

The Fairlands Practice

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
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 October 2014– Good)

The key questions are rated as:

Are services safe? – Requires improvement

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 inspection at The Fairlands Practice on 5 December 2017. The inspection was carried out as part of our inspection programme.

At this inspection we found:

- Staff were motivated and inspired to offer kind and compassionate care and respected the totality of their needs.
- The patient participation group was also active. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice provided appointments on a Saturday morning.
- Access to interpreters was available, including British Sign Language, for patients who required this help.
- The practice ensured that appropriate patients, those deemed to be at risk or especially frail, received a proactive anticipatory care plan in partnership with the patient and any carer.
- The practice was proactive in undertaking clinical audit to improve patient care.
- The practice had an effective infection control process in place and acted on issues found during audits.
- The practice ensured all recruitment checks were undertaken prior to staff starting employment.

Summary of findings

- A GP undertook a weekly ward round at a local nursing home to promote continuity of care.
- The practice was trialling an electronic consultation system which enabled patients to contact a doctor and obtain a response within two working days.
- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Safe care and treatment must be provided in a safe way to patients, including the proper and safe management of medicines and acting on all medicine alerts.

- Review their significant event reporting and investigation process following incidents that affect the health, safety and welfare of people using the service.
- Review their process in managing the use of prescription forms throughout the practice so as to mitigate risk.

The areas where the provider should make improvements are:

- To ensure all staff receive appropriate training commensurate to their role.

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

The Fairlands Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and a medicines specialist adviser.

Background to The Fairlands Practice

The Fairlands Practice is located in purpose built premises. It provides general medical services to 12,288 registered patients. The practice has six GP partners (three male and three female), three salaried GPs and two GP trainees. The team also comprises of two nurse practitioners, four practice nurses, three healthcare assistants, a dispensary team, a practice manager, a deputy practice manager and an administration and reception staff team.

The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The practice has a higher proportion of patients over the age of 40 years compared to the national average and serves a population that has lower deprivation levels affecting both adults and

children than the national average. The practice has a lower than national average for patients aged 15 to 39 years old. The practice has been accredited to provide training to GP trainees.

The practice is open from 8am to 6.30pm Monday to Friday with extended hour's appointments available on a Saturday Morning from 9am to 12pm.

The practice has opted out of providing Out-of-Hours services to its own patients and uses the services of a local Out of Hours service when it is closed.

We visited the practice location at Fairlands Medical Centre, Fairlands Avenue, Worplesdon, Guildford, GU3 3NA. The Fairlands Practice also operates a branch surgery at Glaziers Lane Surgery, Glaziers Lane, Normandy, Guildford, Surrey, GU3 2DD. We visited the branch surgery as part of our inspection due to the dispensary being located there.

Information relating to the practice can be found on their website, www.fairlands.co.uk. A range of services include management of long-term conditions, and clinics covering a wide range of services for patients including asthma/ COPD clinics, diabetes clinics, hypertension clinics, well woman/man checks, family planning services, weight management services, smoking cessation advice, blood pressure monitoring, blood tests, ECGs, vaccinations and immunisations, maternity care, and child development as well as travel health, safe travel tips, travel vaccinations and blood tests.

Are services safe?

Our findings

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

The practice was rated as requires improvement for providing safe services because the arrangements in respect of medicines management, prescription form management and significant event reporting required some improvements.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

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

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment required improvement. The practice kept prescription stationery securely. However, whilst there was a recording of prescription stationery into the practice and there was no robust tracking of forms throughout the practice.

Are services safe?

- The practice kept emergency medicines for appropriate incidents arising. However, on the day of inspection two out of date medicines were found within the emergency response bag.
- 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.
- 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.
- Arrangements for dispensing medicines at the practice did not always keep patients safe. Errors in dispensing medicines that reached patients were not recorded so could not be investigated. The dispensary electronic system alerted staff if an incorrect item was dispensed. However, the dispensary had no process for collecting near-miss error data and as such was unable to identify potential areas for improvement to keep patients safe. The last recorded evidence of a dispensing near miss or error occurred in March 2017, previous to that the last documented near miss was December 2014. There was a standard operating procedure (SOP) and a process was in place for these issues but this was not used in practice.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertaken continuing learning and development.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. However these were not always followed. For example, the controlled register was incorrectly completed and had no evidence contained within this to demonstrate that expiry dates and balance checks of medicines were being undertaken.
- Medicines recorded within the controlled drugs register did not have a separate page for each separate strength of medicine held. For example, all morphine medicines were recorded within the same page.
- Errors made within the controlled drugs register had been scribbled out and there was evidence seen that there had been pencil made entries within the register

- which had at a later date been written over in pen. However, evidence was sent by the practice after the inspection showing that training had been undertaken in relation to managing controlled drugs.
- Records showed fridge temperature checks were carried out at the Normandy branch practice which ensured medicines were stored at the appropriate temperature. At the main site the practice used data loggers to monitor temperature. Following the inspection, evidence was sent to us which showed that the temperatures had been downloaded and monitored to establish if the temperature had been outside the required range, between 2°C and 8°C.
 - There was an incident in November where power was lost for a substantial period of time which was not recorded as a significant event on the maintained log. Information which was given to patients regarding vaccines being used "off label" following this incident was incorrect. This significant event did not appear on the record of incidents maintained by the practice though an incident form was provided following the inspection.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, significant events were not always recognised and recorded as such which limited the ability of the practice to learn from these events. Information in relation to two further completed significant event forms were sent following the inspection but these had not been documented on the significant event log maintained by the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events

Are services safe?

as well as patient and medicine safety alerts. However, the dispensary did not have a register to document medicine alerts and we were informed that they had not had an alert for “many years”. For example, there were recalls, dated 27th and 28th November 2017, of two commonly prescribed medications. The dispensary had no knowledge of these. There was a SOP detailing the

actions required by the dispensary staff in the event of a medicine alert or recall but this was not being actioned and did not detail how the dispensary would be informed of the alert. Information was sent following the inspection that showed actions had been taken to rectify this issue.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex

Related Prescribing Unit (STAR PU between 1/7/2016 and 30/6/2017 was 1.13. This was comparable to the Clinical Commissioning Group (CCG) average of 1.12 and the national average of 0.9.

- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.93. This was also comparable to the CCG average of 0.92 and a national average of 0.98.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones between 1/7/2015 and 30/6/2016 was 4.94%. This was comparable to both the CCG average of 5.16% and the national average of 4.71%.
- 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:

This population group was rated good. For example:

- 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 had a dedicated care co-ordinator and lead for unplanned admissions to reduce unnecessary admissions in this age group. 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.
- A GP undertook a weekly ward round at a local nursing home to promote continuity of care.
- Home visits were available

People with long-term conditions:

This population group was rated good. For example:

- 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.
- Patients with long term conditions all have a named GP to improve continuity of care.

Families, children and young people:

This population group was rated good. For example:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice sent a congratulations card to new parents and invited them and their child to attend for 6 week check and immunisations.
- Appointments were available outside of school hours and also on Saturday mornings.

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

This population group was rated good. For example:

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.

Are services effective?

(for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Telephone appointments were available.
- Same day urgent advice via telephone from the duty GP for those who could not get to the practice was available.
- The practice was trialling an electronic consultation system which enabled patients to contact a doctor and obtain a response within two working days.
- Patients could book appointments and order prescriptions online.

People whose circumstances make them vulnerable:

This population group was rated good. For example:

- 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.
- Longer appointments were available for those with a learning disability and those patients were reviewed annually.
- The practice had an alert on their computer system to inform them if a patient was registered as vulnerable.
- Access to interpreters was available, including British Sign Language, for patients who required this help.

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

This population group was rated good. For example:

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 90%.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 93%; CCG 91%; national 91%).
- The patient participation group (PPG) had organised a dementia awareness day to help raise this issue and provide patients with signs to look out for.
- Advanced care plans for patients with dementia were uploaded to a system which enabled these to be viewed by out of hour's providers and the ambulance service.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results from 2016/17 were 99.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. 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 used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. For example, the practice had undertaken an audit of patients on testosterone to ensure that all guidelines and best practice was being followed. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up

Are services effective?

(for example, treatment is effective)

to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, some staff were overdue some mandatory training but the practice had identified this and an action plan was seen that addressed this issue.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making. An audit in relation to non-clinical prescribing was supplied following the inspection that had been undertaken in December 2017.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. However, two comment cards also stated that they sometimes had difficulties in obtaining an appointment. This is 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. 224 surveys were sent out and 109 were returned. This represented about 1% of the practice population. The practice was similar for its satisfaction scores on consultations with GPs and nurses in comparison to CCG and national averages. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.

- 97% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; 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):

- Interpretation services were available for patients who did not have English as a first language. There was also the option of British Sign Language available to patients who required this assistance.
- 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 278 patients as carers, including four young carers (this was approximately 2.3% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP sent them a sympathy letter. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services caring?

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

- 85% 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 89% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.

- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 96% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice undertook extended opening hours on Saturday mornings; online services were provided for repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs. For example, the practice was undertaking a trial of an electronic consulting programme to enable patients to identify concerns at any time of the day; these were then replied to within two working days.
- 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, undertaking home visits
- 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 as good. For example:

- 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

This population group was rated as good. For example:

- 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 external stakeholders to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated as good. For example:

- 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 as good. For example:

- 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, Saturday morning appointments.
- Telephone and web GP 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 as good. For example:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

This population group was rated as good. For example:

- 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

Are services responsive to people's needs?

(for example, to feedback?)

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. However, a comment was made that online appointment availability could be confusing.

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 completed comment cards. 224 surveys were sent out and 109 were returned. This represented about 1% of the practice population.

- 80% 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%.
- 68% of patients who responded said they could get through easily to the practice by phone; CCG – 79%; national average – 71%.

- 86% 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 – 90%; national average – 84%.
- 89% of patients who responded said their last appointment was convenient; CCG – 85%; national average – 81%.
- 78% of patients who responded described their experience of making an appointment as good; CCG – 81%; national average – 73%.
- 54% of patients who responded said they don't normally have to wait too long to be seen; CCG – 61%; national average – 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 12 complaints were received in the last year. We reviewed these 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.

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 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. However, some staff informed us that they were working under tremendous stress and felt that at times there were not enough staff available to meet demand.
- 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. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Managing risks, issues and performance

Are services well-led?

Good 

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

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, there were significant events that had incident forms completed but were not documented within the significant event log maintained at the practice. This restricted the ability to learn from these incidents.
- 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. However, staff within the dispensary were not aware of MHRA alerts, including medicine recalls, and there were issues identified with their management of controlled drugs.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group. The PPG had worked with the practice in delivering awareness days on dementia and diabetes. They also undertook an annual patient survey and worked collaboratively with the practice on addressing issues raised within this. For example, the provision of Saturday morning appointments.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure the medicine management systems were safe.</p> <p>The provider had failed to act on medicine safety alerts and recalls from external agencies.</p> <p>The provider had failed to ensure controlled drugs were monitored effectively.</p> <p>The provider had failed to ensure that the management of significant events mitigated further risk.</p> <p>The provider had failed to ensure that the monitoring of prescription forms mitigated risk.</p> <p>This was a breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	