

Dr Jones & Partners

Quality Report

Mattishall Surgery
15 Dereham Road
Mattishall
East Dereham
Norfolk
NR20 3QA
Tel: 01362 850227
Website: www.mattishallsurgery.co.uk

Date of inspection visit: 23 January 2018, 31 January 2018
Date of publication: 22/02/2018

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Dr Jones & Partners

4

Detailed findings

5

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (October 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Dr Jones and Partners on 23 January 2018 and 31 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. This included a risk stratification tool which gave management an ongoing oversight of all documented risks in the practice.
- The practice had systems in place to safeguard patients against abuse. The practice regularly reviewed all documentation for children that were not brought for appointments. There was a clear audit trail to show that letters had been reviewed and discussed in meetings. However, the practice did not always document this in the patient's notes for children that did not attend hospital appointments.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided through clinical audit. It ensured that care and treatment was delivered according to evidence based guidelines.
- The practice had achieved 100% performance for the Quality and Outcomes Framework.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Results from the national GP Patient Survey reflected this.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice responded to complaints in a timely and open manner.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was a positive culture within the practice and staff reported the management team were supportive and approachable.

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

- Review the system for the documentation of children that were not brought for hospital appointments.

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

Dr Jones & Partners

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, and two additional CQC inspectors.

Background to Dr Jones & Partners

Dr Jones and Partners is situated in Mattishall, South Norfolk. The practice area extends into the outlying villages and the practice dispenses medicines to patients who live in these villages. There is a branch surgery in the nearby village of Lenwade, which also has a dispensary. The practice offers health care services to approximately 8,500 patients. The practice holds a General Medical Service (GMS) contract. We visited both sites and their dispensaries as part of our inspection.

There are three GP partners (two female, one male) who are supported by five salaried GPs (female). There are four practice nurses and two healthcare assistants. A team of six

dispensary staff, one pharmacy technician and four pharmacy assistants support the dispensing of medicines. There are two dispensary delivery drivers. A team of eight administration and reception staff support the patient services and human resources manager, practice data and systems manager and finance manager. The practice has recently employed a practice business manager.

The practice is open between 8.30am to 6pm Monday to Friday. The Lenwade branch is open from 8.30am to 1pm and 2pm to 6pm on Mondays, 8.30am to 12pm Tuesday, Thursday and Friday and is closed Wednesdays. If the main practice and branch surgery are closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency. Out of hours services are provided by Integrated Care 24.

The practice has a lower number of patients aged 20 to 44 years and a higher number of patients aged 50 to 79 compared to the local and national average. The deprivation score is below the England average. Income deprivation affecting children and older people is below national averages. Male and female life expectancy in this area is in line with the England average at 82 years for men and 85 years for women.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse and could give multiple examples of where safeguarding concerns had been assessed and appropriately responded to. Policies were regularly reviewed and were accessible to all staff. Policies contained practice specific information, as well as the name of the local health visitor and safeguarding lead. They outlined clearly who to go to for further guidance within the practice and at locality level.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. The practice had regular meetings with the community matron, midwife and health visitor to discuss both adult and children's safeguarding concerns. 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. The lead GP for child safeguarding was trained to level four. All other GPs were trained to level three safeguarding. Nurses were trained to either level two or three safeguarding. All clinicians were also booked on additional safeguarding training in March 2018. The practice regularly reviewed all documentation for children that were not brought for

appointments. There was a clear audit trail to show that letters had been viewed and discussed in meetings. However, the practice did not always document this in the patient's notes for children that did not attend hospital appointments. 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. There was an infection prevention and control audit in place, as well as cold chain audits and hand hygiene audits. The practice planned to further improve this system by implementing a 'peer review' process for the audits with local practices.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Equipment had been appropriately calibrated and electrically tested. 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. This included arrangements to manage winter pressures where more appointments were required.
- There was an effective induction system for temporary staff tailored to their role with information relating to the practice and its procedures. The practice rarely used temporary staff. When using temporary staff, the practice tried, where possible, to use staff known to the practice to improve patient continuity.
- 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. There were clear guidelines for receptionists to follow and an on call GP was always available either on site or by telephone for receptionist to contact.
- Emergency medicines kept on site were appropriate and checks were made weekly on the expiry dates of medicines and equipment. Oxygen was available with children's and adult's masks and a defibrillator was on site.

Are services safe?

- 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. This included when patients moved between services.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included with the district nurses, health visitors and social services.
- 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. There was a regular check of expiry dates on medicines and equipment. The practice kept prescription stationery securely and monitored its use in line with recognised guidance.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance, including patient safety alerts. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice closely monitored patients on high risk medicines and arranged for appropriate blood testing prior to prescribing the medicines. There were processes in the dispensary to ensure the most recent blood test result was checked prior to dispensing.

- Arrangements for dispensing medicines at the practice kept patients safe. Prescriptions were always signed prior to dispensing by a GP. Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of the expected temperature range. All dispensed medicines were double checked prior to being dispensed. The dispensary held a range of standard operating procedures which were regularly reviewed and updated.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety risks. This included risk assessments for health and safety, fire and legionella. The practice held an overall risk register which outlined further risks to the practice, including premises and staffing. This helped the practice to monitor all actions taken and have an overall view of risks in the practice. Risks were managed according to the impact they would have.
- The practice monitored and reviewed activity on the risk register regularly at practice meetings. 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 and staff were confident about the procedure. There was a log of significant events to easily identify trends and meetings were held to specifically discuss significant events. Minutes were available for staff unable to attend these meetings.
- 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 implemented weekly checks of equipment in clinical rooms following an incident of a GP finding out of date equipment. On inspection, we

Are services safe?

found dates to be clearly written on medicines and equipment to ensure expiry dates were easily visible. Weekly checks were undertaken and equipment and medicines we checked were found to be in date.

- There was a system for receiving, and acting on, safety alerts. These went to the lead GP for review and were disseminated to all staff, if relevant to the practice. There

was a log kept of events and the action taken. We ran four patient safety alerts and found these were managed appropriately. Safety alerts were also discussed in meetings where clinicians would decide the appropriate action that was required. 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 overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Guidance and safety alerts were discussed at meetings. Clinicians had access to recent guidance on the computer system for instant access if required during a consultation.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice prescribed hypnotics in line with local and national averages.
- The practice prescribed antibacterial prescription items in line with local and national averages.
- The practice prescribed antibiotic items, including Cephalosporins and Quinolones, in line with local and national averages. The practice had audited the prescribing of these antibiotic medicines, and co-amoxiclav. They had reviewed the prescriptions for the last two months and analysed each patient. The practice found an alternative could have been prescribed in some cases. The practice were keen to reduce prescribing of these medicines and had disseminated the outcome of the audit appropriately to clinical staff. The audit was due to be re-run in two months to evaluate progress.
- We saw no evidence of discrimination when making care and treatment decisions in the records we reviewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. We spoke to non-clinical staff regarding triage procedures; there was a system in place to ensure patients were directed to the appropriate clinician.

Older people:

- Older patients who were 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 with an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice held regular meetings with the community geriatrician who worked in the local care homes to discuss medicines management, reduce unplanned admissions and any appropriate referrals.

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 and practice nurse worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, some of the practice nurses had completed courses on diabetes, COPD and complex wound care.
- The practice achieved above local and national averages for all Quality and Outcomes Framework indicators for long term conditions including diabetes, asthma, COPD, hypertension and atrial fibrillation. However, we found the overall exception reporting rate for 2016/17 for COPD to be 20%, compared to the CCG and national averages of 13%. Unverified data for 2017/18 so far showed this had reduced considerably to 4% at the time of the inspection.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% with a range of 92 to 98%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The clinicians showed awareness of the

Are services effective?

(for example, treatment is effective)

need to follow up patients that had diabetes in pregnancy, however staff had experienced some coding issues with these patients. The practice told us they were reviewing these issues.

- The practice had implemented 40 minute appointments for post-natal checks. They ensured that, when appropriate, baby immunisation appointments followed immediately after to reduce the number of visits required.

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

- The practice's uptake for cervical screening was 79%, which was in line with the 80% coverage target for the national screening programme. The exception reporting for cervical screening was 4% which was below the CCG average of 6% and national average of 7%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There were appropriate follow-ups on the outcome of health assessments and checks where abnormalities or risk factors were identified. Since April 2017, the practice had offered 632 patients a health check; 255 of these checks had been carried out.

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 regular meetings to discuss these patients and supplied medicines that may be required at the end of life. This enabled the practice to keep many patients in their preferred place of care.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had 44 patients registered with a learning disability. 40 had been offered health checks and 34 had received them. Of the remaining four patients, one patient was due to have their health check and three had an unclear diagnosis.

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 86% and national average of 84%.
- 96% 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 above the CCG average of 93% and the 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 had received discussion and advice about alcohol consumption was 93% which was above the CCG average of 92% and the national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The most recent published Quality and Outcomes Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 9% compared with the CCG and 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.)

- Performance for diabetes related indicators was 100%; this was above the CCG average of 90% and the national average of 91%. The exception reporting rate for diabetes was 9% which was comparable to the CCG and national averages of 11%. The prevalence of diabetes was 8% which was 1% above the CCG and national average.
- Performance for mental health related indicators was 100%. This was above the CCG average of 93% and the national average of 94%. The exception reporting rate was 6% which was below the CCG average of 13% and

Are services effective?

(for example, treatment is effective)

national average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages.

- Performance for dementia related indicators was 100%, which higher than the CCG average of 96% and the national average of 97%. The exception reporting rate was 6% which was below the CCG average of 11% and national average of 10%. The prevalence of dementia was 1% which was equal to the CCG and national averages.
- The performance for depression was 100%. This was above the CCG average of 96% and the national average of 93%. The prevalence of patients recorded as having depression was 7%, which was lower than the CCG prevalence of 8% and the national prevalence of 9%. The exception reporting rate was 30% which was above the CCG average of 22% and national average of 23%. Unverified data for 2017/18 so far showed this had reduced considerably to 4% at the time of the inspection.
- The practice was actively involved in quality improvement activity and regularly completed both clinical and non-clinical audits. Changes and improvements to practice were implemented as a result. For example:
- The practice had run an audit on patients receiving medicines for acute gout to ensure renal levels were being monitored effectively. From the first audit, the practice found the recall system for these patients was not effective as only 31 of 96 patients had received renal monitoring. Therefore, the practice implemented a new protocol for recalling these patients. The follow up audit, completed six months later, showed that 98 out of 99 patients on the medicine had been recalled for the appropriate testing and that awareness among clinicians had improved.

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. For example, the practice had supported two nurses to gain prescribing qualifications and had supported another nurse through an infection prevention and control lead course.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice could evidence that all staff had received an appraisal within the last year. The induction process for healthcare assistants included the requirements of the Care Certificate.
- 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. This included meeting with teams such as district nurses, the health visitor, social services and the community matron.
- 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. The practice recognised the need to avoid admissions to hospital in this group and worked closely with the local care homes to educate staff and provide medicines
- The practice held regular meetings to discuss patients at the end of their lives with multidisciplinary teams.

Are services effective?

(for example, treatment is effective)

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.
- We found that 100% of patients with cancer, diagnosed within the preceding 15 months, had a patient review recorded as occurring within 6 months of the date of diagnosis'. However, the exception reporting rate for this indicator was 35% compared to the CCG average of 26% and national average of 25%. We reviewed unverified data from 2017/18 and found no patients had been excepted at the time of our inspection.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Patients we spoke with on the day of inspection reported this was the case. For example, a patient diagnosed with diabetes reported they were given information in a timely way, in formats they could understand.

- 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. The practice had a high number of elderly patients and all clinical staff had completed training on the mental capacity act.
- 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.
- The practice gained written consent for minor operations including contraceptive fitting and skin lesions.

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.
- 11 of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented on the kind and caring nature of staff. One comment reported negatively on a staff member. These results were in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 national GP patient survey showed patients responded in a positive manner when answering questions relating to being treated with compassion, dignity and respect. 221 surveys were sent out and 138 were returned. This represented 62% completion rate. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time; compared to the CCG average of 87% and the national average of 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG average of 95% and the national average of 95%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG average of 85% and the national average of 86%.

- 92% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 92% and the national average of 91%.
- 95% of patients who responded said the nurse gave them enough time; compared to the CCG average of 93% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 98% and the national average of 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 91% and the national average of 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 87% and the national average of 87%.

The practice were aware of these results and proud of the achievements they had made with patient communications. The practice had a suggestion box in the waiting room to gain further feedback from patients.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. A hearing loop was available in reception.
- Staff helped patients and their carers find further information and access community and advocacy services. They supported them in asking questions about their care and treatment.

The practice proactively identified patients who were carers. Carers were identified through the new patient

Are services caring?

registration form and during some consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 98 patients as carers (1.2% of the practice list).

- The practice had leaflets and signs in the waiting room to offer avenues of support to carers. In consultations, clinicians would ask patients who received care who their carer was in order to keep the register up to date. The practice also took the opportunity to offer help and support to carers when they had brought a patient in for a consultation. The practice also offered flu jabs to carers and advertised this openly at the practice.
- Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice ensured that all staff within the practice were alerted to any deaths within the practice population so that staff could offer support to families at all opportunities.

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

- 95% 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 87% and the national average of 86%.

- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared to the CCG average of 83% and the national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 90% and the national average of 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 86% and the national average of 85%.

The practice were aware of these results and, despite high outcomes, had implemented an action plan to further improve on these. For example, the practice planned to implement 'you said, we did' boards in reception as a way of feeding back to patients the improvements that the practice were making.

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.
- There were curtains in all consultation rooms to offer privacy. The practice also ensured patients could be seen by either male or female clinicians.

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, the practice recognised they had an older population and therefore met regularly with the community geriatrician. The practice were involved with local initiatives such as the appointment of a community matron to assist those patients with the most complex needs.
- The practice improved services where possible in response to unmet needs. For example, the practice often gave clinician's phone numbers to patients who were at the end of their lives so that they had direct access to treatment.
- 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, where appropriate the practice offered telephone appointments for patients that found it difficult to attend the practice during working hours.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of their life was coordinated with other services, such as the district nurses.

Older people:

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

- The GPs carried out regular visits at local care homes to reduce unplanned admissions and increase continuity of care.
- The practice worked closely with other local practices to employ a dementia care practitioner, community geriatrician and a community matron.

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 nurses were trained to carry out these checks.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. This also included the community matron.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice provided care to patients at a home for children in a care setting. This home had direct access to the practice and there was a lead GP for these patients.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered text message reminders of appointments.
- Telephone and email GP consultations were available for a select group of patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice provided care at a local care home for patients with a learning disability. The practice ensured continuity of care for these patients and the patients had a named GP.

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 staff had completed training in dementia awareness.

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. There was some flexibility in the appointment system to allow for higher times of demand.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly above local and national averages in many areas. 221 surveys were sent out and 138 were returned. This represented 62% completion rate. For example:

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 98% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 70% and the national average of 71%.

- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 86% and the national average of 84%.
- 96% of patients who responded said their last appointment was convenient; compared to the CCG average of 84% and the national average of 81%.
- 94% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 73% and the national average of 73%.
- 67% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 57% and the national average of 58%.
- 77% of patients who responded said they usually get to see or speak to their preferred GP compared to the CCG average of 56% and the national average of 56%.

The practice were aware of the higher than average results and worked to ensure these results continued by monitoring the appointments system and patient feedback.

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. Staff treated patients who made complaints compassionately. The practice recorded both verbal and written complaints.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had carried out an analysis of certain types of blood samples after a complaint relating to the incorrect labelling of a blood sample. As a result, the practice had adjusted the protocol to align with the local hospital guidelines.

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. For example, the leaders had proactively planned for the future of the partnership and had succession plans in place.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with reported the leadership was inclusive and that they felt a part of the planning in the practice.
- The practice had effective processes to develop leadership capacity and skills, including upskilling staff within 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 to provide high quality care to all patients registered at the practice. The practice had a realistic strategy and supporting business plans to achieve priorities and these were regularly reviewed and risk assessed.
- 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. Staff were confident that they had the skills and training opportunities to further develop.

- 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 closely and reviewed it regularly in practice meetings.

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 and many staff had worked there long term.
- The practice focused on the needs of patients and understood the population groups they served.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the practice could evidence in a number of complaints that they had communicated reasons for certain outcomes to patients, including those relating to referrals and blood tests. 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 and were able to give examples of incidents they had raised and the learning from these events.
- There were processes for providing all staff with the development they need. This included regular appraisal and career development conversations. All staff received regular annual appraisals in the last year and there were clear goals and outcomes documented. Staff were supported to meet the requirements of professional revalidation where necessary, for example for nurses and GPs revalidation.
- 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.

Are services well-led?

Good 

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

- There was a strong emphasis on the safety and well-being of all staff. The practice operated a zero tolerance policy on abusive behaviour which protected 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. Staff were provided with training for equality and diversity.
- 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 management team had implemented an overall risk management tool to give them effective oversight of ongoing issues and a clear view of mitigated risks. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety, and assure themselves that they were operating as intended. These were regularly reviewed and specific to the practice. For example, the safeguarding children policy had the name and contact details of the lead GP, local leads, the health visitor and midwife attached to the practice. Policies were readily available on the computer system.

Managing risks, issues and performance

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

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

risks to patient safety. The practice held an overall risk management register to closely monitor the practice performance. This was reviewed regularly to ensure action plans were carried out.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of safety alerts, incidents, and complaints and discussed these regularly in meetings.
- 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, for example by improving antibiotic prescribing.
- The practice had plans in place, and had trained staff, for major incidents. A business continuity plan was in place which detailed the numbers for external contractors in the event of an emergency.
- The practice implemented service developments and where efficiency changes were made; input from clinicians was included to understand the impact on the quality of care. The practice monitored their performance against the relevant regulations to ensure they were meeting them.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The practice were in the process of reorganising the computer system to ensure access was improved.
- The practice used performance information, including audits, which was reported and monitored; 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 via a risk management stratification tool.

Are services well-led?

Good 

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

- The practice submitted data or notifications to external organisations as required, including to the Care Quality Commission.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice gathered patients' views via surveys, complaints and a comments box in the waiting area.
- There was an active patient participation group. There was also a virtual patient participation group and the practice provided a regular newsletter to keep patients up to date with changes within the practice.
- The service was transparent, collaborative and open with stakeholders about performance and regularly communicated with the clinical commissioning group regarding local initiatives.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice actively tried to promote and develop staff within the practice where possible. The practice had a clear contingency plan in place for the retirement of partners, which was sustainable.
- Staff knew about improvement methods and had the skills to use them. Staff reported the management team were honest about improvements within the practice and were open to trying new strategies.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements and this information was cascaded to all staff.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Staff were positive about the innovation they could make within the practice.