to help people fall asleep, which have identified health risks with long-term use.

Older people:

- The practice had 33 patients aged over 75. All had received a telephone call inviting them for a health check. The practice achieved an 87% uptake.
- The practice had targeted pneumococcal immunisation in the last 12 months, achieving an increase from 64% to 79%.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- The practice had a recall system in place for patients with long term conditions to attend the practice for routine checks.
- Chronic Obstructive Pulmonary Disease (COPD) reviews were carried out by the Health Care Assistant and Practice Nurse and were appropriately monitored.
- We saw evidence of patients with long-term condition having a comprehensive annual review to check their health and medicines needs were being met. Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice promoted active case finding to increase their chronic disease prevalence. This involved weekly clinical meetings and continuous clinician education.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given were lower than national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had not met the target in four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.1 compared to the national average of 9.1. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice offered shared antenatal care with community midwives and postnatal care. They maintained a register of high risk pregnancies and liaised with the local midwife, who ran a clinic at the practice, for issues relating to safeguarding.

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

- The practice's uptake for cervical screening was 69%, which was below the 80% coverage target for the national screening programme. However, the practice's uptake was comparable to the CCG and national average, 70% and 72% respectively. The uptake of screening

# Are services effective?

## (for example, treatment is effective)

services for bowel and breast cancer was comparable to the CCG and national averages. • The practices' uptake for breast and bowel cancer screening was in line the CCG and national averages.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

- The practice held a register of patients living invulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition.
- A social prescriber, funded by the CCG, attended the practice weekly to manage patients who needed additional help with social issues.
- The practice had a referral pathway for patients who had experienced or were at risk of female genital mutilation, where they could receive support in a safe and confidential environment.
- Longer appointments were made available for patients with learning difficulties to ensure comprehensive care planning.

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

- The practice had an alert system for placing messages on the clinical notes of patients with dementia. These reminded clinicians to consider any mental capacity issues and to ensure patients received enhanced care such as longer appointments if required.
- We reviewed clinical meeting minutes which showed that patients were discussed if a clinician had a concern about their well-being and actions were identified.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG and national averages.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 91% of patients experiencing poor mental health had received advice about alcohol consumption. This was comparable to the CCG and national average.

- 83% of patients identified with dementia had a face-to-face assessment to review their needs.

- The practice offered annual health checks to patients with a learning disability which were carried out by the healthcare assist and pharmacist. There was not consistent oversight of the assessments by a GP.

- 46% of patients with a learning disability had received an annual review within the last 12 months.

- There was a system for following up patients who failed to attend for administration of long term medication.

### Monitoring care and treatment

The most recent published Quality Outcome Framework(QOF) results showed the practice's achievement was above average at 99% of the total number of points available compared with the CCG average of 93% and national average of 97%. The overall exception reporting rate was 9% compared with the CCG average of 8% and national average of 10%.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice undertook regular audits to identify all patients prescribed warfarin within the previous six month period to ensure patients were being prescribed within the therapeutic range.

- The practice provided evidence of improving the number of vulnerable patients with safety alerts on their record from 0% in the first audit cycle to 100% in the third audit cycle in 2017.

- The practice used information about care and treatment to make improvements. For example, in response to patient feedback, the practice placed posters in the waiting



# Are services effective?

## (for example, treatment is effective)

room to inform patients that they were able to request an appointment with a GP of their preference. The posters were accompanied by a photo board to enable patients to identify both male and female GPs.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions and older people.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, appraisal and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Clinical staff had access to fortnightly development sessions, monthly development sessions for the pharmacist and a nursing forum.
- 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.
- We saw evidence that the practice provided staff with ongoing support. This included an induction process, one-to-one meetings, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

### Coordinating 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.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

- The practice shared information with, and liaised, with community services, social services and with health visitors and community services for children.

### 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 at risk of developing a long-term conditions and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- The practice's website provided health leaflets and action plans on a broad spectrum of conditions. The website included self-care fact sheets and self-referral forms for a range of local services.
- Staff discussed changes to care or treatment with patients as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, Diabetes Awareness Day and held a Cancer Awareness Day in a local community centre.
- Staff were consistent and proactive in helping patients to live healthier lives.

### 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 discussed changes to care or treatment with patients and their carers as necessary.

# Are services caring?

## Our findings

### We rated the practice as good for caring.

#### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We observed reception staff providing one-to-one support to vulnerable patients.
- All of the 23 patient Care Quality Commission comment cards we received were positive about the service received from both clinical and support staff at the practice. Some patients specifically commented on the professionalism of staff and having their needs totally catered for. However, there were five comments around long waiting times for appointments.
- We spoke with a member of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Patients we spoke to on the day of inspection said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 386 surveys sent out and 82 returned, which was about 1% of the patient list. The practice was above average for patients' satisfaction in involving them in decisions about their care.

Results showed:

- 83% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 86% and the national average of 89%.

- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average 96%.

- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 86%; national average 91%.

- 73% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 81%; national average 86%.

- 88% of patients who responded said the nurse was good at listening to them; CCG 87%; national average 91%.

- 78% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 78% and national average of 82%.

- 80% of patients said the last GP they saw or spoke to was good at explaining tests and treatments; CCG - 83%; national average 86%.

- 87% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care; CCG 80%; national average 85%.

- 86% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments; CCG 86%; national average 90%.

#### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand; for example, a hearing loop was available.
- Staff helped patients and their carers find further information and access community and advocacy services. The practice proactively identified patients who were carers by asking patients whether they had caring responsibilities when they registered with the practice, and then by identifying patients opportunistically during

## Are services caring?

consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers (this was just over 1% of the practice patient list).

- Information on support available to carers was on display in the waiting area. The practice encouraged carers to have the influenza immunisation.
- The practice held a coffee morning for patients who were carers to provide a friendly and supportive environment. The event was attended by Age UK and Greenwich Parent Voice, an organisation run by an independent group of parents that have a statutory role in passing on parent and

carer views to decision makers in the government. • Staff told us that if families had experienced bereavement, they would immediately be offered a telephone consultation with their usual GP.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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.
- The practice offered a chaperone for patients. All staff had received chaperone training.
- All clinical rooms were equipped with curtains for patient privacy.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. For example, in response to patient feedback the practice developed an enhanced online booking system to allow bookings up to two weeks in advance.

- The practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered. There was a disabled toilet in the waiting area and a toilet with baby changing facilities.
- The practice used an audible and visual calling system to inform patients that the doctor was ready to see them and which room to attend.
- The practice offered extended opening hours.
- The practice's website offered a set of comprehensive advice services for common ailments.
- Care and treatment for patients with multiple long-term conditions and patients was coordinated with other services.
- The practice offered telephone consultations with their pharmacist which could be booked on the same day.

#### Older people:

- The practice had an on-line business intelligence dashboard to review immunisation data in real time and benchmark against local practices. All the practice's elderly patients received personal telephone calls inviting them to attend the practice to be vaccinated for flu and shingles.
- The practice had targeted pneumococcal immunisation in the last 12 months, achieving an increase from 64% to 79% overall.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

#### 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 regularly liaised with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- The practice promoted active case finding to increase their chronic disease prevalence. This involved weekly clinical meetings, continuous clinician education as well as fortnightly development sessions for healthcare assistants and nurses.
- The practice pharmacist and nursing staff attended AT Medics bespoke training programme on a monthly basis to keep up-to-date with clinical practice. The training covered learning disability, prediabetic and dementia annual reviews and mental health learning reviews, among other topics.

#### Families, children and young people:

- The practice showed us evidence of increased childhood immunisation uptake, resulting from a targeted approach to engage families.
- The practice's website contained tailored specific local information about services and detailed self-referral information.
- The practice maintained a register of high risk pregnancies and liaised with the local named midwife.
- The practice offered the Xplore programme a Royal Borough of Greenwich programme delivered by Greenwich Leisure Limited for children, young people and their families to become fitter, healthier and more active.
- 'When should I worry' self-help for parents with sick children was available on the practice's website.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

# Are services responsive to people's needs?

## (for example, to feedback?)

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, they offered extended opening hours on Monday and Saturday mornings.
- The practice remained open throughout the day allowing working patients to contact them at their convenience.
- The practice offered an online GP advice service allowing patients to ask questions and receive a response within 48 hours.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice held a Cancer Awareness Day at a local community centre as part of Men's Health Week. • Patients were able to book double appointments online.
- The practice had an electronic prescription service enabling prescriptions to be forwarded electronically to patients' nominated pharmacy.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice maintained a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- A support service was listed on the practice's website for carers and those they support
- The practice had a social prescriber who attended weekly to support patients who needed additional help with social issues.
- We saw that many posters were displayed in several different languages.
- Longer appointments were available for patients with learning difficulties. • The practice's website gave patients the option to select from a broad range of languages to view information.

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.

### Timely access to care and treatment

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.
- Patients reported that the practice's new 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 to local and national averages. This was supported by observations on the day of inspection and completed comment cards.
- 78% 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 80%.
- 80% of patients who responded said they could get through easily to the practice by phone; CCG - 70%; national average - 71%.
- 60% 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 - 69%; national average - 76%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 62%; national average - 73%.
- 78% would recommend this surgery to someone new to the area; CCG - 76%; national average 79%. The practice conducted an internal patient survey in 2017 and produced an action plan to respond to patient needs. For example, in response to patient feedback regarding the lack of appointments the practice included added an on-line booking system for appointments with their Healthcare Assistants.

### Listening and learning from concerns and complaints

## Are services responsive to people's needs? (for example, to feedback?)

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. Eight complaints were received in the last year. On review we found that they were satisfactorily handled in a timely way.

• The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following feedback from the national GP patient survey the practice developed a new staggered appointment system.

- All significant events were discussed at board meetings.

# 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 were knowledgeable about issues and priorities relating to the quality and future of services. They demonstrated an understanding of the challenges and were addressing them.
- Leaders at all levels were visible and approachable. The Regional Manager worked closely with staff 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. For example, reception staff were given lead responsibilities on areas requiring improvement.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had a mission statement and staff we spoke with knew and understood the values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice's priorities were in line with health and social priorities across the region.
- The practice planned its services to meet the needs of the practice population and demonstrated forward thinking in this approach.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff said they felt respected, supported and valued. They felt able to approach the practice manager and senior members of staff with any concerns.

- Patients told us that they felt the practice focused on their needs.
- Leaders and managers challenged behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. From the complaints we viewed, it was clear that the practice was open with patients when things went wrong and offered an apology.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. There was evidence of their professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

### Governance arrangements

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

- Practice specific policies were implemented and were available to all staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Risk assessments such as Health and Safety and Infection Control had been completed appropriately.
- A comprehensive understanding of the performance of the practice was well-maintained
- A programme of continuous clinical audit was used to monitor quality and make improvements.
- The practice had comprehensive records of meetings that took place and resulting actions.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, the practice had

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

not been resetting the temperature monitor after each reading or after the fridge door was opened. Not all staff were able to demonstrate an understanding of the reason the fridge should be reset daily and after being opened.

## 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. All significant events were reviewed by the clinical team within the practice and escalated to the regional management team for analysis. We saw evidence that identified lessons were cascaded to members of staff across the whole organisation.
- We saw evidence that 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 national and local 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 taken to improve quality of service. For example, through close monitoring of diabetic audits the practice were able to significantly increase the uptake of diabetic patients in the eight care processes (a comprehensive review received annually by all diabetic patients).
- The practice had a Business Continuity Plan and had plans in place and had trained staff for major incidents.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Practice leaders had awareness of the performance of the practice in terms of Quality and Outcomes Framework (QOF) data, benchmarking and prescribing data.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used information from a range of sources including QOF data, public health data, and patient satisfaction data to ensure and improve performance.

• 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 actively involved in driving improvements.

• The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

• 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.

- Patients and staff told us that their views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group that met quarterly. Meeting minutes were displayed in the waiting area.
- There was a feedback box in the reception area, however not all patients were aware it was there.
- The Patient Participation Group was advertised on a notice board in reception. Included was meeting minutes and the date of the following meeting.
- Staff told us they would not hesitate to give feedback and discuss concerns or issues with colleagues and management.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Significant events and complaints were shared with all staff during practice meetings and there was some evidence that learning was shared and used to make improvements.



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- The practice made use of board level reviews of significant events. A member of the reception team attended these meetings when necessary and learning was shared with the wider team.