

3Well Ltd - Botolph Bridge

Inspection report

Botolph Bridge Community Health Centre
Sugar Way, Woodston
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

This was the seventh inspection that we have carried out at 3Well Ltd – Botolph Bridge.

We carried out a comprehensive inspection of 3Well Ltd - Botolph Bridge on 7 May 2015. The practice was rated as good overall with ratings of good for providing safe, caring responsive and well led services, and requires improvement for effective services. As a result of the findings on the day of the inspection, the practice was issued with a requirement notice for regulation 17 (good governance).

We carried out a second comprehensive inspection on 10 June 2016. This inspection was in response to concerns raised by members of the public and to check if the practice had made the changes required from the inspection in May 2015. The practice was rated as inadequate overall and for providing safe, effective, and well led services, and requires improvement for providing responsive and caring services.

At our June 2016 inspection we found that some of the improvements needed as identified in the report of May 2015 had been made, however, some of these needed to be improved further. Patients were at risk of harm because systems and processes were not in place to keep them safe. The systems and processes in place to ensure good governance were ineffective and did not enable the provider to assess and monitor the quality of the services and identify, assess and mitigate against risks to people using services and others. As a result of the findings on the day of the inspection, the practice was issued with a warning notice for regulation 12 (safe care and treatment) and requirement notice for regulation 17 (governance and quality assurance). The practice was placed into special measures for six months.

We conducted a focused inspection on 19 August 2016 to ensure that the practice had made the required improvements detailed in the warning notice that had been issued on 8 August 2016. At this inspection we found that some of the improvements needed as identified in the report of June 2016 had been made, however, some of these needed to be improved further. We further identified

a new issue relating to the safe prescribing and management of medicines and we were concerned that patients were at risk of harm. The systems and processes in place to ensure good governance were ineffective and did not enable the provider to assess and monitor the quality of the services and identify, assess and mitigate against risks for people using services and others. Following this inspection, we took urgent action to suspend 3Well Ltd Botolph Bridge from providing general medical services at 3Well Ltd Botolph Bridge.

We conducted a focused inspection on 14 November 2016 to check whether the provider had made sufficient improvements and to decide whether the suspension period should end. At this inspection we found that improvements had been made. We saw that a governance framework had been put in place and that medicines were authorised by GPs and nurses with a prescribing qualification. The practice had prioritised patients and had started a process of reviewing patients identified as 'may be at risk' from inappropriate reviews. We found that GPs and nurse practitioners managed pathology results and these had been managed in a timely way. The systems and processes in place to ensure good governance had improved but further improvements were needed to enable the provider to assess and monitor the quality of the services and identify, assess and mitigate against risks to people using services and others. Following this inspection, the suspension was lifted; however, we imposed urgent conditions on the registration of this provider. The ratings remained the same; inadequate overall and the special measures period continued.

We carried out a comprehensive inspection on 13 February 2017. This inspection was undertaken following a period of special measures. The practice was rated requires improvement overall and for providing safe, effective, and responsive services, inadequate for providing well-led services and good for providing caring services. The practice remained in special measures.

We carried out a comprehensive inspection on 27 October 2017. This inspection was undertaken following a period of special measures. The practice was rated requires improvement overall and for providing effective, caring, responsive and well led services, good for providing safe services. The practice was removed from special measures.

Overall summary

This inspection was undertaken to ensure the improvements had been sustained and that the practice had made further improvement to meet the regulations. This was an announced comprehensive inspection on 15 November 2018. Overall the practice is now rated as good.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

At this inspection we found:

- The practice had sustained improvements made and had made further improvements since our inspection in October 2017.
- The practice had successfully recruited staff including a salaried GP and an advance nurse practitioner and had retained practice nurses and clinical pharmacists.
- The practice performance in relation to the quality and outcome framework had improved. Their overall achievement was 96%, this was in line with the CCG and national average. The practice overall exception reporting was lower than the CCG and national average.
- The practice had monitored the results from the GP patient survey July 2018 and had undertaken their own survey using the same questions to show that improvement made since the GP data collection had been successful and improve patient satisfaction.
- Practice policies and procedures were easily accessible and staff we spoke with knew how to do this.

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Generally, patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had increased the number of patients using online services in the past 12 months from approximately 200 patients to approximately 1,200.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Feedback from staff was positive about the changes and the cohesive team work.

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

- Continue to monitor GP patient survey data to ensure patient satisfaction is maintained and further improved.
- Continue to monitor and improve the practice performance in relation to the review of patients with diabetes.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to 3Well Ltd - Botolph Bridge

Botolph Bridge Surgery in Woodston, Peterborough holds an Alternative Provider Medical Services (APMS) contract and provides healthcare services primarily to patients living in Woodston and the surrounding area. The surgery is located in a fit for purpose building and serves a population of approximately 7,000 patients. The building is shared with other health services that serve the community.

The principal GP is the registered manager and is supported by a male salaried GP and locum GPs and two clinical pharmacists. The practice employs an advanced nurse practitioner, practice nurses, and a healthcare assistant (HCA). There are two practice managers, a consultant practice manager and a team of reception/administration/secretarial staff support the clinical team

Compared to the national average, the practice served an area where they had a higher number of patients aged 0 to 4 years old and 29 to 50 year olds and they had a lower number of older people. The deprivation score for the practice area was in line with the local CCG and national averages.

The practice offered extended hours appointments some evenings to 7pm and appointments were available each Saturday morning. The practice could book appointments at the GP Hub in Peterborough for patients

that wished to be seen there. The GP Hub offered appointments in the evenings and at weekends. Appointment times varied. When the practice was closed, patients access the out of hours service provide by Herts Urgent Care via 111.

We previously inspected this practice on six other occasions. On 7 May 2015, we found that the practice required improvement for effective services but was good overall. On 10 June 2016 the practice was rated inadequate for safe, effective, and well led services and rated requires improvement for caring and responsive services. The practice was placed into special measures for six months. We conducted a focused inspection on the 19 August 2016 and we took urgent action to suspend 3Well Ltd Botolph Bridge from providing general medical services at 3Well Ltd Botolph Bridge for a period of three months. A further focused inspection was carried out on 14 November 2016, the suspension was lifted, and we imposed urgent conditions on the provider's Care Quality Commission registration. A comprehensive inspection was undertaken on 13 February 2017, the practice was rated as requires improvement overall, with requires improvement for providing safe, effective and responsive services, inadequate for well led services and good for caring services. The practice was remained in special measures. We carried out a comprehensive inspection on

27 October 2017. This inspection was undertaken following a period of special measures. The practice was

rated requires improvement overall and for providing effective, caring, responsive and well led services, good for providing safe services. The practice was removed from special measures.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- 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.
- 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 including 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The practice performance in relation to the prescribing of hypnotics was below the CCG and national average.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with 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 in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues and the practice had clear oversight of assessments undertaken by others who shared the building.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Are services safe?

- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

- At our inspection October 2017 the practice had been rated as requires improvement for providing effective services as the practice Quality Outcomes Framework performance was lower than the CCG and national averages. Not all patients had received reviews in a timely manner.

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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.

- We note that the practice overall QOF performance in relation to diabetes indicator had increased from 57% in 2016/2017 to 80% in 2017/2018 (this was 12% below the CCG and national average) The practice exception reporting was in line with the CCG and national average. The practice was working with diabetic trained staff from the CCG to ensure all patients with diabetes received their reviews. Practice nurses were being supported to undertake further training in diabetes care.
- The practice QOF performance in relation to other long-term conditions such as respiratory was in line with the CCG and national averages.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% and the practice performance ranged from 95% to 96%.
- 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 71%, which was below the 80% coverage target for the national screening programme but was the same as the CCG average of 71% and in line with the national average of 72%.
- The practice's uptake for breast cancer screening was in line with the national average and the practice's performance for bowel screening was 50%, which was below the CCG average of 57% and the national average of 57%. The practice was proactive in reminding patients the importance of attending their screening appointments.

Are services 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.

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 system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.
- The practice offered annual health checks to patients with a learning disability. The practice had completed 70% of annual reviews for patients with a learning disability in the past 12 months. The practice had a plan to ensure all patients received an annual review.
- The practice's performance and exception reporting on quality indicators for mental health was in line with local and national averages.

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 had made improvements in the QOF performance. The practice overall performance in 2016/2017 was 87%, this had increased for 2017/2018 to 96%. The practice exception reporting was in line with the CCG and national average. The practice regularly reviewed their performance and were aware the need to further increase their performance in relation to the monitoring of patients with diabetes. The practice had increased their performance in relation to diabetes, however it was still below the CCG and national averages.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. 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.

- 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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop for example a member of the nursing team was in discussion about formal training to lead the nurse led diabetes clinics.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. Staff we spoke with and minutes of meeting we saw gave good evidence of peer review and clinical support. The

Are services effective?

lead GP met regularly with other GPs, advance nurse practitioner and the clinical pharmacists. The advance nurse practitioner met regularly with other members of the nursing team.

- 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 all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 own health, for example through social prescribing schemes.
- 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

- At our inspection October 2017 the practice had been rated as requires improvement for providing caring services as data from the GP patient survey and comments received from patients showed poor patient satisfaction.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were generally statistically comparable to other practices but the results were below local and national averages for questions relating to kindness, respect and compassion. The practice had been aware of the lower results shown in the GP patient survey July 17 and had made improvements and raised staff awareness. The results from the GP patient survey July 2018 showed patient satisfaction had increased.
- With support from the PPG, the practice undertook in house surveys in September and October 2018 and the results showed that patient satisfaction had further increased; for example, 100% of patients report they have confidence in the health care professional they had seen, 100% of patients reported their health care needs had been met and 85% of patients reported that the receptionists had been helpful.
- Since January 2018 the practice has sent texts to patients one hour after their appointment to ask if they

would recommend the surgery to family and friends. The trend had been a gradual increase from an average of 59% in March 2018 to 66% in August 2018 and increased to 67% in October 2018.

Involvement in decisions about care and treatment

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

- Staff communicated with people 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 carers and supported them.
- The practice's GP patient survey results were in line with the local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

- At our inspection October 2017 the practice had been rated as requires improvement for providing responsive services as data from the GP patient survey and comments received from patients showed poor patient satisfaction in relation to access to the practice.

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.
- Telephone GP and advance nurse practitioner consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. 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 supported a monthly coffee morning at the practice and a monthly lunch club at the local catering college.

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:

- 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):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The practice could book appointments at the GP Hub which offered appointments in the evenings and at weekends.

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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 care and treatment

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?

- 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.
- Generally, patients reported that the appointment system was easy to use. This had improved in the past 12 months since the practice had successfully employed and retained clinical staff including, a salaried GP, advance nurse practitioner and practice pharmacists and practice nurses.
- Although the practice's GP patient survey results were statistically comparable with the CCG and the national averages for questions relating to access to care and treatment, the results were lower than the CCG and national average. The data collection for this survey was at a time when the surgery was struggling with a poor telephone system and using solely locum GPs. Since then a new telephone system had been installed in February 2018 and the number of complaints relating to the telephone system had decreased. The practice had also, with the input from the PPG designed the press button options for callers enabling the secretarial and administrators to take more direct calls giving the receptionist more time to respond to patients who were requesting appointments.

The practice in house survey undertaken October 2018 showed 73% of patients had found it very or easy to get through on the telephone. This was based on 100 responses.

- In addition, the practice had been proactive in encouraging patients to use the online services. In 2017 under 200 patients were registered for online services, this had increased to over 1,200 in 2018. Over 60% of the patients who request repeat medicines are registered for online services.
- Since January 2018 the practice sent text messages to patients one hour after their appointment to ask if they would recommend the surgery to family and friends. The trend has been a gradual increase from an average of 59% in March 2018 to 66% in August 2018 and increased to 67% in October 2018 of patient who were extremely likely or likely to recommend the practice to family and friends.

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. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

- At our inspection October 2017 the practice had been rated as requires improvement for providing well led services as the practice had made some improvement not sufficient to fully meet the regulations.

Leadership capacity and capability

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

- The leaders had addressed the issues identified in the previous report and had implemented systems and processes that they were confident would be sustained.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had been successful in employing and retaining clinical staff including a salaried GP, advance nurse practitioner, clinical pharmacists and practice nurses.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Practice staff told us that the practice worked cohesively and were proud of the improvements made.
- 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, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Their mission statement was, 'together we seek to give whole person care that is constantly getting better'.
- The strategy was in line with health and social care priorities across the locality. 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. Staff we spoke with told us the journey to improvement had been hard but the improvements made were as a team and were sustainable.
- 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. Members of the nursing team were being supported to gain further qualifications.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Practice staff we spoke with talked about cohesive working, and said they felt supported by the management team

Governance arrangements

There were 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 co-ordinated person-centred care.

Are services well-led?

- 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 practice had improved the staff access to these policies, staff we spoke with told us they knew how to access them and were notified if there had been an update.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

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 had strengthened the non-clinical team to ensure patients were recalled in a timely manner.

- 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 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.
- 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.
- The practice held a variety of staff meetings, practice staff we spoke with told us these were very useful and that minutes were easily available.

Please refer to the evidence tables for further information.