Isleworth Medical Centre

Quality Report

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Website: -

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Isleworth Medical Centre on 13 December 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The new provider had not been inspected before and that was why we included them.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, we noted some significant events described and acted on by staff had not been documented on the practice's template.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety. Although we found the provider had not addressed gaps in the recruitment files for staff who were employed by the previous provider.
- 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 accessing the service by telephone difficult and the practice had taken action to improve this.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

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

- Review the system in place to ensure all significant events are recorded.
- Review and update staff recruitment files.
- Continue to review patient satisfaction with telephone access and the availability of appointments.

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

Isleworth Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Isleworth Medical Centre

Isleworth Medical Centre ('the practice') is managed by Argyle Health Group Limited ('the provider'). The practice merged two existing GP services (Greenbrook Isleworth and The Grove Practice) in July 2017. Service provision for the two practices was delivered collectively and performance data submitted separately, however as of July 2017 performance data is submitted under one NHS contract. The practice is part of NHS Hounslow Clinical Commissioning Group (CCG) and provides primary medical services to approximately 10,600 patients.

Services are provided from:

- The Isleworth Centre, 146 Twickenham Road, Isleworth, Hounslow, TW7 7DJ

Isleworth Medical Centre is managed by two GP partners and the chief operating officer of Argyle Health Group Limited. Practice staff include a salaried GP (female); four regular GP locums (one male, three female); two practice nurses; a health care assistant; three pharmacists (full-time); a practice manager; a deputy practice manager; and nine receptionists / administrators. The GPs collectively provide 30 sessions a week. The nursing sessions equate to 1.5 whole time equivalent (WTE) staff and the health care assistant 0.64 WTE.

The practice operates from a purpose built medical centre which it shares with other community healthcare services. The practice occupies eight consultation / treatment rooms, a waiting room, and administrative offices. Patient areas for the practice are on the ground floor.

The practice and telephone lines are open from 8:00 to 18:30 every weekday and 08:00 to 12:30 on Saturday. When the practice is closed patients can be booked an appointment with the local primary care hub or are directed to the out of hours service.

The practice has a higher than average number of patients under 18 years of age. The ethnicity of the population is 62% white, 21% Asian, 8% black, 5% mixed race and 4% other ethnic groups. The practice area is rated in the fifth deprivation decile (one is most deprived, ten is least deprived) of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission to provide the regulated activities of: diagnostic & screening procedures; family planning; maternity & midwifery services; surgical procedures; and treatment of disease disorder & Injury.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. We noted gaps in the recruitment files of staff that were employed by the previous provider and remained working for the new provider. For example, some files did not have CVs or recent professional registration checks. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control and action was taken to address poor compliance. For example, when the practice was not satisfied with the standard of cleaning in the building they raised their concerns in a meeting with the buildings management and other tenants.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for staff tailored to their role.
- The practice carried out role play exercises for staff to recognise those in need of urgent medical attention. Staff understood their responsibilities to manage emergencies on the premises. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- The practice had conducted a risk assessment of emergency medicines kept on site. If a medicine was not stocked, the risk assessment detailed the reasons for

this. For example, the practice had decided some medical emergencies would be more appropriately managed by ambulance staff or at the local hospital which was half a mile away.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- The practice had employed three pharmacists to help monitor patients' health and to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- The practice faced challenges with building maintenance and safety. They told us they had commissioned for remedial structural work outside of the building and electrical safety in some areas of the practice.
- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, we found two examples of significant events that had been acted on but were not recorded on the practice's templates.
- The practice learned, shared lessons, and took action to improve safety in the practice. For example, a repeat prescription request had not been acted on as the task was sent to a GP locum who was not at work. The incident was discussed and the areas of good practice and areas for improvement identified. The learning points included not sending prescription tasks to GP locums as they worked irregular shifts.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

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

We were unable to review published prescribing data for the practice as the new provider had taken over in July 2017. The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. Unpublished and unverified data showed that the practice had outcomes that were similar to local figures for prescribing. The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Clinical staff and unpublished prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- 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.
- The practice worked with a multidisciplinary team to discuss older patients with complex conditions, and those who may need palliative care as they were approaching the end of life.
- The practice provided care to patients with dementia in a local care home.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

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.
- The prevalence of diabetes in the practice population was similar to the CCG and national averages (5% compared to 6% locally and nationally). Information about patients' outcomes was used to make improvements. For example, the practice monitored monthly performance for diabetes management via the CCG diabetes dashboard. This looked at whether patients were receiving the recommended nine key care processes which included: foot checks; smoking status; weight check; blood pressure; eye test; urine test; and blood tests for cholesterol, kidney function, and HbA1c (glycated haemoglobin). Practice data from July 2017 showed 47% of patients had received the nine key care processes, compared with the CCG average of 56%. The practice identified the management of diabetes as a priority for clinical improvement. They reviewed the patient journey and ways to improve delivery of diabetic care. A diabetes pathway was developed which included how patients would be contacted for their review and results in order to improve communication. The practice also planned to have health care assistant and phlebotomy appointments on a Saturday to improve access for working age patients with diabetes.
- The practice participated in a community research project with the local hospital and the National Institute for Health Research (NIHR) to improve detection and management of Atrial Fibrillation (AF is a heart condition that causes an irregular and often abnormally fast heart rate). The practice identified patients who may

Good

Are services effective?

(for example, treatment is effective)

be at risk of AF and invited them for screening. Patients were tested using a mobile phone ECG monitor which gave an instant reading. Abnormal results could be forwarded to a cardiologist at the hospital for further review.

Families, children and young people:

- We were unable to review published childhood immunisation data for the practice as the new provider had taken over in July 2017. The practice had identified previous poor achievement on booster and MMR childhood vaccinations as an area for clinical improvement. Unpublished and unverified practice data showed uptake rates for the vaccines given were in line with the target percentage of 90% for the period July to September 2017.
- Children with a disability were identified and supported. For example there was a protocol for staff that detailed: the importance of effective communication with the multidisciplinary team in the community and hospital setting; supporting the physical and emotional wellbeing of the child; and supporting the child's carer where relevant. These children were also offered relevant health promotional advice such as the seasonal flu vaccination.
- A 'child and family support leaflet' was available to patients. This contained information on local teams who supported families in a variety of situations, including teenage pregnancy and financial difficulties. There was also information on how to access voluntary support groups.

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

- We were unable to review published cervical screening data for the practice as the new provider had taken over in July 2017. The practice had identified previous poor uptake for cervical screening as an area for clinical development. Unpublished and unverified practice data showed current uptake rates for 2017/18 were 76%. The practice were confident they would reach the 80% coverage target for the national screening programme by March 2018.
- 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 those with a learning disability.
- Case studies on vulnerable patients were carried out and learning was shared with clinical staff.

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

- The practice offered longer appointments and annual reviews for patients with mental health needs.
- There was a practice protocol for the management of patients diagnosed with a mental health condition. This included: updating the practice's mental health register; coding the patient's medical notes appropriately; details of where the patient was primarily treated (in primary practice or by the community mental health team); and adding an alert to the patient's record if they required additional support or care from staff.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, an audit on patients with dementia taking antipsychotic medicine was conducted and relevant patients were invited for a medicines review with their usual GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Monitoring care and treatment

The practice had a comprehensive programme of audit and routinely reviewed the effectiveness and appropriateness of the care provided. For example, there was a completed clinical audit on patients taking diuretic medicines. The practice developed an annual audit schedule which addressed areas of priority for the year against nationally agreed guidance. The schedule included the frequency of the practice's core audits, and those related to the CCG, medicines management, and research projects.

Good

Are services effective?

(for example, treatment is effective)

The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice were involved in a community project to improve the detection of atrial fibrillation in patients.

There was no published Quality and Outcomes Framework (QOF) results for the practice as the new provider had taken over in July 2017 (QOF is a system intended to improve the quality of general practice and reward good practice).

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. Reception staff completed a competency framework which included 20 competency areas such as greeting patients, confidentiality, emergency situations, and inputting data.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The provider informed us that when they took over the practice in July 2017 there was heavy utilisation of different GP locums. The practice attempted to resolve this by advertising for salaried GPs but were unsuccessful. The practice then selected a small group of GP locums to work regular days for a fixed period of time to create more stability in the practice workforce and create continuity of care for patients.
- The practice had recently recruited three pharmacists who were completing the induction process. Their duties would involve assisting the GPs with repeat prescribing, medication reviews and monitoring long term conditions within the limits of their licence and according to practice protocols.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- The practice identified risk factors when new patients registered with the practice. These factors related to lifestyle, smoking status, alcohol consumption, dietary habits, and family medical history.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

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.

Good

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

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.
- Twenty two of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Four partially positive comments referred to difficulties getting an appointment and accessing the practice by telephone.

There was no published national GP patient survey results for the practice as the new provider had taken over in July 2017.

The practice carried out a survey in November 2017 and received 26 responses. The results showed that most patients responded positively about their interactions with the GPs and reception staff. For example:

- 20 out of 26 patients who responded said the GP was good at listening and giving them time to explain (two patients said this was poor)
- 23 out of 26 patients who responded said they had confidence and trust in the last GP they saw (two patients said they did not)
- 25 out of 26 patients who responded said they found the receptionists at the practice helpful (one patient said they did not)

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 a notice in the waiting room, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. This was done when patients registered at the practice or when staff became aware that a patient was a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients as carers (1% of the practice list).

- The practice provided carers with a carers pack and leaflet which contained information on various avenues of support available to them. Information was also on display in the reception and waiting areas. Carers were offered health checks and the seasonal flu vaccination.
- Staff told us that if families had experienced bereavement, the practice offered them advice on how to find a support service.

The practice survey showed that 69% of patients who responded said the last GP they saw was good at involving them in decisions about their care (12% said this was poor).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

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.

- When the new provider took over the service they assessed the needs of the patient population by comparing the demographics of patients registered at the two practices. For example, one practice had a higher percentage of older people who lived in properties they owned and the other practice consisted of more young people with families, some of whom were new to the country, living in rented or social housing. The practice told us they acted as advocates to help these patients access the required health and social care services.
- The practice identified certain risk factors which were more relevant to their patient population. For example, they reviewed ethnic backgrounds and identified patients from South Asian, Sub-Sahara African and African Caribbean communities who may have a higher risk of coronary heart disease, stroke, hypertension, and diabetes.
- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours on Saturday from 08:00 to 12:30 and online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. The practice had commissioned for remedial structural work at the entrance of the building to improve access for people.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice supported older patients in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Children were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, Saturday appointments. The practice could also remotely book evening and weekend GP and nurse appointments for patients willing to attend the local primary care 'hub'.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice did not currently have a website. We were told the work for this was in progress. Patients could still book appointments and order repeat prescriptions online.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, patients who were housebound, those who were at high risk due to their conditions, and carers.
- Patients with a learning disability were offered longer appointments and annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with mental health conditions were offered longer appointments and annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

There were no published national GP patient survey results for the practice as the new provider had taken over in July 2017.

Four of the 26 patient Care Quality Commission comment cards we received were partially positive and referred to difficulties getting an appointment and accessing the practice by telephone. The practice was aware that some patients had difficulty accessing the service, and carried out a survey in November 2017 to identify the specific issues. For example:

- 22 out of 26 patients who responded said the practice was open at times that were convenient for them (two patients said it was not convenient)
- 16 out of 26 patients who responded said it was easy to get through to the practice on the telephone (ten patients said it was not easy)
- 20 out of 26 patients who responded described their experience of making an appointment as good (six patients said this was poor)
- 14 out of 26 patients who responded said they would use an automated telephone system or online system to make an appointment (nine patients said they would not)

In response to patient feedback and complaints about telephone access, the practice replaced their telephone system and increased the number of phone lines so that more staff could answer calls. They also increased reception staff capacity to separate staff who answered telephone calls and those who greeted patients at peak times.

The practice recruited three pharmacists in October 2017. Their role would enable patients to receive comprehensive medicines advice and support the practice to complete medicine management reviews, therefore increasing the availability of GPs to see patients.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, one complaint related to a GP's attitude during a consultation. As a result the GP

Good

Are services responsive to people's needs?

(for example, to feedback?)

was advised to review the complaint at her appraisal and the patient was seen by another GP the next day.

The learning outcomes of putting patients first during different situations (during a consultation or at reception) were shared with clinical and non-clinical staff.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and enable collaborative working.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Most staff worked at the practice prior to the new provider taking over in July 2017. Staff told us the transition from the old provider to the new was smooth and they were fully supported during this process. Staff stated they felt respected and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, patients were kept updated on the progress and outcome of incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of 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.

Managing risks, issues and performance

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

Are services well-led?

Good

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The practice was aware of the challenges patients faced with telephone access and were actively trying to improve this.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, the new provider identified areas for clinical improvement based on the achievement of the previous providers. These included the uptake for cervical screening, adult flu vaccinations, and some childhood immunisations.
- The practice used information technology systems to monitor and improve the quality of care. For example, the provider had arranged for the previous two practices' clinical systems to be merged allowing leaders to access combined data and monitor performance more effectively.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had carried out an analysis of patient and staff feedback and created an action plan to address concerns. Areas that had been addressed related to staff concerns over security and safety, and patient concerns over telephone access to the service and delays in repeat prescription and medical report requests.
- The practice did not inherit an active patient participation group. They were proactive in advertising and recruiting members to establish a group which was flexible and had different levels of involvement and attendance. For example, patients could participate and attend meetings or sign up for the virtual group.
- Patient feedback was also monitored via results from the Friends and Family Test. This was sent as a routine text message after every appointment. This was followed up with another text message where patients were given the opportunity to provide more detailed feedback and state their preference for joining the PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

Good

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice was part of the National Institute for Health Research (NIHR) practice programme and had contributed to research for multiple trials.
- One of the partners of the provider had contributed to the General Practice Outcome Standards and the Primary Care Web Tool, which allowed practices to benchmark and compare performance with their peers.
- There was a continuous programme of audit to monitor clinical effectiveness against outcome standards.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.