

Blaydon GP Led Surgery

Quality Report

Blaydon Primary Care Centre
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

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) – Requires improvement

We carried out an announced comprehensive inspection at Blaydon GP Led Surgery on 18 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems in place to manage risk so that safety incidents were less likely to happen. However, they did not have an effective system in place to ensure that the cold chain was being maintained or monitored for medicines requiring refrigeration.
- The practice could not demonstrate effective clinical audit activity that led to improvements in patient care and outcomes
- The practice 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.
- The practice monitored and responded to the needs of their patient population. They had introduced extended opening hours to reflect the needs of patients who worked and students and had employed a paramedic to improve access to healthcare services and home visits.

There were areas where the provider must make improvements:

Summary of findings

- The provider should ensure that care and treatment is provided in a safe way to patients.

The provider should also:

- Take steps to ensure that vulnerable patients and those with mental health conditions are reviewed regularly and supported appropriately

- Develop an effective programme of clinical audit activity
- Develop a schedule of formal minuted meetings for non-clinical staff

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Blaydon GP Led Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. A GP specialist adviser was also in attendance .

Background to Blaydon GP Led Surgery

Blaydon GP Led Surgery provides care and treatment to approximately 2,048 patients of all ages from the Blaydon area of Gateshead and the surrounding areas. The practice is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on an Alternative Primary Medical Services (APMS) contract.

The contract for Blaydon GP Led Surgery is currently held by Community Based Care (CBC) Health Ltd who was asked to manage the contract on a temporary basis by NHS England in June 2014. The current contract will expire in June 2018 and at the time of our inspection the future of the practice was unknown pending consultation and tender processes. CBC Health Ltd is a not for profit healthcare support organisation who represent and support 31 GP practices across the Gateshead area and hold the contract for Blaydon GP Led Surgery and another local GP practice. They also run the local out of hour's doctor's provision (GatDoc) and Extra Care Facility for Central Gateshead based at the Health Centre in Prince Consort Road, Gateshead.

Blaydon GP Led Surgery provides services from the following address, which we visited during this inspection:

Blaydon Primary Care Centre
Shibdon Road

Blaydon on Tyne

NE21 5NW

The surgery is located in Blaydon Primary Care Centre which opened in 2010. The building also houses leisure facilities and other health care services including X ray services and Blaydon Walk in Centre. The surgery is based on the ground floor and all reception and consultation rooms are fully accessible for patients with mobility issues. An on-site car park with dedicated disabled parking spaces is available.

The surgery is open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday; from 8am to 8pm on a Thursday and from 9am to 1pm on a Saturday. Appointments on a Thursday evening between 6pm and 9pm and on a Saturday can also be accessed by patients registered with other Community Based Health Ltd practices.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and the Gateshead Doctors on Call service known locally as GatDoc.

Blaydon GP Led Surgery offers a range of services and clinic appointments including long term condition reviews, contraceptive services, childhood health surveillance and immunisation services and maternity services.

At the time of our inspection the practice consisted of:

- One salaried GP (male)
- Two locum GPs (one male and one female)
- One locum practice nurse (female)
- One healthcare assistant (female)
- Six non-clinical members of staff including a practice administrator, receptionists, apprentice receptionist and care navigator.
- One paramedic (male)

Detailed findings

The average life expectancy for the male practice population is 78 (CCG average 77 and national average 79) and for the female population 82 (CCG average 81 and national average 83).

At 95.5% the majority of patients registered with the practice are under the age of 69. At the time of our inspection the practice only had 91 patients over the age of 70.

At 41.4%, the percentage of the practice population reported as having a long standing health condition was

lower than the CCG average of 54.2% and national average of 53.7%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services.

At 74.3% the percentage of the practice population recorded as being in paid work or full time education was higher than the CCG average of 60.5% and national average of 61.9%. The practice area is in the sixth most deprived decile. Deprivation levels affecting children and adults were lower than local and national averages.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement 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 for all clinical staff. (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. As they had been relying on locum clinicians they did not have a safeguarding lead within the practice. However, the provider had two designated safeguarding leads at their headquarters and staff were aware of how to make contact if they had any concerns.
- Non-clinical staff acted as chaperones when required and had received training for the role and a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had a defibrillator and a supply of oxygen.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The operational manager had recently attended training delivered by a local hospital on how to recognise the signs and symptoms of sepsis and had shared this learning with practice staff.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The provider kept a supply of medicines for use in emergency situations and a system was in place to regularly check the expiry dates of these medicines and those requiring refrigeration, including vaccines. However, we were not assured that there was an effective system in place for ensuring that the refrigerator temperatures remained between the permitted range of between 2 and 8 degrees Celsius or in taking and documenting action if they did not. We

Are services safe?

saw that the refrigerator in the surgery had slightly exceeded 8 degrees Celsius on two occasions but there was no record as to why or whether any action had been required. The provider also used a refrigerator in the walk in centre to store excess supplies of vaccines but had not assured themselves that walk in centre staff were checking the temperature twice daily in line with recommended guidance. When we checked this refrigerator we found that the temperature had not been checked or recorded for a period of three days.

- 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. Pharmacists employed by the provider audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice had recorded a significant event where a medical diagnosis following blood tests had been missed. The practice had met with the patient concerned and had discussed the error and findings in full with the entire staff group. Learning identified as a result of the significant event was shared with staff and included a review of the system to record and highlight blood tests results to GPs.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services and for all population groups with the exception of the population group relating to people experiencing poor mental health which has been rated as requires improvement.

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.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group prescribing data was lower and therefore better than local and national averages.
- The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing data was lower and therefore better than local and national 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.
- Patients registering with the practice were offered a new patient healthcheck. The practice had carried out 38 new patient health checks from 1 April 2017 to the date of our inspection.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. During the period 1 April 2017 to the date of our inspection the practice had carried out three over 75 health checks. Only a very small majority of the patients registered with the practice were over the age of 75.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- A centralised recall system was in operation to ensure patients with long term conditions were invited for an annual health review.
- 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 and they had obtained an overall score of 9.9/10 compared with the national average of 9.1/10. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

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

- The practice's uptake for cervical screening was 83.4%, which was higher than 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. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had carried out 111 NHS Health Checks from 1 April 2017 to the date of our inspection.
- The practice offered GP appointments up to 8pm on a Thursday evening and from 9am to 1pm on a Saturday.
- Patients registered with the practice were able to access pre bookable appointments with GPs and nurses at a local extra care facility from 8am to 8pm on a weekday and from 9am to 1pm on weekends.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were offered an annual health review, influenza immunisation and longer appointments when required.
- The practice was proactive in their identification and support of carers and in ensuring they received an annual health check. Carers were signposted to

Are services effective?

(for example, treatment is effective)

appropriate advice and support services by the practice carer's champion and care navigator. They had identified 58 of their patients as being a carer (approximately 2.8% of their patient list).

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the CCG average of 85.4% and national average of 83.7%.
- 40% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly lower than the CCG average of 88.9% and national average of 90.3%. However, the provider told us that they only had five patients who had fell into this category during the period 2016/17 and that three of those patients had declined or not responded to invitations to attend a review of their condition
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 85.7%; CCG 91.3%; national 90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 99.2%; CCG 96.1%; national 95.3%).

Monitoring care and treatment

Although the provider was able to demonstrate that they had carried out some quality improvement activity in the form of clinical audits, which had mainly been undertaken by pharmacy staff, they did not have a comprehensive programme of quality improvement activity that could demonstrate improvements in patient care and outcomes. The provider stated quality improvement activity was limited due to their reliance on locum staff. They were confident this would improve if they were successful in extending their contract for the practice and therefore more likely to be able to recruit permanent clinical staff members.

The most recent published Quality Outcome Framework (QOF) results showed that the practice had attained 91.6% of the total number of points available compared with the

clinical commissioning group (CCG) average of 97.7% and national average of 95.5%. The overall exception reporting rate was 17.4% which was higher than the CCG average of 10.1% and national average of 9.9%. (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 had obtained 100% and above local and national averages for 12 of the 19 most common long term conditions. For two of the remaining indicators (diabetes and secondary prevention of coronary heart disease) their achievement rate was comparable with local and national averages. For the other five indicators they had scored below local and national averages:

- Dementia – 88% (CCG average 99% and national average 96.6%)
- Depression – 14.3% (CCG average 94.3% and national average 92.8%)
- Mental Health – 75.3% (CCG average 95.4% and national average 92.7%)
- Osteoporosis – 66.7% (CCG average 95.8% and national average 90.5%)
- Palliative care – 50% (CCG average 98.4% and national average 97.6%)

The provider was aware of their low achievement and high exception rate. This was also attributed to the fact that they were relying on locum clinicians to ensure there was adequate clinical availability until a more stable and permanent clinical workforce could be established. This would enable GPs to proactively manage patients with complex long term conditions. The reliance on locum staff had been necessary as they had been unable to attract salaried GPs and nurses to work at the practice due to uncertainty over the future of the practice as the current contract was due to expire in June 2018. To aid improvement the provider had recently been successful in recruiting a salaried GP and nurse. They had also appointed a paramedic to care for patients who did not necessarily need to see a GP and to carry out some home visits following triage by a GP. This would enable GPs to concentrate on patients with more complex needs.

The practice used information about care and treatment to make improvements.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles.

- 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.
- They were in the process of addressing issues relating to continuity of care by their reliance on locum clinicians and had recently appointed a salaried GP and a practice nurse.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received 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.
- Practice staff told us that they 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. However, at 50% QOF attainment in relation to palliative care was lower than the local CCG average of 98.4% and

national average of 97.6%. Practice staff told us that because of their patient age demographics they had no patients during the QOF period who had required palliative care.

- The practice held monthly multidisciplinary case review meetings where all patients on the palliative care register were discussed.

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 at risk of developing a long-term condition and carers.
- At 42.9% the percentage of new cancer cases referred using the urgent two week wait referral pathway was lower than the CCG average of 52% and national average of 50.4%. This equates to three of the seven patients with a new cancer diagnosis.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 77 patient Care Quality Commission comment cards, the majority of which were very positive about the service experienced. The cards containing negative comments were generally in relation to lack of GP and nurse continuity due to the use of locum clinicians.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 296 surveys were sent out and 95 (32%) were returned. This represented approximately 4.6% of the practice population. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% 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%.
- 89% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 81% 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%.
- 91% 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%.

- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 88% 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%.
- 95% 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.
- 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. The practice had a carer's champion and a care navigator. They helped carers ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers (approximately 2.8% of the practice list). Carers were offered an annual health check, flu vaccination and signposting to appropriate support services.

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

- 88% 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 89% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.

Are services caring?

- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity as far as possible.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998 and was in the process of reviewing their policies and procedures to ensure compliance with the General Data Protection Regulations which is due to supersede the Data Protection Act in May 2018.

- The size and layout of the waiting room and reception desk did not ensure that patient conversations could not be overheard. The provider was aware that this was an issue and had included it as a concern on their risk register. They were looking at ways to address the problem should they be successful in obtaining the ongoing contract for the practice. In the meantime steps had been taken to ensure patients were aware that they could ask for a private discussion should they prefer. In addition, from April 2018 all CBC Health practices were having a new telephone system installed which would help to ensure that all patient calls were taken away from reception areas.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- They offered extended opening hours, online services such as repeat prescription requests, and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example they had a hearing loop and easy to read leaflets were available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- The recall system operated by the provider ensured patients with a long-term condition were invited to attend annual reviews 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 had adopted a multi-disciplinary approach with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, multidisciplinary meetings with health visitors and midwives to identify and support children at risk of harm.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on a Thursday evening and a Saturday morning.
- Patients registered with the practice were able to access pre-bookable appointments with GPs and nurses at a local extra care facility which was ran by the same provider.

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 used care navigators to help identify and support frail and/or socially isolated patients.

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.

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 managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The provider had recognised that they had a relatively young patient population and had responded to this by

Are services responsive to people's needs?

(for example, to feedback?)

offering extended hours opening on a Thursday evening to 8pm and on a Saturday morning between 9am and 1pm to reflect the needs of patients who were in full time employment or students.

- The provider had appointed a paramedic to work across their three GP practices to enable patients to have improved access to a healthcare professional and facilitate more home visits following triage by a GP. A signposting tool was in operation for practice staff to enable them to determine when it was appropriate to refer a patient to the paramedic or alternatively to a GP, nurse practitioner, pharmacy or A&E.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. 296 surveys were sent out and 95 (32%) were returned. This represented about 4.6% of the practice population.

- 85% 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%.
- 99% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average - 71%.
- 90% 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%.

- 93% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 91% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 86% of patients who responded said they don't normally have to wait too long to be seen; CCG - 60%; national average - 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. Eight complaints were received during the period 1 April 2016 and 31 March 2017. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- The practice did not routinely share learning from complaints with staff. The operational manager told us that they intended to include this in their monthly clinical meetings and develop a formal meeting schedule for non-clinical staff.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

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

Vision and strategy

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

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

Culture

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

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

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff 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. 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The provider had established proper policies, procedures and activities to ensure safety and the operational manager and senior administrator ensured that they were operating as intended.

Managing risks, issues and performance

- There were some effective processes to identify, understand, monitor and address current and future

Are services well-led?

Good 

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

risks including risks to patient safety. However, the process for maintaining the cold chain for medicines requiring refrigeration needed reviewing and strengthening.

- The provider and practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Due to reliance on locum clinicians there had been limited clinical audit activity that could demonstrate improvements to patient care and outcomes. There was evidence of quality improvement activity such as the decision to employ a paramedic and to implement extended opening hours.
- The practice had plans in place and had trained staff for major incidents and a business continuity plan was in operation.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Practice clinical and multi-disciplinary meeting were held on a monthly basis and from January 2018 the provider was introducing a weekly educational meeting for clinicians working across their three practices. However, there were no regular formal meetings for non-clinical staff.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses such as the employment of salaried clinicians to improve long term condition review and continuity of care.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice was in the process of reviewing their policies and procedures to reflect the requirements of General Data Protection Regulations (GDPR) which comes into force in May 2018 and will supersede the Data Protection Act 1988.

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.

- There was evidence of the practice making changes to reflect staff and patient views and feedback. For example, they had carried out a patient survey for a two week period between January and February 2017. The provider had identified areas requiring improvement from the survey which had included clinician continuity and the provision of extended hour's sessions which they had since implemented.
- The practice had an active patient participation group (PPG) consisting of 10 to 15 members who met on a quarterly basis or more regularly if required. Their main focus at the time of the inspection had been to campaign for the practice to remain open and ensure there was adequate representation at various meetings to discuss the future of the practice. Two PPG members were proactive in managing social media sites for the practice and used these to promote the PPG, patient surveys and the friends and family test.
- The service was transparent, collaborative and open with stakeholders about performance and participated in the local Clinical Commissioning Group (CCG) practice engagement programme.

Continuous improvement and innovation

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

- 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. There was evidence of learning being shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">The provider did not have an effective system in place to ensure the cold chain was being monitored and maintained for medicines requiring refrigeration. <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Family planning services	
Maternity and midwifery services	
Transport services, triage and medical advice provided remotely	
Treatment of disease, disorder or injury	