

The Sollershott Surgery

Quality Report

44 Sollershott East
Letchworth Garden City
Hertfordshire
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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. (Previous inspection 07/2017 – Inadequate)

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 undertook a comprehensive inspection of The Sollershott Surgery on 12 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as

inadequate for providing safe and well led services and was placed into special measures for a period of six months. We undertook a further announced comprehensive inspection of The Sollershott Surgery on 06 July 2017. This inspection was carried out following the period of special measures to see if improvements had been made and to assess whether the practice could come out of special measures. The practice continued to be rated as inadequate for providing safe and well led services and remained in special measures for a further period of six months. The full comprehensive reports on the May 2016 and July 2017 inspections can be found by selecting the 'all reports' link for The Sollershott Surgery on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 28 March 2018.

At this inspection we found:

- Practice specific policies and procedures were in place, they were regularly reviewed and accessible to all staff, including locum and temporary staff.
- Patients' health was now monitored to ensure appropriate blood monitoring had taken place. The provider had implemented a rolling programme of audits of patients who were prescribed high-risk medicines.

Summary of findings

- The provider had identified a clinical lead for the practice and established a regular team of self-employed sessional GPs to provide continuity of care. Clinical meetings were now held in the practice.
- The practice had developed an active patient participation group (PPG) who they engaged with to obtain views and concerns of the patient population.
- 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. Incidents and learning were shared with the provider's governance team to identify any trends and learning across the organisation.
- 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.
- The most recent published quality and outcomes framework (QOF) data showed the practice were

below local and national averages overall and in many areas particularly for the monitoring of patients with long-term conditions and patients experiencing poor mental health (including those with dementia).

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

- Continue to monitor and ensure improvements to national GP patient survey results in all areas.
- Continue to monitor the care and improve outcomes for patients particularly those with diabetes and patients experiencing poor mental health.
- Consider ways to ensure staff engagement and satisfaction with their employment.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

Older people	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

The Sollershott Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Sollershott Surgery

The Sollershott Surgery provides a range of primary medical services to the residents of Letchworth Garden City and the adjoining borders of Hitchin and Baldock. The practice was established in 1963 and has been at its current location of 44 Sollershott East, Letchworth Garden City, Hertfordshire, SG6 3JW since 1989.

The practice population is predominantly white British with a higher than average 60 to 79 year age range. National data indicates the area is one of low deprivation. The practice has approximately 5,500 patients and services are provided under an Alternative Provider Medical Services (APMS) contract, this is a locally agreed contract with NHS England and GP practices.

At the time of the inspection in May 2016, the practice was led by two GP partners and they employed a salaried GP, a regular locum GP and a practice nurse. Since the inspection, the two GP partners resigned their contract and

the remaining GPs and practice nurse all left the practice. In January 2017 The Practice Group, a company that provides services on behalf of the NHS, were commissioned to run the service. They currently have four self-employed sessional GPs and one locum GP. There is a vacancy for a practice nurse which is currently filled by a locum practice nurse. There is a health care assistant and a team of reception and administrative staff led by the practice manager and patient services manager. The practice was supported by The Practice Group clinical director, who acted as the clinical lead for the practice and a regional support manager who was the CQC registered manager for the practice. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, and treatment of disease, disorder or injury.

The practice is open from 8.30am to 6.30pm Monday to Friday, with access via the telephone from 8am daily. Appointments are available at from 8.40am to 12.30pm and 2pm to 6pm daily. The practice does not offer any extended opening hours appointments.

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Are services safe?

Our findings

At our previous inspection 6 July 2017, we rated the practice as inadequate for providing safe services as:

- The system for checking the monitoring of high-risk medicines was not evident. Electronic patient records showed that some patients had not received appropriate blood monitoring.
- Policies were accessible to all staff although they were not practice specific particularly in relation to safeguarding.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 March 2018.

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

Safety systems and processes

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

- The practice had a number of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance. We noted that the policies were now practice specific and contained local information pertinent to the practice.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 Group human resources team carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. DBS checks were undertaken for all staff.
- There was an effective system to manage infection prevention and control. The health care assistant was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and all staff had received up to date training. Annual IPC audits were undertaken to ensure the practice was following correct IPC procedures.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider had reviewed how many staff were required when they were commissioned to run the service and used a staffing matrix to assess staffing against the appointments they were contracted to provide. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. Feedback from staff and patients at the previous inspection in July 2017 indicated that the provider relied on locum GPs to provide clinical cover with a lack of continuity of care for patients. Since the inspection the provider had established a team of regular self-employed sessional GPs who worked the same days each week to provide continuity of care for patients. They had also created a new role and recruited a patient services manager to support the practice manager.

Are services safe?

- There was an effective induction system for temporary staff tailored to their role. Locum packs were now available with all the necessary information to familiarise temporary staff with the practice and local area.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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.
- When there were changes to services or staff the provider 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.

- 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. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- Following our previous inspection in July 2017 the provider reviewed its policies and procedures for the management of patients who were prescribed high-risk medicines. The provider implemented a rolling programme of audits of patients who were prescribed high-risk medicines to ensure appropriate blood monitoring had taken place. Patients' health was now monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. 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. We reviewed antibacterial prescribing data for the practice and found they were comparable with other practices both locally and nationally.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, control of substances hazardous to health and infection control, fire and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice introduced a new protocol for the management of clinical specimens following an incident when specimens had been left at the practice by patients with no request or appropriate specimen form from a clinician.
- All incidents were reported and logged with the provider's governance team by the regional support manager to identify any trends and learning across the organisation.

Are services safe?

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and the population groups as good for providing effective services with the exception of people experiencing poor mental health (including people with dementia) which we rated as requires improvement.

(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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We reviewed prescribing data for the practice and found they were comparable with other practices both locally and nationally.
- 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.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- 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 offered flu, pneumococcal and shingles vaccines to this age group.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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.
- Performance for diabetes related indicators was below the CCG and national averages. For example, the practice achieved 74% compared to the CCG average of 89% and the national average of 91%. In response to the low scores the practice had recruited a practice nurse who had an interest in and had received training in the care of patients with diabetes. They had not started with the practice at the time of the inspection.
- Patients were referred to expert patient programmes to help them manage their conditions. For example, patients with type 2 diabetes were referred to the DESMOND programme. (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed. Patient education for people with diabetes.)

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. The practice achieved an average of 97%, which was higher than the national average of 91%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 78%, which was slightly below the 80% coverage target for the national screening programme. The achievement was above the CCG average of 75% and the national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line the national average. For example,

Are services effective?

(for example, treatment is effective)

- 81% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 73%.
- 67% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 59% and the national average of 58%.
- 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 the housebound and those with a learning disability.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

- 42% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was below the CCG average of 93% and the national average of 94%.
- 83% 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 92% and the national average of 90%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. However, they were below local and national averages. For example, 45% of patients experiencing poor mental health had received discussion and advice about alcohol consumption compared to the CCG average of 91% and the national average of 91%.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had completed a third cycle of an audit to ensure all female patients prescribed a certain medicine used to treat epilepsy or mental health disorders had an alert on their computer record to ensure that contraception advice and counselling was given. They had also undertaken an audit of patients prescribed a medicine used to help relieve severe ongoing pain (such as due to cancer) to ensure the patients received a regular medicine review. This audit was undertaken in response to an incident that had occurred at another GP practice. Patients identified as in need of a review were offered an appointment with a GP and a date was set to complete a re-audit to ensure ongoing quality improvement. The provider's clinical regional nursing team supported audit activity within the practice and had an annual programme of audits in place that identified a different audit for each month of the year.

The most recent published QOF results for 2016/17 showed the practice achieved 82% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception reporting rate was 5% compared with a CCG average of 9% 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 provided unverified data to show they had made some improvements to their QOF results for 2017/18. For example, at the time of the inspection they had achieved 85% of the total number of points available. We saw evidence of clinical team meetings where QOF was discussed and action points made to make improvements. These included extra clinical sessions by the clinical director specifically to see patients who required a review

Are services effective?

(for example, treatment is effective)

of their condition and treatment. The provider acknowledged that some areas were lower than local and national averages as they had not had a regular employed practice nurse.

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 provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- 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 co-ordinated and person-centred care. This included when they moved between services, when

they were referred to, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 34 patient Care Quality Commission comment cards. Of these 22 were positive about the service experienced, 10 had mixed responses and two were negative. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The most recent published results showed that out of 174 responses 75% would recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 218 surveys sent out and 118 were returned. This represented about 2% of the practice population. The practice was comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%.
- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.

- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. This was done when patients registered at the practice and opportunistically when they attended for appointments or at the practice flu clinics. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 109 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. There was a carers' noticeboard in the waiting area and written information was available to direct carers to the various avenues of support available to them. For example, Carers in Hertfordshire.
- Staff told us that if families had experienced bereavement, the practice contacted them and gave advice on how to find a support service.

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

- 87% 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 85% and the national average of 86%.

Are services caring?

- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 79%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room. The practice had received a complaint from a patient regarding information that was discussed at the reception desk. Following this, the practice ensured that private conversations regarding patients were carried out in a separate room away from the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 6 July 2017, we rated the practice as requires improvement for providing responsive services as:

- Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was below the local and national averages in some areas.

There had been no further national GP patient surveys published since the inspection, however, the practice demonstrated they had implemented actions to improve patient satisfaction.

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests and advanced booking of appointments were available.
- The facilities and premises were appropriate for the services delivered. All consultation and treatment rooms were on the ground floor. There were automatic doors at the entrance and access enabled toilets were available.
- 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 engaged with and made use of a Home-First Service to support older patients. The service supported patients to continue to be treated in their own home rather than admitted to hospital.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

- Weekly visits were made to a local care home in addition to home visits as required.
- Longer appointments were available for patients with more than one condition.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings every six weeks with the local community nursing team to discuss and manage the needs of patients with complex medical issues.
- An anti-coagulation service was hosted by the practice every week so patients did not have to attend the hospital for appointments.
- The Home-First Service was available for patients with long-term conditions.

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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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.
- The practice promoted a full range of health promotion and screening that reflects the needs for this age group.
- Online appointment booking and repeat prescription requests were available.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- Home visits for immunisations for housebound patients were available.
- Flexible appointment booking and longer appointment times were available.
- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations.

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

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice had information available for patients experiencing poor mental health about how they could access support groups and voluntary organisations.

Timely access to care and treatment

Patients were able/were not 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 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 mixed when compared to local and national averages. There were 218 surveys sent out and 118 were returned. This represented about 2% of the practice population.

- 64% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 48% of patients who responded said they could get through easily to the practice by phone; CCG – 62%; national average – 71%.
- 92% 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 – 83%; national average – 84%.
- 84% of patients who responded said their last appointment was convenient; CCG – 78%; national average – 81%.
- 59% of patients who responded described their experience of making an appointment as good; CCG – 66%; national average – 73%.
- 43% of patients who responded said they don't normally have to wait too long to be seen; CCG – 56%; national average – 58%.

Following the inspection in July 2017 the provider put together an analysis and action plan from the results of the GP patient survey. The provider informed us the following actions that had been put in place,

- They recruited an additional two receptionists working 30 hours between them.
- They recruited an additional administrative support role in the Patient Services Manager since October 2017 who supported the reception team to answer telephone calls and cover for leave and absences.

The provider engaged with the practice participation group (PPG) to complete a further survey of patient's opinions. The PPG survey had 24 responses and was carried out over a period of one week in February 2018. Results showed that these patients were generally satisfied with the practice. For example,

- The PPG survey asked patients how easy was it to make an appointment? The responses showed 76% of patients stated that they found it very easy or excellent.
- The PPG survey asked patients how pleasantly were you treated by the reception staff? The responses showed 91% of patients stated either very good or excellent.
- The PPG survey asked patients how pleasantly were you treated by the medical practitioner. The responses showed 94% of patients stated very good or excellent.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice received 15 complaints in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, reception staff received training in dealing with complaints and on ensuring that the correct information was given to patients following complaints regarding conflicting information that had been given.
- The practice used the complaints process to help them develop the PPG. When a patient complained and the matter had been investigated and resolved the patients were invited to join the PPG. This had resulted in the recruitment of new members to the group.

Are services well-led?

Good 

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

Our findings

At our previous inspection 6 July 2017, we rated the practice as inadequate for providing well-led services as:

- There was a lack of visibility and oversight from the provider in relation to clinical leadership within the practice. No clinical meetings were held to ensure effective governance and oversight of incidents and performance and continuity of care for patients.
- The practice were not engaging (fully) with the patient participation group (PPG).

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 March 2018.

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Following the inspection in July 2017 the provider identified the clinical director or The Practice Group to act as the clinical lead for the practice.
- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had 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, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice had a mission statement, which was displayed in the waiting areas, and staff knew and understood the values.

- The vision and values for the practice reflected and incorporated the corporate vision and values of The Practice Group.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Feedback from staff was mixed. Most of the staff we spoke with stated they felt respected, supported and valued. However, a small number of staff had ongoing concerns regarding their terms and conditions and how they were addressed by the provider since their employment had been transferred to them.
- The practice focused on the needs of patients. Feedback from patients was that there had been an improvement in the continuity of care with regular self-employed sessional GPs used by the provider.
- 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. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people support, information and a verbal and written apology. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We found that the policies were now practice specific.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Clinical meetings were now held in the practice with comprehensive minutes taken.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of 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 to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The provider had an intranet site for all staff members. There were manager forums on the site that staff could access to communicate with managers of the company.
- The practice had now developed an active patient participation group (PPG). They offered patients who had cause to complain about the practice the opportunity to join the group to help improve the service offered to patients. We spoke with six members of the PPG on the day of the inspection. They were positive in their feedback regarding the clinical care at the practice. They informed us that continuity of care had improved. However, they felt that communication from the provider could have been improved upon, as representatives of the organisation did not always attend PPG meetings. We did note that the practice manager attended all PPG meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Good 

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

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.