Longrigg Medical Centre

Quality Report

2 Longrigg
Leam Lane Estate, Felling
Gateshead
Tyne and Wear
NE10 8PH
Tel:0191 4692173
Website: www.longriggmedicalcentre.nhs.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

We last inspected the service in January 2015, when it was rated as good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Longrigg Medical Centre on 29 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. Staff described an open and honest 'no blame' culture so they felt confident in raising incidents.
- 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, and patient feedback was in the most part positive.
- Patients reported that they were able to access care when they needed it.
- Information about the services provided, as well as how to raise any concerns or complaints, was accessible and easy to understand
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Staff were supported in their professional development.

We saw one area of outstanding practice:

- Taking the lead with other locality practices and a local community charity, the practice had

Summary of findings

successfully received extra CCG funding and arranged the employment of a Community Link Worker, who was seconded to the practice. Patients could receive help to access services and activities such as counselling, advocacy and debt advice. The practice had made 158 referrals over a 12 month period.

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

- Make shared policies and procedures, including safeguarding, and disciplinary and grievance procedures, easier for staff to access.
- Carry out yearly fire drills in accordance with the practice risk assessment.
- Carry out a risk assessment to determine the impact of not keeping paediatric defibrillator pads on the premises.

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

Longrigg Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Longrigg Medical Centre

Longrigg Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 10750 patients from the following location: 2 Longrigg, Leam Lane Estate, Felling, Gateshead, NE10 8PH. We visited this address as part of the inspection. The practice website is www.longriggmedicalcentre.nhs.uk. The practice is part of NHS Newcastle and Gateshead Clinical Commissioning Group (CCG).

Deprivation indicators place this practice in an area with a score of four out of ten. A lower number means the area has a higher level of deprivation. People living in more deprived areas tend to have greater need for health services. This practice had higher levels of deprivation when compared to the local CCG and England averages.

The practice occupies a former private dwelling which has been extended and refurbished to meet patients' needs. There is some limited car parking, and further off street parking. Consulting rooms are on the ground and first floors. Consultation rooms on the ground floor are fully accessible, for patients with mobility needs.

The practice has five GP partners, two salaried GP's, three practice nurses, two healthcare assistants and a team of administrative and management staff. The practice is a training practice and has three GP registrars. A GP Registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice. They work under supervision of a senior GP or trainer.

The practice reception is open at the following times:

- Monday 8am to 6pm
- Tuesday 7am to 6pm
- Wednesday 8am to 7.30pm
- Thursday 7am to 6pm
- Friday 8am to 6pm

When the practice is closed patients are directed to the NHS 111 service, with out of hours services being provided by Gateshead Doctors on Call (GATDOC). This information is also available on the practices' website and in the practice leaflet.

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 for safeguarding children and vulnerable adults. Patients had alerts added to their notes where necessary. Consulting and treatment rooms had safeguarding contact posters on their walls, and there was a safeguarding policy which was regularly reviewed. Staff were clear on their roles and responsibilities in reporting abuse, but were at times unsure how to access the safeguarding policy, due to there not being an easily accessible 'shared area' on the practice's computer system.
- The practice worked with other agencies to support patients and protect them from neglect and abuse, and held regular multi-disciplinary safeguarding meetings.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The practice had an 'Equal Opportunities for practice visitors and patients' policy, which was on their website and detailed how incidents would be investigated.
- The practice carried out staff checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken where required, or a risk assessment was carried out for the post which identified a check was not needed. (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. 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. Yearly audits were carried out by a qualified member of staff. Informal daily checks were carried out which were not documented.
- 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.

- Risk assessments were regularly reviewed and a business continuity plan was in place to deal with adverse incidents.
- A fire risk assessment had been carried out, and weekly fire alarm checks took place, however the practice had no records of when a fire drill had last been carried out, and staff were not always sure of their responsibilities in the event of an evacuation.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage medical emergencies on the premises and to recognise those in need of urgent medical attention. There was oxygen and a defibrillator on site although the practice stocked only adult defibrillator pads. The decision not to stock paediatric pads had been discussed in a clinical meeting but a risk assessment had not been produced.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. GPs had carried out 'Spotting sick child' training and clinical staff used appointments to opportunistically hand out the 'Little Orange Book' to parents. This is an advice guide on child health and illnesses produced by the local clinical commissioning group (CCG). Reception staff had some awareness of 'red flag symptoms' for potentially seriously ill patients and to highlight these for clinical triage, although had not received specific training on this.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Good

Are services safe?

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

- 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. Systems were in place to monitor fridge temperatures for refrigerated medicines, and for stock control and reordering.
- 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. This included sending out multiple reminders for reviews before issuing full repeat prescriptions where necessary.The practice involved patients in regular reviews of their medicines and had systems in place to identify those patients in need of review.

Track record on safety

The practice had a good safety record.

- 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, and were supported in this by leaders and managers.
- 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. Significant events were discussed at weekly practice meetings, with staff then given the opportunity to reflect on these and have a further discussion at the following week's meeting.The practice was able to give us a number of examples of where they had changed systems, and we saw these implemented. They included segregating similar vaccines to prevent errors, and all clinicians keeping in their rooms a 'sick day rules' patient leaflet, which contained advice for patients on how their condition and medication may be affected by being ill.Where staff had been involved in an incident they used this as an opportunity for reflective practice in their appraisal or clinical supervision.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Staff were able to give examples of recent safety alerts such as drug alerts and side effects. This information was disseminated through practice meetings, emails or guidance notes.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- The practice had systems to keep clinicians up to date with current evidence-based practice, and this was discussed at clinical meetings. 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.
- Percentages of antibiotic and hypnotics prescribing were comparable to other practices in the CCG and England averages.
- 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 were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice was identifying those with severe or moderate frailty to undertake clinical reviews 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.
- Nurses visited housebound patients at home to carry out annual reviews.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice, in conjunction with a Community Linking Project, was developing an enhanced older people service, which would provide services such as postural stability classes and friendship groups, which the practice would make referrals to.
- One of the GP registrar training posts was shared with the local hospice to facilitate good communication and continuity of care.

People with long-term conditions:

- GPs had designated clinical leads for long term conditions.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Chronic disease clinics used the 'Year of Care' approach, where patients were sent information and questionnaires before their appointment, to allow them to set objectives for their health in conjunction with nursing staff, and have full involvement in managing their condition.
- The practice had robust recall systems for those patients due reviews. The repeat prescription monitoring system ensured compliance with annual health checks.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

The Quality and Outcomes Framework (QOF) is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing and preventing some of the most common long-term conditions e.g. diabetes. The results are published annually. QOF data for 2016/17 showed the practice was broadly comparable to CCG and England averages for managing long-term conditions such as diabetes, asthma, and chronic obstructive pulmonary disorder (COPD). For instance, 98% of patients with diabetes had been offered an influenza immunisation, 0.7% above the CCG average, 2.4% above the England average. 83% of patients with asthma had had an asthma review in the last 12 months, 5.4% above CCG average, 6.6% above the England average.

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 national target percentage of 90%.

Good

Are services effective?

(for example, treatment is effective)

- 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 81.3%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Patients were invited on their 40th birthday and also had a three month reminder. The practice had carried out 237 checks in the last year.
- 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:

- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees, travellers and those with a learning disability. Patients with learning disabilities were provided with yearly health reviews, and were provided with an 'easy to read' questionnaire prior to the appointment.
- The practice had proactively identified 52 military veterans and had a dedicated noticeboard which signposted patients to help and information services in reception.

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

- 88.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average. Patients or their carers were sent a questionnaire prior to the review to highlight any changes in their condition or needs. The practice had dedicated two members of staff to ring patients in this group to make the appointments to identify any additional needs prior to attendance at surgery or whether they would also like to be referred to the community link worker.
- 92.1% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in the previous 12 months. This is slightly above 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 was 98.7%; 7.3% above the CCG average, and 8% above the England average.
- Patients were referred appropriately to secondary services such as counselling and drug & alcohol services.

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. We saw a number of completed clinical audits where the practice had considered current guidance and rationale for the study. For instance, one study looked at treatment of acne against national guidelines to minimise antibiotic resistance. A further study showed that overall standards had improved but there were still areas for development, for instance around GP registrar prescribing, therefore an action plan was documented for this.
- The most recent published Quality Outcome Framework (QOF) results for 2016/17 showed that overall, the practice received 99.5% of the total number of points available, 1.8% higher than the CCG average, and 4% above the England average. The overall exception reporting rate was 9.2% 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.)
- The practice used information about care and treatment to make improvements, for instance by monitoring QOF outcomes throughout the implementation of the 'Year of Care' approach. The practice had analysed their top five areas of referral and used this as an opportunity for peer review and clinical discussion.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

- 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 learning time through the CCG.
- Records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop. A training policy was in place which had been regularly reviewed.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There were procedures for supporting and managing staff when their performance was poor or variable, although staff were unsure of how to access disciplinary and grievance procedures.

Coordinating care and treatment

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

- For instance, where the practice was notified that a patient had not responded to the national bowel cancer screening programme, the practice would send a further follow up letter to try to encourage the patient to submit a sample.
- 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. For instance, care plans for those needing mental health reviews were routinely sent to the community psychiatric nurse to facilitate information sharing and joint working.
- 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. The practice maintained a palliative care register and held regular multi-disciplinary meetings with district nurses and Macmillan nurses to facilitate good communication. Information on the most frail and vulnerable patients was made available to the out of hours service.

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, through setting their own objectives and goals using the Year of Care framework.
- The practice had produced their own leaflet with a glossary of self-referral services in the area, such as physiotherapy, sexual health clinics and talking therapies. These were available in reception.
- 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 providing caring services.

Kindness, respect and compassion

- Staff understood patients' personal, cultural, social and religious needs, and were able to give examples of how they demonstrated care and compassion towards patients.
- 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. There were cards available at reception which the patient could hand over specifying what extra support they needed, such as use of the hearing loop. This protected patients' dignity as they did not have to ask out loud.

  We collected 41 Care Quality Commission patient comment cards as part of the inspection. Of these, 34 were very positive, describing the staff as helpful and caring. We did receive two cards with negative comments about GPs and receptionists. Of the practices own survey of 360 patients in November 2016, 74% said they were either likely or extremely likely to recommend the practice.
- Results from the 2017 annual national GP patient survey showed that 260 surveys were sent out and 136 were returned. This represented about 1.2% of the practice population.
- The practice was below average for some of its satisfaction scores on consultations with GPs. For example:
- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 82% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 89%; national average - 86%.

However other results were more positive, for instance:

- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 95% of patients who responded said the nurse was good at listening to them; (CCG) -94%; national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 81% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; 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, informing patients this service was available.
- 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. There was specific information in reception available for groups such as veterans, young persons, young carers, and those with mental health problems. Staff proactively made referrals to a community link worker who could give advice or signpost to a number of other areas including counselling, debt and housing advice, and friendship groups.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 328 patients as carers (3% of the practice list), of whom 43

were young carers. The practice proactively identified patients who were carers by a number of means, including opportunistically at appointments, information boards and through local knowledge, and asked specific questions to identify young carers. Staff then ensured these patients received extra signposting, referrals or support as needed.

- The Year of Care approach for chronic disease management empowered patients to make decisions concerning their care and set their own objectives, for instance weight loss, which would then be reviewed at their next appointment with a nurse or health care assistant.
- Staff told us that if families had experienced bereavement, the practice would send a letter offering support.
- Results from the national GP patient survey were slightly below CCG and England averages for GP consultations, but above or similar to for nurse consultations:
- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments (CCG average 89%, 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 average of 86%, national average of 82%).
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Patients requiring extra support had this on their notes for staff to identify, or could ask by handing over cards supplied at reception.
- The practice had policies to comply 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, except for people whose circumstances make them vulnerable, which we rated as outstanding.

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. The practice offered extended opening hours, online services such as repeat prescription and appointment requests, and advanced booking of appointments up to several months in advance.
- Early morning and evening appointments were also available with health care assistants and practice nurses, in addition to GP appointments.
- The practice improved services where possible in response to unmet needs. For instance, the practice's patient survey from November 2016 highlighted difficulties accessing the prescription order line. A new automated system was installed as a result to improve this. The practice analysed 'Friends and Family' survey results on a monthly basis to identify trends.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, for instance pre-booking of a downstairs consulting room and noting patient's needs on their records.
- 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, such as acute illness, end of life care and planned follow ups such as annual dementia reviews. The GP and practice nurse also accommodated home visits for those who were housebound.

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.
- Home visits for condition reviews were accommodated where patients were housebound.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. Appointments were available outside of school times and could be booked online or via an automated telephone service.
- The practice monitored A&E attendances of under-15's, and sent the parents/guardians a letter to assure them the practice would see unwell children on the same day, and asked them to contact the practice. This letter was also used as an opportunity to promote the 'Little Orange Book', an advice guide on child health and illnesses produced by the local clinical commissioning group.
- There was a specific Young Persons Notice Board to provide targeted information such as sexual health and contraception, and a system in place to identify young carers.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and advance booking of appointments. Appointments were available outside of usual working hours, and could be made online or via a 24hour automated telephone service. Prescriptions could be ordered online and delivered electronically to a chemist of the patient's choice.

- Telephone 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 homeless people, refugees, and those with a learning disability.
- The practice had proactively identified 52 military veterans by asking extra questions and publicising in reception for patients to come forward. The practice then ensured these patients were provided with extra signposting to other services and support.
- In response to local need, the practice had taken the lead in working with other locality practices and a local community charity to secure extra funding to arrange the employment of a Community Link Worker. The practice and charity had worked together to arrange service level agreements so that the link worker was employed by the charity and seconded to the practice. This was for all population groups but particularly beneficial to those who were vulnerable for any reason. Patients could receive help to access services and activities such as counselling, advocacy and debt advice. The practice had made 158 referrals over a 12 month period.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Patients were encouraged to attend their annual health checks with a carer where appropriate.
- Patients who failed to attend their review appointments were proactively followed up by a phone call from an administrator.

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.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was slightly below local and national averages. For instance:

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average - 71%.
- 75% 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 - 84%; national average - 84%.
- 75% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG - 67%; national average - 64%. The practice's own survey of 363 patients showed a similar result, with just over half of patients being seen within 10 minutes. This resulted in an action to ensure patients were better informed when arriving at reception that delays were occurring. The practice had also made changes to its phone system as a result of surveys.

Of the 41 CQC comment cards we collected, a minority were negative of which the only recurring theme was doctors running late.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were 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, although there was no specific year on year analysis of trends. It did however act on complaints to improve the quality of care, such as clinical discussions and reflective practice by GPs.

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

Leadership capacity and capability

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

- 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, such as recruitment, and were addressing them through a forward plan.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke of an honest and inclusive culture.
- 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 strategy to deliver high quality care and promote good outcomes for patients.

- There was a set of mission statements, although staff awareness of the specifics of these was variable. However staff told us they did feel involved and included.
- 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, which focussed on the needs of patients.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- There were disciplinary and grievance procedures in place for managers to act on behaviour and performance inconsistent with the practice values, although staff did not always know how to access information about these.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff who had been involved in incidents described a 'no blame culture' and told us that incidents were used as learning events. Staff told us they were able to raise concerns and were encouraged to do so. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, such as their complaints procedure.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were supported in their professional training needs and clinical supervision.
- The practice actively promoted equality and diversity, and staff had received training on this.
- 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

Good

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents, and staff were for the most part aware of their responsibilities, although the practice was not able to give us a date for the last fire drill, which could result in staff being unsure of procedures in an emergency.

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 on and monitored.
- 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 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. For instance, the patient survey of November 2016 was carried out in conjunction with the PPG and the results and actions communicated back to patients via a poster.
- There was a patient participation group (PPG); however this had not met since November 2016. The practice was still actively recruiting and intended to restart the meetings in January 2018.
- The practice carried out its own patient survey and encouraged membership of the PPG to try to achieve a full and diverse range of patients views and concerns.
- 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, such as discussion and feedback after incidents or complaints.
- Learning was shared and used to make improvements.
- The practice demonstrated their commitment to learning by providing opportunities for GP registrars to complete their specialist training, and also to undergraduate medical students.