Mytton Oak Medical Practice

Quality Report

Mytton Oak Surgery
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Date of inspection visit: 2 November 2017
Date of publication: 23/11/2017

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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 14 June 2016 – 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 comprehensive inspection at Mytton Oak Medical Practice on 2 November 2017 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.

We saw one area of outstanding practice:

- The practice had identified an increase in younger patients with mental ill health including eating disorders and self-harm. They had proactively actioned their findings by supporting appropriate health education sessions on eating disorders and self-harm at a local school. They had noted these changes over a recent period of change at the school from a boys only to a co-education school. They had

Summary of findings

found increases in patient attendance and in the number of mental health referrals made. This was conducted in co-operation with the school itself, staff and school nurses.

The areas where the provider should make improvements are:

- Introduce a system to demonstrate any resultant actions taken to patient safety alerts.
- Consider implementing a concise care plan document for patients, carers or locum GPs from the coded information currently held in a template format.
- Consider the production of a dated, time scaled action plan following the Infection Prevention and Control audits.
- Consider developing and implementing a children's and adult sepsis protocol for all staff to access.
- Enable a whole staff approach to the learning from significant event analysis annual reviews and the identification of any trends.
- Consider documenting the practice business strategy.
- Ensure that copies of the business continuity plan are held off site by all partners.
- Consider producing a practice organisational structure document, which includes staff identified as having specific lead roles.

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

Mytton Oak Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor, a practice manager advisorand an expert by experience.

Background to Mytton Oak Medical Practice

Mytton Oak Medical Practice is registered with the Care Quality Commission as a partnership provider, which includes four GP partners. The provider holds a General Medical Services contract with NHS England. At the time of our inspection 10,658 patients were registered at the practice. The practice population has a higher percentage of male 15 to 19 year olds and is slighter higher in this age group for females.

Mytton Oak Medical Practice is located in a purpose built building. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)

The practice is open each weekday from 8am to 6pm. Extended hours are provided from 7.30am on Monday, Tuesday and Wednesday. The practice has opted out of providing cover to patients outside of normal working hours. The out-of-hours services are provided by Shropdoc.

Staffing at the practice includes five GP partners and a salaried GP (three male and three female GPs) who provide 4.22 whole time equivalent hours (WTE). The clinical staff includes; two advanced nurse practitioners and two practice nurses, as well as a healthcare assistant. The nursing team provide 4.11 WTE hours. The practice management includes a primary care manager/practice manager and two patient service supervisors. Two data entry administrators, an administrator/cleric, eight reception staff and three secretarial staff, support the practice. The whole practice administration and reception team provide 10.81 WTE hours. The practice hosts a Community Care Co-ordinator employed by The Red Cross. There are 27 staff in total, working a mixture of full and part time hours.

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 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. 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. The practice nurse recognised that they needed a dated, time scaled action plan following the last infection prevention and control audit undertaken
- 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 in 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. However, there was no documented children's or adult sepsis protocol for all staff to access. Clinical staff completed an electronic template that highlighted sepsis 'red flags' following best practice guidelines. The nursing staff also accessed a children's sepsis protocol displayed in one of the consulting rooms.
- 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. Care plans for patients were completed in a template format with electronic codes used for auditable purposes. For example, should a patient express end of life preferences. However, the information was not set out in a concise care plan format for ease of use. During the inspection the partners discussed how they would make these improvements.
- 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.

Good

Are services safe?

- 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 was supported by the clinical commissioning group medicines management team, which reviewed 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.

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 clinical staff learned and shared lessons identified themes and took action to improve safety in the practice. They held clinical monthly significant event analysis meetings. The outcomes of these meetings were stored electronically, which were accessible to all staff. There was no whole staff meeting to ensure they had accessed the learning from significant events and trends analysis.
- The practice evidenced that they received patient safety alerts. The practice manager cascaded these alerts to all clinical staff. Each individual GP took responsibility for ensuring appropriate action was taken in respect of their own patients as every patient at the practice had a named GP. However, there was no whole practice approach or formalised system to evidence the actions taken by the individual GPs. Therefore we were not able to establish if the individual searches had taken place in response to these patient 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.
- The practice enabled on line access to services such as the Electronic Prescription Service (EPS), online prescription requests and online appointment booking. Where appropriate, the practice clinical staff provided patients with remote monitoring for blood pressure, telephone access to a nurse and GP, and offered telephone travel advice. Patients had online access to medical records. This demonstrated the practice used technology and equipment to improve treatment and to support patients' independence.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice maintained a frail and vulnerable register and completed annual reviews including a review of their medicines.
- 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. Over a 12-month period, the practice had offered 682 patients a health check. Four hundred and twenty-seven of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their treatment plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Every patient at the practice had a named GP for continuity of care
- 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.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. In the last 12 months, 107 patients were offered and 52 received the vaccination.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice in the previous year provided a GP service to 61 patients with a learning disability and 41 had been in receipt of an annual review.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption compared to the CCG average of 93% and the national average of 91%.
  The practice had identified an increase in younger patients with mental ill health including eating disorders and self-harm. They had proactively actioned their findings by supporting appropriate health education sessions on eating disorders and self-harm at a local school. They reviewed these changes over a period and found increases in patient attendance and in the mental health referrals made. This was conducted in co-operation with the school itself, staff and school nurses.
- If a patient was assessed to be at risk of suicide or self-harm, the practice had suitable arrangements in place to enable them to remain safe. These included same day contact with the local mental health access or crisis team, a safety net put in place with their family members, a follow up appointment with telephone chase for any patients that did not attend appointments made.
- The practice provided a GP service to 107 Mental Health patients, 57 had an active care plan in place.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had completed a Hand Hygiene audit to determine correctness of handwashing techniques amongst clinical staff. They were in the process of considering their review of infection rates and follow-ups following minor surgery in which the results showed patient outcomes. The practice also completed an audit on nurse appointments, to help assess workload and the proportion of nurse time used in providing various services. In addition the survey assessed the safety and effectiveness of the practice Advanced Nurse Practitioner (ANP). Where appropriate, clinicians took part in local and national improvement initiatives. For example, GPs were very engaged in the formation of Darwin Health Ltd, a local alliance of GP practices.

The most recent published Quality Outcome Framework (QOF) results showed that the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and the national average of 95.5%. The overall exception reporting rate was 13% 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). This practice was not an outlier for any QOF (or other national) clinical targets.

- The practice used information about care and treatment to make improvements. For example, they had introduced a new patient questionnaire, which asked questions about language, special communication requirements and any other individual requirements. Any contact with a patient that revealed a communication need was recorded and an alert placed on patient record.
- The practice was actively involved in quality improvement activity. As an example, the practice had conducted an audit on prescribing antibiotics in sore throats to see if these were in line with NICE guidelines, Public Health England guidance and local prescribing guidelines. The audit findings and action plan was circulated to prescribers to improve practice where required.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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.

- 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. For example, the practice demonstrated that 18 patients had had discussions on their end of life preferred place setting and that 15 had achieved their expressed choice.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

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.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This was 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. Two hundred and seventeen surveys were sent out and 95 were returned. This represented less than 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses and in the percentage of patients who found the receptionists at the practice helpful. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time compared with the CCG average of 91% and the national average of 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 91% and the national average of 86%.
- 97% of patients who responded said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 97% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 94% and the national average of 91%.
- 97% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 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.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice had introduced a new patient questionnaire, which asked for information in respect of patients caring responsibilities. The practice's computer system alerted GPs and staff if a patient was also a carer. The practice had identified 192 patients as carers (1.8% of the practice list). The care co-ordinator advised that the

Good

Are services caring?

practice planned to develop a local group for carer's dependant on interest and volunteers. They also helped to ensure that the various services supporting carers were coordinated and effective.

- Staff told us that if families had experienced bereavement, their usual GP contacted them. 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 significantly higher than national averages:

- 96% 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 91% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 82%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 96% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- 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 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. For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice operated a GP workflow system without need for a duty GP as every patient had their own named GP. They found this provided patients with continuity of care and treatment and the practice were better able to respond to their patient needs.
- The practice improved services where possible in response to unmet needs.
- 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, access via automated doors and access to interpreter services.
- The practice had researchedhow they could support the needs of patients requiring documents in alternative formats. For example,how visually impaired patientscould use their own personal computers to read documents out aloud to them.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice hosted a local 'Good Neighbours' scheme whose services included providing transport support where required from the patients home to the practice or for hospital appointments. They also provided tea, coffee and biscuits during the flu vaccination mornings and fund raised. They consisted of 30 volunteers including drivers and telephone operators funded by donations. The volunteers did not enter patients' homes. A GP partner and the practice manager attended the services committee meetings held .

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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- This service was advertised on the practice website and in the practice waiting area.
- The practice hosted a Community Care Coordinator, employed by The Red Cross. They provide amongst other non-personal care services a signposting service for patients to voluntary and third sector services, for example to the Alzheimer's Society. The Community Care Coordinator made telephone contact with patients following a referral and with consent visited them at home to discuss how they could assist them.
- The practice provided a flu clinic on three weekends and a domiciliary flu session for housebound patients.

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.
- The practice ran diabetic and respiratory clinics including spirometry. Spirometry is the most common lung function test. It measures how much and how quickly you can move air out of your lungs. Patients with epilepsy and heart disease received regular health checks and medicine reviews.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered patients support following an assessment at their weight loss clinic.
- Patients had access to a number of programmes and schemes. These included the 'Help To Quit' smoking programme. 'Expert Patient Programme' (EPP) a free self-management course developed for people living with any long-term health condition. Pulmonary Rehabilitation (PR) a physical exercise programme, designed for people with lung conditions and the 'Active 4 Health scheme' (an initiative which provides information and support for local people who are looking to become more active and improve their overall health).

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.
- The practice provided weekly family planning, midwife and immunisation clinics.
- Telephone travel advice was available at the practice, which was also a certified Yellow Fever centre.
- The practice provided GP services with a nominated GP Partner as a Medical Officer for a local private school including providing out of hours cover and a walk in clinic at the school.

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, extended opening hours and Saturday appointments.
- Telephone GP and advanced nurse practitioner consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice ensured there was a hearing loop available.
- For patients with a learning disability the practice had agreed to pilot a new assessment template.
- Patients at a local private school received a GP service and a walk in service facility at the school that accommodated boarders. Some of the students were from overseas and whose first language may not be English or may not have a full understanding of local health care systems.

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 mental health and dementia care reviews. Patients who failed to attend were proactively followed up by a telephone 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 significantly higher than local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and seventeen surveys were sent out and 95 were returned. This represented less than 1% of the practice population. Data showed:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 84% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 84% and the national average of 71%.
- 97% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 94%.
- 97% of patients who responded said their last appointment was convenient compared with the CCG average of 86% and the national average of 81%.
- 89% of patients who responded described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 50% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

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. Three complaints had been received in the last year. We reviewed these and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when a wrong dose of an antibiotic medicine was prescribed we saw that the investigation contained actions, learnings and timeframes for completion to prevent where able reoccurrence.

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 partners held regular partner/governance/business meetings but had not documented their business strategy in place to achieve their 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.

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. Staff attended training sessions both in house and in the locality. They held practice education sessions, which were multidisciplinary. The practice was a training practice for GP trainees and Broad Based Training (BBT). BBT is a two-year structured core-training programme providing six-month placements in Core Medical Training, General Practice, Paediatrics and Psychiatry. The practice also provided student nurse-training placements.
- 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.

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. The practice had

Are services well-led?

Good

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

not documented their organisational structure but most staff were aware of staff specific identified lead areas within the practice with a few exceptions, including a significant event lead.

- 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.

- 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 incidents, and complaints.
- The practice had identified that there had been a lack of clinical audits in the past 18 months. Those completed had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, a review of the Advanced Nurse Practitioner (ANP) role responsibilities and appointments and this had led to the appointment of a second ANP.
- The practice had plans in place and had trained staff for major incidents. Copies of the business continuity plan were held off site but not by all of the partners.
- The practice implemented service developments and where efficiency changes were made this was in conjunction with 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.
- The former lead in information governance had recently changed and a new GP partner was being appointed to the role. The arrangements in place were 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 via the virtual patient participation group and the Good Neighbours Scheme.
- There was an active virtual patient participation group.
- 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. For example, the practice were considering along with the practice alliance group, changing the workforce skill mix. For example, considering the role of Urgent Care Practitioners (UCPs have a nursing, paramedic or

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physician assistant background and offer extensive experience in physical assessment, triage and mentorship), a new administrative role (Clinical PA) and Clinical Pharmacists in the practices.

- The practice were developing their remote monitoring systems for example blood pressure monitoring.
- The practice were engaged in the formation of Darwin Health Ltd, a local alliance of GP practices.
- They had discussed the requirement for new premises as their practice patient numbers in the past 12 months had increased by over 500 patients. Locally plans were in place for further housing development, over 2,000 new homes, which would increase patient numbers considerably. The increase in patient numbers and potential increase in patient numbers and sustainability had been discussed with the Clinical Commissioning Group.
- The practice had considered the potential to merge with another 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.

The practice was engaged with the Local Medical Committee initiatives to improve communications between Primary Care and Shrewsbury and Telford Hospital NHS Trust. The practice took part in an annual British Heart Foundation Survey and engaged with the Winter Pressures initiatives.