

The Speedwell Practice

Quality Report

The Health Centre
Torrington Park
North Finchley
London
N12 9SS

Tel: 020 8530 3731

Website: www.thespeedwellpractice.nhs.uk

Date of inspection visit: 15/03/2018

Date of publication: 20/06/2018

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

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

3

Background to The Speedwell Practice

3

Detailed findings

5

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 9 October 2014 – Good)

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 inspection at The Speedwell Practice on 15 March 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

The Speedwell Practice

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 and a practice manager adviser.

Background to The Speedwell Practice

The Speedwell Practice is located in an affluent suburban area with a low rate of unemployment and other social issues and provides GP Primary Medical Services (PMS) to approximately 11,400 patients living in Barnet, North London. The practice is one of 58 practices serving the NHS Barnet Clinical Commissioning Group (CCG) area. (PMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services).

Although the list size has increased by 6% since the last CQC inspection in 2014, the age demographics have remained the same meaning a similar number of under 14 year old patients and a lower than average number of over 65 year olds when compared with national averages. The percentage of patients with long term conditions is also similar to the national average. Mental health registers, especially depression, are higher than the national average which is expected from affluent area as patients are more likely to seek help and are more open to mental health issues. There is a longer life expectancy than the national average which places different pressures on the practice. Thirty seven percent of the registered practice population were from Black, Asian and Minority Ethnic groups with the remaining 63% being white.

Information published by Public Health England rates the level of deprivation within the practice population group as seventh on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations and also a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract) including minor surgery, coil fitting and learning disability health checks. Private travel vaccinations are offered in addition to those available free of charge on the NHS.

The practice team is made up of two male and two female GP Partners, two male and one female salaried GPs, two nurse practitioners, two practice nurses, a health care assistant, a business manager, a practice manager, a practice administrator, a reception supervisor and 12 administrative/reception staff. There was also a CCG pharmacist who worked in the practice half a day per week and who gave pharmacy and prescribing advice.

The practice is open between 8:00am and 6:30pm Monday to Friday with appointments being available between 8:00am and 1:00pm and 3:30pm and 6pm. Home visits are provided for patients who are housebound or too ill to visit the practice.

Detailed findings

There are 12 nursing/residential homes within the catchment area of the practice with registered patients in each of them. The practice undertake weekly visits to each of them. This is rotated between the GPs and the rota is incorporated within the normal weekly clinic set up.

The practice has opted out of providing an out-of-hours service. When closed, patients are directed to the local out-of-hours service provider. Information regarding this is given on the practice website and the practice leaflet, together with details of the NHS 111 service.

Appointments can be booked online, some being available the next day. Urgent appointments are also available for patients who need them.

A GP Partner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information 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 and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. There was a lead GP responsible for safeguarding within the practice and staff were aware of who this was. Staff at all levels knew how to identify and report concerns and they told us that they were very aware of the need to report concerns.
- Staff who acted as chaperones were trained for the role and had received an enhanced DBS check.
- There was an effective system to manage infection prevention and control.
- 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 effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Are services safe?

- The practice had a robust and safe process to ensure any patients being prescribed high-risk medicines were being monitored closely.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. We inspected these and saw that some had not been appropriately authorised and signed or were out of date. This was rectified on the day. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We also saw evidence that a system for the production of Patient Specific Directions (PSDs) was in place to enable Health Care Assistants to administer vaccinations, after specific training, and when a doctor or nurse were on the premises (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Monthly meetings for all staff were held, with significant events being a standing agenda item. We saw minutes of recent meetings confirming that significant events had been discussed. For example, in one instance a patient's letter had been sent to the wrong patient as a result of the GP having two separate patient consultations open at the same time. We saw evidence of this being discussed at a staff meeting with the outcome that a procedure was put in place to ensure that all staff dealt with one consultation at a time and also double checked the patient details in any consultation prior to entering information.
- There was a system for receiving and acting on safety alerts. We were told that when medicines alerts were received, via a generic email address, the alert was placed in a folder on the shared drive and GPs alerted to it. We were shown evidence of a recent alert which resulted in a search being undertaken, patients identified as taking a particular drug, and the appropriate action taken as per the recommendations of the MHRA alert.

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.

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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed 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.
- Recalls and reviews were documented by the regular use of templates and the formulation of care plans for diabetic monitoring, learning disabilities, mental health, cardiovascular disease and asthma as well as other areas of patient care.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates, at 83% for the vaccines given, were just below the target percentage of 90% or above. The practice felt that the transient population was in part responsible for this, but also that new patients from other countries had different immunisation schedules which didn't always align with those of the UK.
- Emergency contraception and family planning services were offered and the practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice promoted the use of Gillick competency assessments and Fraser guidance was used to respect a young people's autonomy in making independent decisions about their care.

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

- The practice's uptake for cervical screening was 60% which, whilst below the 80% coverage target for the national screening programme, was comparable to the CCG average. The practice was aware of this figure and, after investigation, believed it to be partly as a result of the transient patient population and religious beliefs held by some of its patients, but also because of a shortage of nurses during the last 12 months. Nursing numbers were now back to where they should be and evidence was seen to confirm that uptake had increased.
- 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.
- The practice provided on line access for patients to book and cancel appointments, request prescription and view a summary of their medical record.
- The practice provided electronic prescribing which allowed patients to nominate a pharmacy closer to their home or working place where prescriptions could be sent electronically.

Are services effective?

(for example, treatment is effective)

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 and those living in local residential and nursing homes.
- Longer appointments were offered for patients who were vulnerable and where access may be more challenging for them. An alert was used to flag patients who required additional support.

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

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.
- 84% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 84%; CCG 91%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 94%; CCG 96%; national 95%).

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, an audit was conducted in September 2017 to identify the number of patients on Sodium-glucose co-transporter-2 (SGLT2) inhibitors. These are a new group of oral medications used for treating type 2 diabetes. There was a recommendation from the North London Joint Formulary Committee stating that it should only be continued if the patient had a reduction of at least 5.5 mmol/mol (5%) in HbA1C.

A search of patient records was undertaken and 78 patients were identified as taking SGLT2 inhibitors. The HbA1C results were then looked at prior to commencement of treatment and six months afterwards. It was noted that 22 patients did not have a recording of HbA1C after starting the SGLT2. This list was passed to the health care assistant in order for those tests to be done. Eighteen patients were then subsequently identified as needing a review by the GP. Further reviews are planned and this audit will be regularly repeated.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting rate was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

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 practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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.

Are services effective?

(for example, treatment is effective)

- 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.
- 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.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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. A total of 53% of new cancer cases (among patients registered at the practice) were referred using the urgent two week wait referral pathway which was in line with CCG and national averages.

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.
- All of the 25 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.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and one surveys were sent out and 97 were returned. This represented just under 1% of the practice population. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 82% 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%.
- 84% of patients who responded said the nurse was good at listening to them; (CCG) - 88%; national average - 91%.
- 90% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 92%.

- 90% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 86%; national average - 91%.
- 78% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by asking new patients to complete a questionnaire to identify whether they required additional help or assistance. They were also identified when attending for reviews and opportunistically when attending routine appointments. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 104 patients as carers (1% of the practice list).

- Reception staff helped to ensure that the various services supporting carers were coordinated and effective. The practice had information available for carers and were able to signpost to support organisations.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 89% 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 88% and the national average of 86%.
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The practice understood the needs of its population and tailored services in response to those needs. It offered online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice also made extra appointments available each week to ease winter pressures during the months of November to March.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. A hearing loop was present.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice visited nursing and residential homes each week with an established GP rota. Nursing home enquiries were prioritised and dealt with on the day.

- The enquiries of carers' for elderly patients were prioritised to ensure efficient and safe health management. The reception staff were trained to prioritise these requests.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Children under 5 are seen as priority (alert system in place).

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, the times of post natal and baby check clinics reflected the needs of both mother and baby; dedicated well women clinics were held at times that made them accessible to working women.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patient Online services were fully operational and continuously promoted.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

- Clinical and non-clinical staff were aware of patients with learning disabilities and dealt with those queries or consulted with them as a priority.
- Established safeguarding adult and child protection policies, procedures and registers were in place. Both categories had alerts on their medical records to facilitate their needs by clinical and non-clinical teams.
- The practice promoted accessible information standards and had a hearing loop, communication books and interpreting services available.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and one surveys were sent out and 97 were returned. This represented just under 1% of the practice population.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.

- 54% of patients who responded said they could get through easily to the practice by phone; CCG – 51%; national average – 71%.
- 81% 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 – 82%; national average – 84%.
- 66% of patients who responded said their last appointment was convenient; CCG – 77%; national average – 81%.
- 52% of patients who responded described their experience of making an appointment as good; CCG – 58%; national average – 73%.

From analysis of the survey results, and feedback from patients via complaints, it was clear that the above issues resulted primarily from issues with the telephone system and, as a result, the practice invested in a new system towards the end of 2017.

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 complaints policy and procedures were in line with recognised guidance. Forty one complaints were received in the last year. This included all verbal and written comments or complaints. We looked at three written complaints received in the last 12 months and found that they had been acknowledged and thoroughly investigated in a timely way and with whole team involvement during discussions at staff meetings. 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. Many of those complaints concerned problems with the telephone system and access to receptionist. As a result, a new phone system was installed at the end of last year. From analysis it is clear that the number of complaints involving the telephone system has now decreased.

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. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. All staff we spoke with told us that they enjoyed working at the practice.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.

Are services well-led?

Good 

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

- Regular meetings were held. These included clinical meetings, multi disciplinary team meetings, whole practice meetings and palliative care meetings. We saw several sets of minutes and agendas to evidence these meetings taking place.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive quality improvements.

Managing risks, issues and performance

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- 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 practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- There was an active patient participation group.
- The practice was open with patients and external partners if things had gone wrong and that they were consulted on issues that impacted upon patients.
- 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.

- There was a focus on continuous learning and improvement at all levels within the practice.
- 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.