

Gordon Street Surgery

Inspection report

The Surgery
72 Gordon Street
Burton On Trent
Staffordshire
DE14 2JA
Tel: 01283563175
www.gordonstreetsurgery.co.uk

Date of inspection visit: 24 July 2018
Date of publication: 12/09/2018

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 location

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We previously carried out an announced comprehensive inspection at Gordon Street Surgery on 4 December 2017. The overall rating for the practice was inadequate. The practice was rated Inadequate in providing safe, responsive and well-led services and requiring improvement in providing effective and caring services. Breaches of legal requirements were found and requirement notices were served in relation to safe care and treatment, good governance and fit and proper persons employed. The practice was placed in special measures. The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Gordon Street Surgery on our website at .

This inspection was an announced comprehensive inspection carried out on 24 July 2018 as part of our inspection programme for services rated as inadequate and placed into special measures and to confirm that the practice met the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 4 December 2017.

This practice is now rated as Requires Improvement overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

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 – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Patients found access to appointments had improved. However, patients expressed the difficulty they had in telephone access to obtain appointments first thing in the morning.
- The practice had systems to keep patients safe and safeguarded from the risk of abuse.
- Staff recruitment practices were in line with legal requirements.
- Systems had been implemented to ensure that health and safety risk assessments and staff training were completed.
- Effective systems were in place to monitor training completed by staff.
- 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.
- The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. There were some gaps in the practice's governance arrangements.

The areas where the provider should make improvements are:

In managing risks, issues and performance in particular:

- Develop the staff training matrix to include all in-house training, document the clinical staff competency checks undertaken
- Maintain blood thinning medicine monitoring and prescribing in line with the practice protocol.
- Develop a system to help identify vulnerable adults and Improve clinical practice in coding patients' medical conditions on the electronic system.
- Patient paper record security system improvements.
- Further develop the significant event system and continue to improve the practice carer register numbers.
- Improve the uptake on the monitoring of long-term condition patients with diabetes and the uptake of cervical and bowel cancer screening.

Overall summary

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a GP specialist advisor, a practice nurse specialist advisor and a practice manager advisor.

Background to Gordon Street Surgery

Gordon Street Surgery is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England and provides a number of enhanced services to include childhood vaccination and immunisation schemes and joint injections. A GMS contract is a contract between NHS England and general practices for delivering general medical services. The practice is part of the NHS East Staffordshire Clinical Commissioning Group (CCG).

The practice is located in a purpose-built level access building. The practice has a population of around 10,400 patients and is within the fourth most deprived decile when compared with both local and national statistics. The practice has slightly more patients aged between 20 and 39 than the England average. This could increase the demand for more flexible appointment times. The practice had a comparable percentage of patients with a long-term condition (LTC) with the local and England average. The percentage of unemployed patients that used the practice was slightly higher than that of CCG and England averages. These factors could increase demand for health services and impact on the practice.

The practice staffing comprises of:

- Five partners (four males and one female).
- One advanced nurse practitioner (ANP).
- Three practice nurses and three health care assistants.
- One practice manager, one assistant to the practice manager.
- One reception manager.
- A team of administrative staff.
- A live-in caretaker.
- A cleaner.

Opening hours are 8am until 6.00pm Monday to Friday. The practice provides a walk-in service for one hour in the afternoon. The practice has opted out of providing an out of hours care provision. Out of hours care is provided by Staffordshire Doctors Urgent Care Limited. Between the hours of 6pm and 8am, patients are advised to call NHS 111.

Further information about the practice can be found at: www.gordonstreetsurgery.co.uk

Are services safe?

At our previous inspection we rated the practice as inadequate for providing safe services. This was because:

- Not all patients on medicines had been reviewed appropriately
- There was a lack of process for monitoring patients on high risk medicines
- A lack of risk assessments for the emergency medicines not held at the practice
- There were no risk assessments in place for staff who provided a chaperone service without having had a disclosure and barring service check.
- Fire drills were not regularly undertaken.
- The practice recruitment policy did not outline the necessary checks required and there was no record of the professional registration checks undertaken for the nursing staff.

At this inspection we saw significant improvements had been made and 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 described the health visiting service as no longer taking referrals in respect of non attendance for childhood immunisations. The practice was directed to contact the safeguarding team. The practice manager described one event in which this system was employed and the safeguarding team advised the referrer that they could not accept the referral made. The referrer persisted and it was only when it had been identified that there had been other concerns that the referral was accepted. The

practice manager advised that they would obtain written confirmation of this new process from the health visiting team. Health visitors were invited to the practice multi-disciplinary team meetings but to date had not attended.

- GPs demonstrated their awareness of the vulnerable adult patients registered at the practice however, there was no electronic alert set up on the practice system to help identify these patients.
- 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 completed an internal and independent infection prevention and control audit. Both audits had produced action plans. Once action had been taken it was signed as complete and dated.
- 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.
- We found that staff had completed fire safety training. A fire drill and evacuation had taken place since the last inspection. Fire marshal training had not been updated. The practice manager assured us that this would be undertaken for all three identified fire marshals at the practice.
- 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.

Are services safe?

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. However, the practice had recognised that improvements were needed in their electronic coding of patient conditions. For example, a patient's urinary tract infection had not been coded with a problem title, therefore clinicians had to search through the consultation narratives to establish if this was the first instance.
- Patient paper records were held on wooden open shelves in the reception staff area. The practice was aware that improvements would include lockable metal cabinets for patient record security.
- 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 systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice had completed a cold chain audit which demonstrated that staff followed their cold chain protocols and procedures.
- 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.
- The management of high risk medicines with appropriate monitoring and clinical review prior to prescribing was managed by secondary care. The exception to this was a blood thinning medicine. Health care assistants who had been in receipt of in-house training invited patients into the practice to have a blood test to facilitate monitoring of this medicine. Staff we met could demonstrate their awareness of the

guidance in place to support them in this role and when to escalate concerns to the GPs. Where monitoring took place in secondary care GPs could access the blood test results prior to any prescribing. On the day of the inspection the practice electronic system showed there were a number of patients who appeared to not have an up to date blood result available for safe prescribing. The practice started to investigate this further during the inspection. It was found that all patients had been in receipt of appropriate blood test monitoring. Immediately following the inspection, the practice implemented a specific protocol regarding the blood thinning medicine, reported the activity as a significant event and a copy of the protocol was forwarded to the inspection team.

- The practice was involved in a Clinical Commissioning Group (CCG) led initiative as a pilot site for mental health patients on medicines requiring monitoring. Patients were to receive medicines management monitoring and support from the mental health team who were to attend the practice on a weekly basis, a familiar location for their registered mental health patients.
- The practice had yet to complete their own audit on controlled drug prescribing, this was however monitored by the CCG medicines management team and there were no concerns identified.

Track record on safety

- The practice had implemented comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned from and made improvements when things went wrong.

- 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. All staff could report and record incidents and significant events. The practice manager had implemented a spreadsheet, which logged the details, issues arising, action taken, positive points, areas of concern and improvements made to reduce the risk of recurrence. Once investigated and measures put in place these were

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discussed at the practice meetings. Some improvement was needed to ensure that the details on the actions taken in response to events were completed in full. For example, where an event required staff to receive update training that this was contained within their staff file, or if a policy required an update that the changes made were evident and signed off by staff as being read and understood.

- 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?

At our previous inspection we rated the practice as requires improvement for providing effective services. This was because, there were gaps in staff training records, a lack of audits for quality improvement and the induction programme did not assess the competence of staff.

At this inspection we saw significant improvements had been made and rated the practice, Good overall except for the people with long term conditions population group, which we rated requires improvement.

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 were 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.
- 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 in secondary care. 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, patients with diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation (An irregular heart rhythm) and hypertension (High blood pressure).
- The practice's performance on quality indicators for long term conditions was in line with local and national averages except for diabetes.
- The practice had a high rate of diabetes (8% of registered patients) and recognised that within groups of their diabetes patients there was a lack of engagement with the practice, poor dietary control and a lack of exercise which effected the stability of their diabetes. There had been no verified quality outcomes framework (QOF) data updates within the public domain since the last inspection to establish the progress made by the practice. (QOF is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered). We reviewed the most recent submitted unverified data which demonstrated improvements made other than that of the diabetes clinical domain. In response to this the practice had put a detailed action plan in place. This included an appointed GP clinical lead for diabetes.

Families, children and young people:

- Childhood immunisation uptake rates for children aged two were below the target percentage of 90%. There had been no verified NHS England data updates within the public domain since the last inspection to establish the progress made by the practice. We reviewed the most recent data submitted by the practice which demonstrated the improvements made. This included live information for the practice via an electronic system called Open Exeter. We found that on 22/06/2018 the practice had achieved the childhood immunisation uptake target for children under two of, 90%.

Are services effective?

- 25% of the practice population was under the age of 16. The practice found this had resulted in higher consultations in this age group for minor illness. The practice responded to this by providing health education for parents on the treatment of minor illness and assisting parents by signposting them to appropriate services for these conditions.
- The practice had arrangements in place 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 just under 56%, which was below the 80% coverage target for the national screening programme. There had been no verified Public Health England data updates within the public domain since the last inspection to establish the progress made by the practice. In response to the data the practice had put in place a detailed action plan. This included compiling a report for all patients who had refused cervical cytology within the past two years, providing a named nurse with dedicated time to telephone these patients and explaining the cytology process, dispelling myths and explaining risks. An audit was to be carried out on a quarterly basis of patients contacted and those who then chose to attend for screening to monitor the effectiveness of their action plan. The first audit was planned for October 2018.
- The practice's uptake for breast cancer screening was in line with the national average.
- Bowel cancer screening was below the national average, the practice had developed an action plan to improve the uptake. An audit was to be carried out on a quarterly basis of patients contacted and those who then chose to attend for screening to monitor the effectiveness of their action plan. The first audit was planned for October 2018.
- 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's performance on quality indicators for mental health was below national averages for two of the three indicators. There had been no verified QOF data updates within the public domain since the last inspection to establish the progress made by the practice. In response to the 2016 to 2017 QOF data the practice had put a detailed action plan in place. We reviewed the most recent submitted unverified data which demonstrated improvements had been made in both indicators. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (QOF), had improved from 72% to 82%. The percentage

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of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (QOF), had improved from 66% to 81%.

- The practice mental health improvement action plan had identified that of the patients not seen for a review the clinical staff had seen them for other routine health problems. They had not however opportunistically completed their mental health review. The practice added electronic alerts onto the patient records to further assist staff in taking up opportunities to record patients' alcohol consumption and to set up an appointment for their mental health care plan review. Practice staff were asked to ensure that patients knew their care and treatment plan in case of any health deterioration.

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 exception rates for long term conditions were lower than the CCG and national averages except for asthma patients, so more patients had attended and been in receipt of reviews in their care and treatment.
- The practice used information about care and treatment to make improvements. For example, they had completed a two-cycle audit on the use of aspirin in atrial fibrillation (AF). AF is a common irregular heart beat condition. This was to ensure clinical staff followed appropriate guidance for atrial fibrillation, reduce the risk of stroke in patients with atrial fibrillation, and establish whether staff had learnt from the original audit and continued to follow best practice. The practice found that the changes they had identified in the original audit had been maintained.
- 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, except for when staff were in receipt of in-house training and this was not always clearly documented within their personnel file or within the staff training matrix. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included appraisals, one to one clinical supervision and revalidation.
- 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 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.

Are services effective?

- 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 and had completed a consent audit which demonstrated that staff had appropriately documented patient consent.

Please refer to the evidence tables for further information.

Are services caring?

At our previous inspection we rated the practice as requires improvement for providing caring services. This was because they had lower than average national patient survey satisfaction findings, the practice had not been proactive in the identification and therefore the provision of support to carers.

At this inspection we saw significant improvements had been made and rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke with and the CQC comment cards were positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. The national GP patient survey results for the practice were considered in line with local and national averages for questions relating to kindness, respect and compassion. However, the percentage of patients who stated that they would definitely or probably recommend their GP surgery to someone who had just moved to the local area was significantly lower than national and local averages. Results were lower than average in patient's confidence and trust with the GP they saw or spoke to.
- The feedback from 16 patients on NHS Choices since the last CQC inspection report remained negative with patients reporting that they found reception staff attitude and responses to be unhelpful. One of the 16 patients reported that the doctors were professional and took time to listen.
- The practice had put in place an action plan following the July 2017 national patient survey. This was due to be reviewed in October 2018, following the results of the next national patient survey.

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.
- Since the last inspection the practice had proactively identified carers. This remained below 1% at the time of the inspection. The practice had appointed a staff member to the role of carers champion and provided a signposting service with access to a carer hub and local and national carer groups. The practice had held an open day event and invited groups from the third sector, NHS England and the local CCG to attend to encourage further engagement with the practice.
- The national GP patient survey results for the practice were in line with local and national averages for questions relating to involvement in decisions about care and treatment with one exception of the GPs being good or very good at explaining tests and treatments which was lower than local and national averages.

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?

At our previous inspection we rated the practice as inadequate for providing responsive services. This was because the results from the national GP survey, CQC comments cards received and an independent survey found patient dissatisfaction with appointment access, appointments not running to time and that patients were not informed of the wait times. The practice complaints procedure was not in line with recognised guidance and there was a lack of evidence of learning from complaints.

At this inspection we saw some improvements had been made and rated the practice, and all of the population groups, as requires improvement 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.
- Telephone GP 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 were more vulnerable or who had 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 practice had introduced telephone follow-ups post home visits
- Birthday cards were sent to patients on their 65th birthday, which included the practice leaflet.

- The practice provided care homes with a dedicated telephone number for the practice to aid access.
- The practice was in the process of setting up a befriending group.

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.
- A named GP lead was provided for patients with diabetes.

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.
- Parents or guardians calling with concerns about a child under the age of five 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.
- As part of a CCG led initiative for all local practices from September 2018 appointments would be made available of an evening until 8pm and Saturday mornings from 8am to 12pm from the rostered location.
- Online services were available for booking/cancelling appointments and repeat prescriptions.
- A text message service was available with a cancellation facility.
- Earlier practice opening times were available from 8am to accommodate these patients.
- Temporary registration was available for students.
- Telephone consultations were available.

Are services responsive to people's needs?

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.
- Collaboration with local pharmacies for 7-day prescribing.
- Longer appointments where needed or requested were available.
- Some reception and GP staff members spoke other languages such as Urdu, Punjabi and Romanian to assist patients.
- The practice was able to offer a telephone interpreter service and Deaf Assist services.
- The practice engaged with a local homeless shelter.

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.
- Same day appointments were available for patients with acute mental health conditions.
- The practice worked closely with the Community Psychiatric Nurses (CPN) for patients with severe mental health.
- Mental health crisis such as a patient who overdoses notified to GP using workflow optimisation.
- Staff received Dementia Friend training.
- The practice was taking part in a clinical commissioning group initiative pilot scheme and was hosting a mental health clinic.

Timely access to care and treatment

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

- The practice now operated an afternoon one hour walk in service.
- Waiting times, delays and cancellations were minimised and managed appropriately. The practice had introduced a white wipeable board located at the reception desk, which was regularly updated as to any wait times to better inform patients.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with reported some improvement in the appointment system but felt further improvement was still needed. They reported that for urgent appointments their needs were met.
- Reception staff had been in receipt of a form of care navigation training to better inform and assist them in their role.
- The national GP patient survey results (2017) for the practice were below local and national averages for questions relating to access to care and treatment. The next GP patient survey results were not due for publication until August 2018. Following the results of their survey, the practice had implemented an action plan to review if they could improve patient access with the resources available. The practice had successfully recruited two new partners and two additional telephone answering receptionists. The practice had also provided further training for their reception staff. They had added an extra private line for GPs to phone out to release patient telephone lines and had recently agreed the appointment of an additional advanced nurse practitioner due to take up post in August 2018. To establish the impact of these changes they had completed a telephone access audit in May 2018. The practice received 10 responses the week they ran the survey, seven patients had previously had problems contacting the practice by phone and five patients had contacted the practice by phone recently. Of the five who had contacted them recently, four said the wait for the phone to be answered was acceptable. They made comments such as it was better and staff were quicker at answering the phone. One patient said they had to wait a long time for the phone to be answered. It was difficult for the practice to conclude that their telephone answering had improved with 10 responses, however the results were positive overall. The practice awaits the results of the 2018 national GP patient survey, and their independent patient survey planned for September 2018.
- The practice had also conducted a patient survey in May 2018 to assess patient satisfaction with the practice appointment system via an assured messaging service. They wanted to achieve prompt feedback from individual patients to try to address individual issues a patient may have regarding their experience. The practice established that there had been 1457

Are services responsive to people's needs?

appointments and the number eligible for the survey was 938 patients. Of the 938 patients, the practice successfully delivered 756 messages and received 335 patient responses, (44%). The percentage of patients who responded to this survey was 2.7% of the practice registered population. Two hundred and seventy-nine patients were satisfied with their appointment and described this as good (261), very good (14), excellent (3) or brilliant (1). The results demonstrated that 93% of respondents rated their appointment satisfaction as fair/good/very good/excellent/brilliant, 83% good/very good/excellent/brilliant, and 7% of respondents rated their appointment satisfaction as poor/very poor.

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. We saw that complaint leaflets were located in the reception waiting room area.
- Staff we spoke with were aware of the process in place should a patient, family member or carer raise a comment or complaint, including who within the practice was the complaints lead.
- 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?

At our previous inspection we rated the practice as inadequate for providing well-led services. This was because there were governance processes in place but these were not always effective. For example, some policies, procedures and activities did not promote safety such as the practice recruitment and complaints system. We found there was a lack of monitoring progress with any action plans in place to improve the quality of the services provided.

At this inspection we saw a number of improvements had been made and rated the practice as requires improvement for providing well-led services.

Leadership capacity and capability

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

- Leaders 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, 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.
- The strategy was in line with health and social care 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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 needed. 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.
- The practice completed a health and well-being review for new staff after a three to four-week period of employment including occupational health assessments where required. This was in recognition of the role demands that new staff to healthcare may not always be aware of.
- 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.

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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The practice had appointed lead GPs to take responsibility for other key areas such as, palliative care, business strategy and clinical audits.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance with a few exceptions.

The exceptions included: blood thinning medicine monitoring and prescribing was in line with the practice protocol, refresher fire marshal training, coding patients' medical conditions on the electronic system, electronic alerts to help identify vulnerable adults, further improvements to the practice carer register numbers, updating the staff training matrix to include all in-house training, documenting the clinical staff competency checks undertaken, uptake on the monitoring of long-term condition patients with diabetes and the uptake of cervical and bowel cancer screening.

- 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 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.
- The practice held an open event to encourage further engagement with stakeholders, this included Citizens Advice, Carers Association, Age UK, Diabetes UK, Mind, Alzheimer Society, a local hospice, a diabetic liaison nurse, bowel screening practitioner as well as a representative from the CCG and NHS England.

Continuous improvement and innovation

There was evidence of 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 was a GP and student nurse training practice with partners qualified as GP trainers. At the time of the inspection there were no students placed.

Please refer to the evidence tables for further information.