# Warlingham Green Medical Practice

## Quality Report

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Date of inspection visit: 20 November 2017
Date of publication: 23/01/2018

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



## Overall summary

**Letter from the Chief Inspector of General Practice**

**This practice is rated as Good overall.** (Previous inspection December 2015 – 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 Warlingham Green Medical Practice on 20 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.
- There was an active patient participation group in place who told us that they had seen improvements within the practice.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice worked closely with other practices in order to provide and improve services for their patient populations.
- Staff were positive about working in the practice and were involved in planning and decision making.
- The practice had increased GP, nursing and healthcare assistant hours in order to meet the needs of patients.
- Patient survey results were largely positive and higher than average in a number of areas.

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

- Ensure that the practice lead for infection control has access to relevant infection control leads' training.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **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 |

# Warlingham Green Medical Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to Warlingham Green Medical Practice

Warlingham Green Medical Practice is located in a residential area close to the boundary with the London Borough of Croydon. There are11,500 patients on the practice list and the majority of patients are of white British background. The population distribution as recorded by Public Health England indicates a slightly higher than average working population as well as the percentage of patients with a long term health condition. Warlingham Green incorporates a branch surgery at

Chaldon Road with a shared patient list. Warlingham Green is part of the SWC (Selsdon, Warlingham and Caterham) Group, a group of local practices sharing management resource and support.

The practice is a training practice. The training is managed by a GP Training Lead and there are currently three full-time GP registrars at the practice. The practice also takes medical students from medical schools in the area.

There are a total of seven GP partners (three male, four female) and six salaried GPs. Medical staff at the practice can be utilised to support services at either practice, particularly during peak annual leave periods. They are however, generally based at a single location. Patients can opt to attend either location. There are three Practice Nurses (PN) and seven Health Care Assistants (HCA) based at Warlingham Green and Chaldon Road. Support staff consists of a director of operations who covers all practices within the group and leads for areas such as information technology and finance. There are two site specific managers, one at Warlingham, one at Chaldon and a Patient Services Manager. There is also a team of reception, administration and secretarial staff.

The practice is open from 7.30am to 6.30pm Thursdays and Fridays, from 7.30am to 7.00pm on Mondays, from 8am to 6.30pm on Tuesdays and from 8.30am to 8pm on Wednesdays. Extended hours appointments are available on Mondays and Wednesday evenings and Monday, Thursday and Friday mornings. Appointments are available from 8am to12.30pm, 3pm to 6pm and 6.30 to 7pm on Mondays and 6.30 to 8pm on Wednesdays. Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hour's service on telephone number 111.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example: Childhood Vaccination and Immunisation Scheme and also extended hours. The Chaldon Road Surgery, Chaldon Road, Caterham, CR3 5PG was not visited as part of this inspection.

Good

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff and stored centrally in both paper and electronic formats. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control with evidence of regular infection control audits. The infection control lead had recently taken over the role from a member of staff who had left the practice and had not yet attended training for this role.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Reception staff had received training on identifying 'red flag' indicators where patients may need to be seen more urgently.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. There was a system in place for cross staffing cover across all sites and systems were in place to ensure all staff from all staff had access to up to date rotas through shared electronic systems.

### 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. 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 and did this on a weekly basis. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

**Track record on safety**

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

**Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. Meetings were held regularly where significant events were discussed. For example the practice had reviewed the workloads of nurses and pressure on nursing clinics following an error with the administration of an immunisation. Reception staff discussed and reviewed information shared following a breach of confidentiality where the type of patient appointment was announced in the waiting area.
- 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.**

**Effective needs assessment, care and treatment**

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology and equipment to improve care for patients. This included the use of electronic referral systems and electronic platforms to support clinical decision making and the use of up to date guidance and care pathways. The practice also used in-house designed templates, for example as a guide for paediatric assessments to ensure consistency.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- In total the practice had sent out 2006 health check invites and 1437 had been completed.
- 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 recorded advance care planning wishes/ decision making on an electronic system that was shared with other services with the consent of the patient.

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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs and nursing staff took lead roles in the management of patients with long term conditions. The practice had a diabetic lead who was able to initiate and manage insulin, used to treat patients with diabetes.
- The practice regularly reviewed unplanned admissions and carried out monthly clinical meetings where issues relating to treatment and care were discussed.
- 86% of patients with hypertension had regular blood pressure tests performed. This was in line with the clinical commissioning group (CCG) average of 81% and national average of 83%.

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 standard in relation to the target percentage of 90%. Three of the target indicators were marginally higher than the 90% target and one was at 100%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice offered early and late appointments designed around school hours. The practice offered 'book on the day' and emergency appointments specifically for families, children and young people.

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

- The practice's uptake for cervical screening was 83%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Good

# Are services effective?

## (for example, treatment is effective)

- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice hosted a free stop smoking service on site.

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 used an advance care planning system where the wishes of patients at the end of life were shared with other providers including the ambulance service.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 78%.
- 88% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is better than the national average of 79%.
- 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%; clinical commissioing group 84%; national 81%).
- The senior GP partner had a special interest in dementia following completion of a post graduate certificate.
- The practice had developed their own clinical template that was used to guide the assessment of patients newly diagnosed with depression and the assessment of patients who were considered to be at risk of suicide.

### 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. For example the practice regularly participated in audits of medicines and minor surgery activity. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 9.3% compared with a national average of 9.4%. (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.)

- 86% of patients with diabetes, whose last measured total cholesterol, was in a range of a healthy adult (within the preceding 12 months). This was in line with the CCG average 80% and national average 80%.
- 82% of patients with asthma had an asthma review in the preceding 12 months which included an assessment of asthma control. This was in line with the CCG average 75% and national average 76%.
- 95% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. This was in line with the CCG average 93% and national average 90%

### 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.
- Mandatory training records showed that training needs had been identified and that an ongoing and up to date log and review of training had taken place.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings,

Good

# Are services effective?

## (for example, treatment is effective)

appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. We saw evidence that all staff received regular reviews during the probationary period of their employment and a system of annual appraisals was in place.

- GP registrars training at the practice received an induction and had dedicated, supervised training time.
- 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.
- The practice had a palliative care register and held regular multi-disciplinary meetings where the care of patients at the end of life was reviewed with input from specialist palliative care staff. There was a lead GP within the practice for end of life care.

**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.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway at 58% was comparable to the clinical commissioning group average of 45% and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

**Consent to care and treatment**

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

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

Good

# Are services caring?

## Our findings

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

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and eighty nine surveys were sent out and 125 were returned. This represented about 1% of the practice population. The practice was above average in some areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 96% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 87%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 97% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

**Involvement in decisions about care and treatment**

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

- The practice had amended their registration form to aid them in identifying patients with communication needs so that they could ensure that information was accessible to these patients.
- 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.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers through their registration process and through raising awareness with information in waiting areas in the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 281 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice facilitated breaks for carers through local carer initiatives.
- Staff told us that if families had experienced bereavement, their usual GP contacted them and would offer a patient consultation to meet the family's needs or by giving them advice on how to find a support service.

Good

# Are services caring?

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

- 94% 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 88% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

**Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

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

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

**Responding to and meeting people's needs**

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice offered late appointments in the evening on Mondays, Tuesdays and Wednesdays and early morning appointments at Chaldon Road (7.30am to 8am).
- The practice offered text messaging appointment reminders.
- The practice improved services where possible in response to unmet needs. They worked closely with neighbouring practices in Warlingham, Caterham and Whyteleafe. This included the provision of a referral service where they accepted patients from other practices for minor surgery and 24hr and 7 day Electrocardiograms (ECGs).
- The facilities and premises were appropriate for the services delivered. There was access to disabled parking in the car park and the practice was accessible for wheelchair users. There was a lift available to access all floors in the building.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they provided access to interpreters and had hearing loops at both surgeries.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice actively recorded advance planning information using a tool called Share my Care which shares information with the local ambulance service.

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.
- Older patients are also assessed and scored for frailty and had assessments for the risk of falls as part of regular reviews.
- Over 65 year olds were routinely invited for flu clinics and had access to flu, pneumonia and shingles vaccinations during consultations.
- The practice provided training to this group of patients on how to use the online services.

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 had a lead GP for diabetes who was able to initiate and manage Insulin and two trained respiratory nurses who held asthma and chronic obstructive pulmonary disease (COPD) clinics.
- The practice held regular 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 and 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 with appointment of this nature held specifically for families, children and young people. Reception staff were trained to prioritise children and in particular children with fever who would be seen immediately.
- The practice provided access to appointments and late or early appointments designed around school times.
- The practice participated in health promotion programmes aimed at reducing sexual health risks including contraception and safe sex advice and screening for sexually transmitted diseases including chlamydia.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice provided coil fittings and contraceptive implants.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours in the evenings and early mornings.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided follow up following hospital admissions for patients whose circumstances made them vulnerable.
- The practice hosted a regular wellbeing advisor to provide help to those patients who may become sick due to vulnerability, be it through concerns about their weight, their home situation or their ability to meet new people and get out and about.

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 worked closely with the local mental health services and followed the relevant guidelines and referral protocols.
- The lead GP had completed a post graduate qualification to become a GP with a Special Interest in Dementia. The practice had taken part in a training programme on making the practice dementia friendly and had taken action to improve signage around the practice as a result of this.
- The practice had also developed their own clinical templates for any new diagnosis of depression and to assess people who are at risk of suicide.

### Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and in some areas were higher than average. This was supported by observations on the day of inspection and completed comment cards. Two hundred and eighty nine surveys were sent out and 125 were returned. This represented about 1% of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 90% of patients who responded said they could get through easily to the practice by phone; CCG – 75%; national average - 71%.
- 96% 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 - 85%; national average - 84%.
- 92% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 94% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen; CCG - 57%; national average - 58%.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. Seven 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, complaints were discussed in staff meetings with an emphasis on identifying the learning opportunities. This included identifying training needs and changes to systems and processes within the practice to ensure improvements.

# 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.
- The practice operated as part of a group structure and had appointed designated roles within the group. For example, there was a senior manager group, a director of operations, a human resources manager, a patient services managers and surgery managers.
- 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, they had recently undertaken a refurbishment to create more clinical areas within the practice.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

**Vision and strategy**

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. Staff we spoke with told us they had the opportunity to participate in business meetings within 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 business plan had a focus on maintaining 'a cohesive and friendly working team and to develop and enhance skills'. There was an emphasis on achievable workloads for staff and the development of positive work relationships and the well-being of staff.
- 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, we saw that when things went wrong patients received a verbal or written apology and that they were involved in discussions around actions to prevent the same thing from happening again. 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. They also told us that they attended both formal and social practice meetings where there was a focus on team relationships.
- 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 promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

**Governance arrangements**

# Are services well-led?

Good

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

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

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

**Managing risks, issues and performance**

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of 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.
- 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. For example they had implemented new technology systems to centralise functions within the practice in line with their expansion of services such as shared human resource systems. Specific examples included changes to the telephone system to ensure telephones could be diverted to other surgeries within the group in case of problems with the telephone access at a specific surgery.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

**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, a patient survey was regularly collated and results used to improve services. Specific changes had included improvements to the telephone system within the practice.
- There was an active patient participation group (PPG). Members of the PPG told us they had seen changes made as a result of their input, including improvements to parking.
- The service was transparent, collaborative and open with stakeholders about performance.

**Continuous improvement and innovation**

# Are services well-led?

Good

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

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. Examples of innovation included the development of clinical templates within the practice to promote a consistency of clinical care and assessment across the group. In addition, the practice worked to meet the objectives of their business plan, including the expansion of services to better meet the needs of the local community as well as providing opportunities was collaboration with other services.
- The practice worked to increase resources on an ongoing basis. For example, we saw that they had increased both GP and nursing hours to meet the more complex needs of patients. We also saw that reception cover had been increased in order to improve access, responsiveness and work pressures.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to participate in the review individual and team objectives, processes and performance.