

# Castle Donington Surgery

## Quality Report

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Date of inspection visit: 5 December 2017

Date of publication: 12/03/2018

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as good overall** (Previous inspection September 2015, rating – 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 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 Castle Donington Surgery on 5 December 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 fully investigated them, learned from them and implemented changes to improve their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines and in line with identified patient needs.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Feedback we received from patients on the day of our inspection was consistently positive about the service they received.
- Some results from the national GP patient survey published in July 2017 were lower than average in respect of access but the practice had implemented an action plan to address this.

# Summary of findings

- The system for monitoring prescription security was not effective but this was rectified following our inspection.

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

- Ensure policies are reviewed and followed.
- Ensure the arrangements for monitoring prescription use which have been introduced are embedded.

- Ensure any actions arising from the scheduled legionella risk assessment are implemented.
- Ensure actions as a result of safety alerts received are logged as planned.
- Ensure the action plan relating to patient access is progressed and monitored.

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

# Summary of findings

## The six population groups and what we found

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

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

# Castle Donington Surgery

## 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, a practice manager specialist adviser and a second CQC inspector.

## Background to Castle Donington Surgery

Castle Donington Surgery is a GP practice providing primary medical services under a General Medical Services (GMS) contract to around 9,500 patients. The practice is located at 53 Borough Street, Castle Donington, which is a small market town in North West Leicestershire close to the Derbyshire border. The majority of its patients live in or close to Castle Donington but approximately 30% live in rural villages. The practice catchment area covers 150 square miles. It is housed in a purpose-built building in the centre of the town. There is public parking on site, with some designated disabled parking spaces. There is disabled access, with ramps and automatic doors. There is an independent pharmacy adjacent to the surgery. It has a General Medical Services (GMS) contract and is a training practice providing placements for trainee GPs and student nurses. The practice's services are commissioned by West Leicestershire Clinical Commissioning Group (WLCCG).

The service is provided by five part time GPs, two part time salaried GPs, four practice nurses, a pharmacist and a health care assistant. At the time of our inspection there was also one trainee GP. They are supported by a management team consisting of a practice manager and a business and finance manager as well as a reception and administration team. Local community health teams support the GPs in provision of maternity and health visitor services. The GP's provide a total of 43 sessions per week. There were both male and female GPs available.

The practice is open between 8.00am and 6.30pm Monday to Friday. The practice offers extended hours from 7.15am Monday to Wednesday. Appointments are available from 7.20am to 11.00am every morning and from 3.00pm to 5.50pm in the afternoons from Monday to Wednesday. On Thursday and Friday appointments are available from 8.20am to 11.00am in the morning and from 3.00pm to 5.50pm in the afternoons. Telephone consultations are available every day.

Out of hours services are provided by NEMs Community Benefit Services. Patients are directed to the correct numbers if they phone the surgery when it is closed.

The practice is in an area of low deprivation and has a slightly higher proportion of patients in the 40 to 74 age groups and approximately 70 patients in care homes.

The practice website can be found here.

# 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. The practice had a range of safety policies most of which had been regularly reviewed. These were communicated to staff through the practice intranet and discussion at meetings. Staff induction and refresher training included information relating to safety. 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. Regular safeguarding meetings were held to discuss those at risk. 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 at recruitment, but not on an on-going basis. Following our inspection the practice provided evidence that a system had been introduced to check registrations on an annual 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). The practice manager told us during our inspection that practice management roles had not previously been subject to a DBS check but that they would be going forward.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. This was supported by a screening and action tool protocol which was embedded in the practice clinical computer system.
- We saw examples of how the practice had assessed and responded to changes to services or staff in order to maintain safety.

### Information to deliver safe care and treatment

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

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

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However we found that although prescription stationery was kept securely, the arrangements for monitoring its use required strengthening as there was no means of identifying the movement of prescriptions through the practice.

## Are services safe?

Following our inspection the practice provided an updated prescriptions policy and evidence that a log had been introduced which tracked the movement of prescriptions through the practice.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship and the practice engaged with the clinical commissioning group to monitor this.
- We saw that 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 and had recently employed a full time pharmacist to ensure safe prescribing, medication reconciliation and review medication on discharge from hospital for all patients.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, except in respect of legionella. A brief risk assessment had been undertaken but did not comprehensively assess all risks. Following our inspection, the practice provided evidence that an external risk assessment had been booked.
- The practice monitored and regularly reviewed activity and produced action plans as a result. 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 comprehensive system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Management supported them when they did so and used them as opportunities to improve the service provided.
- The systems supported reviewing and fully investigating when things went wrong. The practice learned and shared lessons, identified themes and took positive action to improve safety or care in the practice. For example, as a result of an incident raised within the practice relating to a cancer patient's specific issues with access and contact, the practice introduced a register of concern which identified patients who may be in need of extra input. These patients were identified on their patient records with an icon so that all staff were aware of their requirements and staff were kept up to date with patients on the list.
- 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. We saw evidence of alerts having been actioned and the practice manager told us they were in the process of introducing a log to document actions taken more clearly.

# 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 and new guidance was discussed regularly at clinical meetings as well as a newsletter being available on the practice intranet which we saw included NICE guidelines. 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 examples of a patient and family centred approach to care and no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. There was also guidance available on the practice website.

Older people:

This population group was rated good:

- The practice identified older patients who were frail or vulnerable and they 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.
- Older patients were regularly signposted to a voluntary service that through a single point of contact were then able to refer people to appropriate agencies in a co-ordinated way to access advice, information and support relevant to their needs.
- The practice followed up on older patients with a care plan who had been discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Discharges with medication changes or requests were reviewed by the pharmacist.

People with long-term conditions:

This population group was rated good:

- There was an effective system in place to ensure patients with long-term conditions were recalled and attended for 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 and kept up to date with relevant guidance. The practice nursing team ran dedicated long term condition clinics and enabled patients to develop self-management plans.
- Specialist nurses held clinics at the practice for heart failure, chronic obstructive pulmonary disease and diabetes and liaised closely with clinicians regarding patients who attended their clinic.
- The practice developed a register of concern which identified specific patients' needs and these patients were discussed at the weekly staff meeting.
- There were effective systems to ensure patients were recalled for monitoring of their condition and medication. The practice had recently employed a pharmacist to support this work.

Families, children and young people:

This population group was rated good:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were consistently above the target percentage of 90% and there was an effective system in place to encourage attendance with a dedicated child immunisations lead who oversaw the process.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice website provided links to support groups for teenagers.
- One of the practice nurses specialised in sexual health and family planning was available which included emergency contraception and coil and implant fitting and removals.

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

# Are services effective?

## (for example, treatment is effective)

This population group was rated good:

- The practice's uptake for cervical screening was 100%, which was well above the 80% coverage target for the national screening programme.
- The practice had systems to invite eligible patients to have the meningitis vaccine, for example before attending university for the first time. They had run specific clinics for this group of patients and telephoned them if they had not responded to an invitation by letter in order to encourage the uptake of the vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had told us that health checks were an area where they felt there was room for improvement and the newly employed practice nurse was going to be focusing on increasing the number of health checks offered and carried out.
- The practice offered extended hours with early morning appointments available to accommodate working people. Telephone consultations were also available.
- Online services including repeat prescriptions and appointment booking were available.

People whose circumstances make them vulnerable:

This population group was rated good:

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

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

This population group was rated good:

- 93.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was better than the national average of 83.7%.
- 93.8% 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 better than the national average of 90.3%.

- 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 100%; CCG 96%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 94%; CCG 96%; national 95%).

### 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 practice had recently introduced a further monthly practice meeting which focused on quality in areas such as frailty, prescribing and safeguarding. Where appropriate, clinicians took part in local and national improvement initiatives, working closely with the local federation and engaging with the CCG. For example, they participated fully in the Quality, innovation, productivity and prevention (QIPP) programme in order to improve the delivery of healthcare locally. They were also participating in the NHSE Active signposting modules.

The most recent published Quality Outcome Framework (QOF) results were 98.1% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.2% and national average of 95.6%. The overall exception reporting rate was 10.1% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice was not an outlier for any clinical domains in QOF but we found some areas where exception reporting was higher than average.

For example, two indicators in diabetes management, cancer reviews, primary prevention of cardiovascular disease and some mental health indicators. The practice were aware of these figures and after reviewing the areas, had identified the reasons for the higher exception

# Are services effective?

## (for example, treatment is effective)

reporting. The practice had a detailed action plan in place to address identified issues, some of which were coding issues or due to low numbers of patients in the groups which led to a higher percentage of variance.

- The practice used information about care and treatment to make improvements. The practice had introduced regular quality meetings to discuss and monitor quality improvement initiatives.
- The practice was actively involved in quality improvement activity. We saw evidence of a number of audits carried out by the practice over the last two years. One example was identifying persons attending with children in line with safeguarding children guidelines. When the audit was first run, 49% of consultations contained this information. As a result a template was devised by the practice which was activated when a consultation was started with a child under 16 years of age to document who attended with the child. When the audit was re-run the figure had increased to 95%.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example the practice were participating in a federation initiative relating to improved document management.

### 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. There was a strong ethos of upskilling within the practice. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff told us that they were well supported if they requested additional training relevant to their role or to develop their skills.
- There was a good skill mix amongst the GPs and this was fully utilised in making in house referrals.
- The practice provided staff with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for

revalidation. We were told that the induction process for healthcare assistants included the requirements of the Care Certificate. The current healthcare assistant had received equivalent training.

### 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 and their families, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with full involvement from 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 and signposted patients as appropriate to support services.

### 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

## Are services effective? (for example, treatment is effective)

mental capacity to make a decision. The practice had patients in a dementia care home which included a secure unit and were familiar and trained in legislation relevant to this area such as Deprivation of Liberty Safeguards and best interest decisions.

- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for 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 told us patients were offered a private room if they wanted to discuss sensitive issues or appeared distressed.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service.
- This was in line with 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. 258 surveys were sent out and 136 were returned. This represented about 1.4% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 99% 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 - 85%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.

- 97% 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%.
- 84% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; 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):

- Staff told us they could provide patients with interpretation services for patients who did not have English as a first language should these be needed. However this was not advertised in the practice. There were leaflets available in a language other than English. The practice website contained links to information in languages other than English; however at the time we looked the links were not working.
- Staff helped patients and their carers find further information and access community and advocacy services. Posters and information displayed in reception signposted patients to support services in the local area.

The practice proactively identified patients who were carers. Staff asked patients to let the practice know they were a carer so their needs could be assessed. A poster displayed in reception asked patients to let the practice know they were a carer. The practice had identified 155 patients as carers (1.4% of the practice list). Staff told us they referred carers to a voluntary service which provided support to carers in Leicestershire.

- Staff told us that if families had experienced bereavement, their usual GP contacted them if appropriate and offered relevant support and on occasion the GP partners had attended patient's funerals.

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 above or in line with local and national averages:

## Are services caring?

- 93% 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 85% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Staff offered patients a private room if they wanted to discuss confidential information or required more privacy.
- The practice complied with the Data Protection Act 1998.

# 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 across all population groups.**

### Responding to and meeting people's needs

- The practice covered a catchment area of 150 square miles which presented challenges in terms of providing home visits and also as it lay in three counties, co-ordinating where patients chose to receive secondary care and community services could be a challenge. Despite this the practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. We saw that a number of services were provided in the practice to save patients having to travel further afield. This was particularly important due to issues with cross county boundaries. This included hearing aid clinics, district nursing clinics for dressings and leg ulcers, podiatry, physiotherapy and mental health services.
- The practice understood the needs of its population and tailored services in response to those needs. The practice had introduced a ticket system for appointments to be prioritised when patients arrived before the practice reception was staffed. Appointments were then allocated according to the ticket number. The staff board showed pictures of staff members and whether they were in or out of the surgery so patients knew if staff were at work on the premises.
- The practice improved services where possible in response to unmet needs. The patient participation group (PPG) told us the practice had implemented an early morning surgery to improve access. The PPG had noticed patients were queueing before opening time and suggested to practice staff that patients would benefit from improved opening hours. We saw the practice invited patients to make suggestions about how to improve services and these were acted upon when appropriate. For example, coat hooks were installed in the patient facilities.
- The facilities and premises were appropriate for the services delivered. In reception seats were identified for wheelchair and pushchair access only.

- The practice made reasonable adjustments when patients found it hard to access services. A hearing loop was available for patients in reception; however, there was no access to a hearing loop in the consultation rooms.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good.

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. The practice carried out a higher than average number of home visits for those who had difficulties getting to the practice due to limited local public transport availability. There was an acute home visiting service available but the practice preferred to carry out the home visits themselves to provide continuity of care.
- The practice carried out weekly ward rounds at the care homes where their patients lived.

People with long-term conditions:

This population group was rated good.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice had recently employed a pharmacist and part of their role was to carry out medication reviews. This meant longer appointments could be offered which enabled multiple conditions to be reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice were in regular contact with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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.

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

This population group was rated good.

- 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 with early morning appointments available from Monday to Wednesday.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated good.

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- The practice told us they were assisting refugees to access primary care services and other vulnerable patients registered included traveller families.

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

This population group was rated good.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia and had received relevant training.
- The practice provided GP services to patients in a mental health unit and they received regular visits.

## 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 in line with local and national averages in most areas but considerably lower in some areas. This was supported by patient comments on the day of inspection. 258 surveys were sent out and 136 were returned. This represented about 1.4% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 57% of patients who responded said they could get through easily to the practice by phone; CCG - 70%; national average - 71%.
- 89% 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 - 86%; national average - 84%.
- 83% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 71% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 40% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.

The practice were aware of the areas with lower than average scores and as a result had formulated an action plan designed to improve access and in particular improve the telephone system. At the time of our inspection this work was at an early stage and the practice had started to gather data to accurately assess demand. In order to improve access the practice had recently employed a pharmacist who as part of their role carried out medication reviews which increased capacity for appointments.

## 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.

## Are services responsive to people's needs? (for example, to feedback?)

- Staff told us information about how to complain was available on the website and staff knew to contact the relevant person when a patient wanted to raise a complaint. However, information about how to make a complaint or raise concerns was not displayed in the reception area and some patients we spoke with were not aware of the process to follow if they wished to make a complaint. Following our inspection the practice ensured this information was available in the waiting room.
- The practice received 11 complaints in the last year. We reviewed seven complaints and found most were handled satisfactorily and in a timely way. We saw patient complaints were acknowledged and responses were respectful, compassionate and the issues raised were responded to appropriately. However, we found one additional complaint was dealt with outside of the complaints procedure.
- The complaint policy and procedures contained actions which the practice were not following. Patients were not sent information about how to refer their complaint to the Parliamentary and Health Service Ombudsman. Following our inspection the practice informed us this information was now included with complaint letters.
- The practice learned lessons from individual concerns and complaints. We saw evidence the practice had made improvements to the quality of care as a result of a patient complaint investigation.

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

Leaders had both 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 had faced significant workforce challenges in the previous two years but through effective leadership had re-evaluated and restructured in order to regain stability.
- They were knowledgeable about issues and priorities relating to the quality and future of services. We saw the practice had action plans in place which demonstrated they understood challenges and were pro-active in addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills. There was an ethos of upskilling within the practice and consideration was given to planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values which all staff were engaged with.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 and worked with their federation to meet the needs of the wider population collaboratively.
- The practice monitored progress against delivery of the strategy, partly through regular quality meetings.

### Culture

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

- Staff at all levels told us they felt respected, supported and valued and it was evident they were proud to work in the practice.
- The practice focused on the needs of patients in line with their ethos of doing the best for patients and treating them as they would like to be treated. This was apparent in the number of services the practice were able to offer in-house to save patients travelling further afield and carrying out their own home visits rather than using the acute visiting service available to them.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw a willingness to learn and improve from incidents and saw that as a result of incidents, policies or protocols were introduced or revised. We saw complaints were investigated and patients were responded to. We looked at seven complaints and most were responded to within the policy timescale. Responses contained an apology, were sincere and provided relevant information with any learning for the practice. The practice told us they did not have a formal duty of candour policy but they understood the need to be open and honest with patients. We saw staff responded to issues raised in complaints with sincerity and reflected on practice procedures.
- Staff were able to raise concerns and told us they were encouraged to do so and were confident issues would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team and worked collaboratively. They were given protected time for professional development and evaluation of their clinical work.
- Staff felt they were treated equally and there was cohesive working and positive relationships between staff and teams.

### Governance arrangements

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

# Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were clearly set out, understood, effective and regularly discussed. The governance and management of partnerships, joint working arrangements and shared services led to interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The practice had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However some policies required a review or update and the practice manager was aware of this.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However the legionella risk assessment was not comprehensive but the practice booked a further assessment by an external company.
- 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 and evidence of discussion at meetings was available.
- 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 emergency incidents.

## 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 information used to monitor performance and the delivery of quality care was accurate and relevant. We saw action plans which had been put in place to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example the practice had introduced systems to assist with medicines management.
- The practice submitted data or notifications to external organisations as required.

## 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group and the practice had made links with local volunteer services. The links supported the PPG in being involved in schemes such as active signposting.

## 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. The practice had a long history as a training practice for GPs and at the time of our inspection there was one trainee GP.
- We saw a number of examples where the practice had upskilled existing staff to develop their roles and increase resilience.
- Apprentices had been retained and provided with continuous development.
- The practice made use of internal and external reviews of incidents and complaints. Some complaints were discussed at practice meetings although more recent meeting agendas had not included complaints reviews as a standing item. We saw learning was shared and used to make improvements.