

The Broomwood Road Surgery

Quality Report

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Date of inspection visit: 28 March 2018

Date of publication: 31/05/2018

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



Key findings

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Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at The Broomwood Road Surgery on 28 June 2017 as part of our inspection programme. The overall rating for the practice was requires improvement. The full comprehensive report for 28 June 2017 can be found by selecting the 'all reports' link for The Broomwood Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 28 March 2018. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014 as part of our inspection programme.

Overall the practice is now rated as Good.

Our key findings were as follows:

- Systems and processes had been reviewed to ensure good governance, all staff had completed role specific training. Since the last inspection the practice had changed their training process, they had set up a mandatory/recommended training matrix for all staff which recorded role specific training.
- There was a process for logging and recording prescription pads and forms.

- Consent procedures had been reviewed against legislative requirements.
- Arrangements had been reviewed for the appropriate disposal of sharps.
- The practice had systems in place to manage significant events; however, they were not always recorded.
- Although the practice had a safety alert system, not all alerts were followed up; however, after the inspection the practice provided an updated protocol for reviewing alerts.
- 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 treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

- The practice had a designated care coordinator for vulnerable patients, and patients with complex needs all patients were given a direct phone number for the care coordinator which gave them easy access to contact the surgery.
- Patients we spoke with said they found it difficult to make an appointment with a named GP and there was lack of continuity of care; however, urgent appointments were available the same day.
- The service installed free Wifi for patients and got staff members to show patients how to book appointments on line.

We saw areas of outstanding practice:

The practice organised a patient/community event called “New year, New you day” on 18 January 2018 to target all patients to become healthier socially, emotionally, mentally and physically. They had stalls throughout the practice such as Bromley mental health, Weight Watchers, MIND (a mental health charity) and a local paramedic team; 109 patients attended. The practice arranged for a

gym to attend, they undertook health checks, and signposted patients. As a result of the event they carried out 24 health checks, referred two patients for smoking cessation and six patients to Weight Watchers. Following on from the “New year, New you day” the practice also set up weekly walks/runs from the practice for all patients every Wednesday afternoon and Saturday morning. At the time of inspection the practice had seven patients attending each week.

The areas where the provider should make improvements are:

- Review record keeping of all significant events to ensure they are always documented.
- Review processes for monitoring that patient results are actioned in a timely manner.
- Review installing an external thermometer for medicine stored at room temperature.

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

Summary of findings

The six population groups and what we found

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

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

The Broomwood Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a CQC inspector manager a GP specialist adviser, and an Expert by Experience.

Background to The Broomwood Road Surgery

The Broomwood Road Surgery is located in St Pauls Cray in Orpington Kent. At the time of our inspection, the practice had 10,132 registered patients. The practice is a member of the Bromley Clinical Commissioning Group (CCG).

The practice operates from a newly established purpose built building operating over two floors, with lift access. There are eight consulting rooms on the ground floor and four on the first floor plus a treatment room. There are two toilets on the ground floor including a patient accessible toilet, one on the first floor. There are two waiting areas, one on the ground floor and one on the first floor. There is one baby changing room and a room for breast feeding.

The staff team consists of two part time GP partners both female, two salaried GPs one male, one female, two female nurses, two female health care assistant, a pharmacist, a practice manager, a deputy practice manager, a reception manager and a team of administrative and reception staff.

The Broomwood Road Surgery is a training practice. At the time of our inspection there was one GP registrar being trained at the practice.

The Broomwood Road Surgery is registered with the Care Quality Commission (CQC) to carry on the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, and treatment of disease, disorder or injury. The practice provides general practice services under a General Medical Services (GMS) contract.

Appointments are available Mondays to Fridays between 8:30am and 12pm, then between 2pm and 6pm. The surgery is open daily from 8am to 6:30pm.

The practice has opted out of providing out-of-hours services to their own patients. When the practice is closed, patients are directed to the out of hours provider, EMDOC, via NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of The Broomwood Road Surgery on 28 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 28 June 2017 can be found by selecting the 'all reports' link for The Broomwood Road Surgery on our website at www.cqc.org.uk.

We issued a requirement notices under the following regulation:

Regulation 17: Good governance

We undertook a follow up comprehensive inspection of The Broomwood Road Surgery on 28 March 2018. This

Detailed findings

inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 28 June 2017, we rated the practice as good for providing safe services. At this inspection we again looked at safe and found that the practice continued to provide a safe service.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. On the day of the inspection the practice had not conducted a risk assessment for not having all emergency medicines, however the day after the inspection the practice held a clinical meeting incorporated conducting a risk assessment of emergency medicines required within the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians and non-clinical staff knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- On the day of the inspection, we identified that out of 11 task results dating back to 2 March 2018 to 23 March 2018, three had not been actioned by reception, e.g. no follow up appointment booked for patients. We discussed this with the practice and they told us that GPs review task and ensure that patients are contacted, and the system they used for processing results/letters was effective.

Information to deliver safe care and treatment

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

Are services safe?

- 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. For example we saw a range of comprehensive care plans.
- 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 and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks, however the practice did not have a room thermometer to monitor the room temperature for medicines stored outside the vaccine fridge in the nurse's room. 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 reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- 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 and policy for recording and acting on significant events and incidents; however, on the day of the inspection we identified that not all significant events were being recorded, though appropriate action was being taken. 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.
- Although the practice had a system for receiving and acting on safety alerts, not all alerts were followed up; for example we saw that alerts received were entered onto a spread sheet and emailed to the relevant clinicians however we identified that searches were not always recorded as been undertaken, after the inspection the practice provided an updated protocol for reviewing alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 28 June 2017, we rated the practice as good for providing effective services. At this inspection we again looked at effective and found that the practice continued to provide an effective service, with the exception of patients with mental health.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed by the practice was 0.87% (compared with the CCG average 0.51% and the national average 0.9%).
- The number of antibacterial prescription items prescribed per Specific Therapeutic group by the practice was 0.80, (CCG 0.82 and nationally 0.98).
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones at the practice were 8.8%, (CCG 9.1% and nationally 8.9%).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

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.
- 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 had a designated care coordinator for older patients, and patients with complex needs all patients were given a direct phone number for the care coordinator which gave them easy access to contact the surgery.

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.
- 71% of patients with diabetes on the register last had a blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less (local average 76%, national average of 78%).
- 81% of patients with hypertension had a last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less (local average 81%, national average of 83%).
- 83% of patients with asthma, on the register, had an asthma review in the preceding 12 months (local average 76% national average 76%).

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 below the target percentage of 90%. However the practice provided us with unverified data for 2017/18 which showed they were meeting or exceeding the 90% target.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 74%, which was above the 72% 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.
- Ad-hoc telephone consultations were provided for patients on request.

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a designated care coordinator for vulnerable patients, and patients with complex needs all patients were given a direct phone number for the care coordinator which gave them easy access to contact the surgery.

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

- 50% of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in the preceding 12 months (local average 82%, national average of 84%).
- 49% of patients with schizophrenia, bipolar affective disorder and other had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (local average 85%, national average of 90%).
- 59% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (local average 85%, national average of 90%). The practice was aware of these outliers and explained that they had tried contacting patients but had difficulties getting patients to attend. They also explained that any patients requiring annual reviews were now contacted in the month of their birthday.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

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. Where appropriate, clinicians took part in local and national improvement initiatives. The practice took part in the reduction of prescribing antibiotics, and also took part in the national diabetes audit.

The most recent published QOF results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national

average of 96%. The overall exception reporting rate was 10% compared with a national average of 10%. (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.)

Effective staffing

- Since the last inspection the practice had changed their training process, they had set up a mandatory/recommended training matrix for all staff which recorded role specific training.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included inductions, one-to-one meetings and appraisals.

Coordinating care and treatment

- 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. For example the healthcare assistant was training to undertake NHS health checks.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for

Are services effective?

(for example, treatment is effective)

revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 (practice 59%) was comparable to other practices in the CCG 59% and nationally 52%.
- 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.
- The practice provided a free screening test for Chlamydia for patients aged 16-24.

- The practice set up weekly walks for patients every Wednesday and Saturday, they had seven regular attendees.
- The practice organised a patient/community event called "New year, New you day" on 18 January 2018 to target all patients to become healthier socially, emotionally, mentally and physically. They had stalls throughout the practice such as Bromley mental health, Weight Watchers, MIND (a mental health charity) and a local paramedics team; 109 patients attended. The practice arranged for a gym to attend, they undertook health checks, and signpost patients. As a result of the event they carried out 24 health checks, referred two patients for smoking cessation, six patients to Weight Watchers. Following on from the "New year, New you day" the practice also set up weekly walks/runs from the practice for all patients every Wednesday afternoon and Saturday morning. At the time of inspection the practice had seven patients attending each week.

Consent to care and treatment

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

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

Are services caring?

Our findings

At our previous inspection on 28 June 2017, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services and all of the population groups are rated good.

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. There was a poster in the reception area informing patients of this.
- All of the 16 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This feedback 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 sixty surveys were sent out and 101 were returned. This represented about 1% of the practice population. The practice was in line with national and CCG satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time CCG 84% national average 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG 95%; national average 95%.
- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 84%; national average 86%.
- 83% of patients who responded said the nurse was good at listening to them; (CCG) 91% national average 91%.

- 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 90%; national average 91%.
- 83% 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 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. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 270 patients as carers (3% of the practice list).

- The practice coded all patients who were carers, posters and leaflets were displayed in the waiting area. Flu jabs were offered to carers.

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

- 84% 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%.
- 69% 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%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments CCG 89% national average 90%.

Are services caring?

- 84% 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%.
- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 28 June 2017, we rated the practice as requires improvement for providing responsive services as the National GP patient survey data was below average for telephone access and getting appointments. Patients spoken to on the day of the inspection also reported difficulties in getting appointments.

These arrangements had improved when we undertook a follow up inspection on 28 March 2018. Although GP patient survey was comparable to local and national data it was slightly below, the practice had implemented a number of new initiatives for patients and had reviewed appointments and accessibility for patients.

The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example the practice employed a pharmacist who attended the practice once a week to assist with medicine reviews.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- The practice had a care coordinator, providing easier access via the telephone, and signposting patients to the correct 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 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:

- 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):

- 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.
- Telephone 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 care coordinator provided easier access via the telephone, and signposting these patients to the correct services.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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. This was supported by observations on the day of inspection and 16 completed comment cards. Two hundred and sixty surveys were sent out and 101 were returned. This represented about 1% of the practice population.

- 69% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 44% of patients who responded said they could get through easily to the practice by phone; CCG 72%; national average 71%.
- 64% 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 77% national average 76%.
- 57% of patients who responded described their experience of making an appointment as good CCG 72% national average 73%.
- 52% of patients who responded said they don't normally have to wait too long to be seen; CCG 57% national average 58%.

The practice reviewed these results and in response changed how they offered appointments and implemented more staff to answer the telephones at peak times. They also requested where possible for patients to book appointments online to free up telephone lines during peak hours. The service installed free Wifi for patients and got staff members to show patients how to book appointments on line. The practice improved services where possible in response to unmet needs.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Twenty-three complaints were received in the last year. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example the practice had received a complaint from a patient's relative regarding not being able to make an appointment with a GP after the relative came out of hospital. The practice manager investigated and apologised and made an appointment for the relative. The practice manager spoke with the staff member and explained about listening to patients needs, and gathering more information before making a decision with regards to appointments.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 28 June 2017, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

There was no system to monitor blank prescription forms and pads. Not all staff had completed role specific training on the day of inspection. Improvements had not been reflected in the availability of appointments/access to the service in response to patient feedback.

The practice was not using orange top bins (used for the disposal of syringes) in clinical rooms. The business continuity plan needed to be updated.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 March 2018.

The practice is now rated as good for being well-led.

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice had several staff members who had worked at the practice for over 25 years.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Good 

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

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service still had issues with access/availability of appointments, however they were reviewing how they could improve availability of appointments.
- Clinical meetings were conducted once a month, all staff meetings were conducted every three months.

Managing risks, issues and performance

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

- 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. On the day of the inspection we identified that the safety alert system needed to be more effective. Shortly after the inspection the practice sent us evidence demonstrating they had updated their protocol for managing safety alerts.
- 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.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- The practice intended on hosting another patient community event in June 2018, they intended to focus on improving screening uptake for cervical screening and would be screening patients on the day.

Are services well-led?

Good 

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

- The practice had recently recruited a salaried GP, who previously worked at the practice as registrar.
- The practice was installing an improved phone system which would identify patients as soon as they called, which would enable staff to provide a more efficient service.
- The lead GP was a GP trainer, the practice manager engaged a lot with the CCG.