The Warren Practice

Quality Report

1 The Warren
Hayes
Middlesex
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Tel: 020 8573 0892
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good overall. Rated requires improvement for providing effective services.

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 The Warren Practice on 5 December 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The new provider had not been inspected before and that was why we included them.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- 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. However, performance for some long-term conditions was low and exception reporting high. Uptake rates for cervical screening and childhood immunisations for two year olds was also low. The practice attributed these results to the highly transient patient population and could demonstrate how they exception reported patients. They had taken action to address these areas of low performance.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found accessing the service by telephone difficult and the practice had taken action to improve this.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

Summary of findings

- Continue to monitor and improve performance against national screening programmes and the Quality and Outcomes Framework.
- Review patient satisfaction with accessing the service by telephone.
- Advertise that a translation service is available to patients on request.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

The Warren Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Warren Practice

The Warren Practice is a single handed GP practice located in Hayes, Middlesex. The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG) and provides primary medical services to approximately 7,100 patients.

Services are provided from:

- The Warren, Uxbridge Road, Hayes, Middlesex UB4 0SF

Online services can be accessed from the practice website:

- www.warrenpractice.co.uk

The practice is led by a GP principal (male) who is supported by four salaried GPs (female) and a GP registrar. The GPs collectively provide 30 sessions. Other staff include two practice nurses (total 40 hours); a practice manager (37.5 hours); and seven receptionists / administrators.

The practice operates from a purpose built medical centre on one level. There are automatic doors at the building entrance and into the waiting room. There are six consultation rooms, two treatment rooms, a dirty utility room, and three administration rooms. The practice shares the building with other community healthcare services.

The practice doors are open from 8:45 to 18:00 every weekday, with the exception of Wednesday when they close at 12:30. The phone lines are open from 8.30am to 18:30 every weekday with the exception of Wednesday when they close at 12:30. When the practice is closed patients are directed to the out of hours service or can be booked an appointment with the local primary care hub. The out of hours provider can contact the practice duty doctor for emergency cases from 8:00 to 8:30 every morning.

The practice population is ethnically diverse and has a higher than the CCG average number of patients between five and 18 years of age and over 65 years. The practice area is rated in the fifth most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. The safeguarding adults policy clearly outlined who to go to for further guidance. Contact details for the local safeguarding children team were displayed in consulting rooms, however the policy had not been updated with these details.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice 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 staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, we noted the second thermometer in the vaccine fridge was not working and we alerted the practice of this. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing in 2013, 2016 and 2017. There was evidence of actions taken to support good antimicrobial stewardship. There was also information on the appropriate use of antibiotics for patients in the waiting room.

Good

Are services safe?

- 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 landlord had up to date fire risk assessments for the building and carried out regular fire drills and weekly fire alarm tests.
- 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. The GP principal and practice manager supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, and took action to improve safety in the practice. For example, an incorrect vaccine had been administered to a patient. The practice discussed the incident and contacted the patient's consultant to discuss what action should be taken. The patient was notified of the incident and given an apology. Learning points from the event were discussed and shared with staff during practice meetings.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups, with the exception of the long-term conditions group which was rated as requires improvement.

- Performance for some long-term conditions was low and exception reporting high. Uptake rates for cervical screening and childhood immunisations for two year olds was also low. The practice attributed these results to the highly transient patient population.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed prescribing data and found the practice performed in line with or better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.38. This was better when compared to the CCG (0.7) and national average (0.9). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 1.02. This was comparable to the CCG (0.92) and national average (0.98). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Clinical staff and prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them. Information on antibiotic resistance was displayed in the patient waiting area.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice worked with a multidisciplinary team to discuss older patients with complex conditions, and those who may need palliative care as they were approaching the end of life.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, patients could be referred to the care connection team where their health and social needs were assessed and further support arranged.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Performance for long-term conditions such asthma, COPD and atrial fibrillation was in line with local and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 74% (CCG 77%; national 76%). Exception reporting for this indicator was 2% (CCG 3%; national 8%).
- The practice identified a higher prevalence of patients with certain long-term conditions when compared with local and national averages. For example, diabetes

Good

Are services effective?

(for example, treatment is effective)

prevalence was 11% compared to the CCG and national average of 7%; hypertension prevalence was 16% compared to the CCG average of 12% and national average of 14%.

- Performance for diabetes and hypertension was lower than local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 60% (CCG 80%; national 78%). Exception reporting for this indicator was 20% (CCG 8%; national 9%). The practice was aware of this and offered a weekly diabetic clinic to improve performance. They also told us that due to their geographical location near an airport they had a very transient population who were in temporary housing. This created challenges in contacting patients for reviews and updating records when patients had moved out of area.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, the two nurses who ran the weekly diabetes clinic had received advanced training in the management of patients with diabetes and three GPs had received additional training to initiate and manage therapy with insulin within a structured programme.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds averaged 82% which was below the target percentage of 90%. The practice told us that whilst performance data had been submitted, they had not carried out their usual checks and reminder letters for two quarters contributing to the low results published. The practice reviewed this and was actively recalling patients who required these immunisations. Uptake rates for children aged five was in line with national averages.
- 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 67%, which was below the CCG average of 77% and national average of 81%. The practice had identified this as an area for development and was taking action to improve screening rates. For example, the GPs used a whiteboard in the waiting room to highlight the importance of health screening. The most recent notice requested female patients to attend for cervical screening. GPs also gave patients an appointment card to book a cervical smear test at reception.
- The practice had systems to inform eligible patients to have the meningitis vaccine. For example, the practice manager wrote to relevant patients on a monthly basis.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- Eighty six percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 83% and national average of 84%.
- Ninety three percent of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 92% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 93%; CCG 93%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 97%; CCG 98%; national 97%).

Monitoring care and treatment

Good

Are services effective?

(for example, treatment is effective)

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, we saw a completed clinical audit for antibiotic prescribing.

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The overall exception reporting rate was 11% 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 exception rates within some clinical domains, including chronic obstructive pulmonary disorder, diabetes, and dementia, was higher than the CCG and national averages. The practice told us they had a transient population due to a high amount of patients in temporary housing. Clinical staff were able to demonstrate and justify their reasoning for exception reporting. The practice manager told us that if a patient did not respond to three invitations for review they were also exception reported.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, 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.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Eleven of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the practice's 2017 survey and other feedback received by the practice. Two partially positive comments referred to difficulties booking an appointment and staff attitude.

Results from the July 2017 annual national GP patient survey showed patients had mixed responses to questions about how they were treated and if this was with compassion, dignity and respect. Three hundred surveys were sent out and 103 were returned. This represented about 2% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs, and in line with or below average for consultations with the nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time; CCG - 80%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; 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– 79%; national average - 86%.
- 75% of patients who responded said the nurse was good at listening to them; CCG - 86%; national average - 91%.
- 82% of patients who responded said the nurse gave them enough time; CCG - 87%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.
- 74% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

The practice had taken action and carried out a survey from September to October 2017 and received 100 responses. The results showed that most patients responded positively about their interactions with the nurses. For example:

- 80% of patients who responded said the nurse was good, very good, or excellent at putting them at ease (17% said the nurse was satisfactory, and 2% said poor)
- 83% of patients who responded said the nurse was good, very good, or excellent at listening to them (15% said the nurse was satisfactory, and 2% said poor)
- 83% of patients who responded said the nurse was good, very good, or excellent at explaining their condition and treatment (14% said the nurse was satisfactory, and 2% said poor)

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. However, we did not see this service advertised. Patients were told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. This was done when patients registered at the practice or when staff

Good

Are services caring?

became aware that a patient was a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (1% of the practice list).

- Carers were discussed at the care connection team meetings and the guided care matron supported carers to help ensure that the various services supporting carers were coordinated and effective.
- Information in the waiting room directed carers to the various avenues of support available to them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or the practice sent them a sympathy card. This was either followed by a patient consultation at a flexible time to meet the family's needs or by giving them advice on how to find a support service. Patients could be referred for bereavement counselling to a counsellor who attended the practice weekly.

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. However there were mixed responses to satisfaction scores on consultations with the nurses:

- 80% 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 79% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 74%; national average - 82%.
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

The practice survey showed that most patients responded positively about their interactions with the nurses. For example:

- 83% of patients who responded said the nurse was good, very good, or excellent at explaining their condition and treatment (14% said the nurse was satisfactory, and 2% said poor)

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example, online services such as repeat prescription requests and advanced booking of appointments).
- The facilities and premises were appropriate for the services delivered.
- 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:

- 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 monthly multidisciplinary team meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice did not provide extended hours appointments. However, the practice could remotely book evening and weekend GP and nurse appointments for patients willing to attend the local primary care 'hub'.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, patients who were housebound, and those who were at high risk due to their conditions.
- Patients with a learning disability were offered longer appointments and annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages, with the exception of getting through to the practice by phone which was below average. This was supported by observations on the day of inspection and completed comment cards.

- 69% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 45% of patients who responded said they could get through easily to the practice by phone; CCG – 68%; national average - 71%.
- 80% 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 - 81%; national average - 84%.
- 74% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.
- 64% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 58% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%.

The practice survey showed that most patients found it difficult to get through to the practice on the phone. For example:

- 37% of patients who responded said it was very easy or fairly easy to get through on the phone, compared with 57% of patients who said it was not very easy or not at all easy.

The practice was aware of the difficulties patients' experienced with telephone access and had implemented the following actions to improve this. For example:

- The phone provider had been changed and there was now a queueing system in place.
- Three members of staff were allocated to answering phone calls at busy times. For example, in the morning.
- Staff had been provided with training to ensure they were timely and efficient in dealing with patient requests.
- Promoting online booking of appointments.
- Requesting patients use the self-check in system during busy times.

The practice planned to repeat their survey the following year to see if patient satisfaction with telephone access had improved.

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.
- The complaint policy and procedures were in line with recognised guidance. Two 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. It acted as a result to improve the quality of care. For example, customer service training was provided to reception staff to improve their interactions with patients.

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

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

Good

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice carried out an annual patient survey and reviewed compliments and complaints received.
- Despite practice endeavours, there was no longer an active patient participation group. The practice was aware of this and had advertised information on the group for patients in the waiting room. We saw some patients had submitted their details to become members of the group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice and local community. For example, the practice were part of the local scheme where their patients could be seen at the local primary care hub when the practice was closed.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.