

Beechwood Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection February 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced/unannounced comprehensive/focused inspection at Beechwood Medical Centre on 19 December 2017 as part of our inspection programme of providers previously rated good.

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.
- 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.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- National GP survey results showed patient satisfaction for nurse consultation was below the local and national averages. The practice acknowledged these results and took action by promoting the importance of patient feedback and carried out a practice based survey which demonstrated improvement.

Summary of findings

- The practice had comprehensive systems in place for reviewing patient care including long-term conditions. Patient outcomes were significantly higher than local and national averages for several clinical indicators and the practice had a lower than average exception reporting rate.

We saw one area of outstanding practice:

The practice worked with an IT Facilitator from the NHS City and Hackney Commissioning Support Unit to improve online access for patients. Out of 43 GP practices participating in the scheme within the borough of City and Hackney the practice was the top performing in improving access to online services for quarters one, two and at the time of the inspection during quarter three.

The practice was the only practice involved in the scheme that not only exceeded the monthly target but showed a steady increase month on month in patients accessing online services provided by the practice. This meant that patients registered with the practice had the best online access in the borough.

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

- Review the times listed for the daily morning walk-in clinic to ensure they are accurately reflected in the practice leaflet.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Beechwood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector; the team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Beechwood Medical Centre

Beechwood Medical Centre is located in London Borough of Hackney within the NHS City and Hackney Clinical Commissioning Group. The practice address is 86-86A Dalston Lane, Hackney, London, E8 3AH. The practice is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and family planning. The practice provides a range of services including childhood immunisations, extended hours access, dementia support, influenza and pneumococcal immunisations, learning

disability support, rotavirus and shingles immunisation and unplanned admission avoidance. More information about services provided by the practice can be found on their website: www.beechwoodmci.co.uk

The practice has a patient population of 3,755. The practice serves a diverse population, 55% is White British, 23% Black, 10% Asian and 7% Mixed Race and 5% Other Background. At 47% the practice had a lower proportion of people with a long standing health conditions than the national average of 54%. At 79 years, male life expectancy was in line with the national average of 79 years. At 83 years, female life expectancy was in line with the national average of 83 years.

The practice has a higher than average percentage of patients aged 25 to 44, a lower than average percentage of patients aged 64 to 85 and a similar percentage of patients aged 24 and below when compared to the national average. The surgery is based in an area with a deprivation score of two out of ten (one being the most deprived). At 45% older people registered with the practice have a significantly higher level of income deprivation compared to the national average of 20%. Patients at this practice have a higher rate of unemployment when compared to the national average.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, and on an on-going basis. Disclosure and Barring Service (DBS) were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list where people are barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. GPs were trained to level 3 in child safeguarding; all other staff at the practice were trained in level 2 child safeguarding.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

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

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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. For example, we reviewed a significant event that took place during a nurse consultation. The patient left the appointment and spoke to reception staff; as a result the patient was offered an appointment with a different clinical member of staff. The practice discussed the incident and changed policy to ensure patients are offered assistance if they attend an appointment with young children prior to the appointment beginning.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were able to access diagnostic tests at the practice including phlebotomy and spirometry.
- The practice was not an outlier in respect of prescribing indicators.
- 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. Patients living with moderate or severe frailty were identified using the electronic frailty index (eFI) and their needs were met. The practice was reviewing and developing how it supported older people living with frailty more generally.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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.
- Outcomes for patients with long-term conditions were similar to or better than local and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90%. The practice was aware of this and we saw evidence that the practice manager and a practice nurse were recalling patients to improve the uptake rate. We saw evidence that the current uptake rate for 2017-18 was 85%; this figure was unvalidated at the time of our inspection.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- It provided a daily drop in clinic from 8.00am to 9.00am.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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.

Are services effective?

(for example, treatment is effective)

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

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.
- 83% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to other practices in the area and the national average of 90%, there were nil exceptions reported by the practice for this indicator.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 84%; CCG 92%; national 90%); the practice reported nil exceptions for this indicator.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice was carrying out clinical audits:

- To check it was following NICE guidelines, such as achieving assessment control targets in patients with asthma.
- As part of national improvement initiatives, such as antimicrobial prescribing.

Audits were being repeated to see that improvement actions were being implemented and were effective. One example of a two-cycle audit looked to ensure appropriate prescribing of antibiotics to treat upper respiratory tract infections in line with NICE guidelines and guidance from Public Health England. The first cycle audit showed that the practice avoided the use of broad spectrum antibiotics in 80% of reviewed cases. Action was taken following this first cycle audit and the second cycle audit three months later showed that the practice has avoided the use of broad spectrum antibiotics in 100% of the cases reviewed in the audit.

The 2016-17 Quality Outcome Framework (QOF) results were 90.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. QOF is a system intended to improve the quality of general practice and reward good practice.

The overall exception reporting rate in 2016-17 was 5.2% compared with the CCG average of 8.9% and the national average of 10%. None of the exception reporting rates for the clinical domains was significantly higher than the CCG or national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

Clinical outcomes were significantly higher than local and national averages for several indicators. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 93% compared to the CCG average of 90% and the national average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92% compared to the CCG average of 91% and the national average of 83%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions was 96% compared to the CCG average of 84% and the national average of 76%.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

(for example, treatment is effective)

- The practice provided staff with on-going support. This included an induction process, one to one meetings, appraisals, coaching and mentoring, clinical supervisions and support for 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
 - Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
 - The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
 - The practice had a regular monthly multidisciplinary case review meetings where all patients on the palliative care register were discussed.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
 - The percentage of new cancer cases that were referred using the urgent two week wait referral pathway was 40% comparable to the CCG average of 47% and the England average of 50%. This was comparable to other practices in the area.
 - Staff encouraged and supported patients to be involved in monitoring and managing their health.
 - Staff discussed changes to care or treatment with patients and their carers as necessary.
 - The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and 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.

Helping patients to live healthier lives

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

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 377 surveys were sent out and 89 were returned. This represented about 2% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs, but comparable with other practices in the area. For example:

- 77% of patients who responded said the GP was good at listening to them compared with the CCG and national average of 88%.
- 74% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 74% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 87% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

The practice was below average for its satisfaction scores on consultations with nurses. For example:

- 71% of patients who responded said the nurse was good at listening to them; (CCG) - 86%; national average - 91%.
- 73% of patients who responded said the nurse gave them enough time; CCG - 87%; national average - 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.
- 68% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.

We saw evidence that the practice reviewed its patient feedback and had identified the need for improvement in satisfaction scores for GP and nurse consultations. The practice promoted patient survey information to improve topics of importance to their patients. All clinical staff encouraged patients to complete feedback following consultations. Friends and family test scores showed that patients were likely to recommend the practice. For example:

- December 2017 89% (19 responses) likely to recommend (England average 89%).
- October 2017 98% (40 responses) likely to recommend (England average 89%).
- September 2017 88% (40 responses) likely to recommend (England average 89%).
- August 2017 93% (27 responses) likely to recommend (England average 89%).
- July 2017 93% (40 responses) likely to recommend (England average 89%).

Involvement in decisions about care and treatment

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

Are services caring?

- Interpretation services were available for patients who did not have English as a first language. Patients were told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers including asking all newly registered patients if they had caring responsibilities. Staff on the front desk were proactive in encouraging patients to identify themselves as carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers (two percent of the practice list).

- Carers were offered the flu vaccinations and signposted to carer support services and networks.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed that patient results were below the local and national averages. For example:

- 75% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 70% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 65% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 91%.

We saw evidence that practice took part in a CCG survey to identify satisfaction around GP and nurse consultations. Thirty patients were asked about their experience in consultations with GP and nurses, for example:

- Patients were asked if GP and nurses were good at giving them enough time, 73% felt GPs rated this as very good and 27% rated this as good.
- Patients were asked if GP and nurses were good at listening to them, 73% felt GPs rated this as very good and 27% rated this as good.
- Patients were asked if GP and nurses were good at explaining tests and treatments, 70% felt GPs rated this as very good, 27% rated this as good and 3% rated this as neither good nor poor.
- Patients were asked if GP and nurses were good at involving them in their treatment and care, 63% felt GPs rated this as very good and 37% rated this as good.
- Patients were asked if GP and nurses were good at treating them with care and concern, 70% felt GPs rated this as very good and 30% rated this as good.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example it provided walk in appointments every morning from 8.00am to 9.00am and extended opening hours three times per week (including Saturday morning), online services such as repeat prescription requests, advanced booking of appointments, and advice services for common ailments on its website.
- The practice improved services where possible in response to unmet needs, for example it had introduced in-house phlebotomy services.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example it had installed a hearing loop, there was a dropped reception desk, translation and advocacy services were available including British Sign Language, and double appointments were given to patients who needed them.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice worked to improve online access for patients and was the highest performer within the borough of City and Hackney (of 43 participating practices).

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.

- Patients were offered seasonal flu vaccines, health checks, annual reviews and care plans.
- A heart failure nurse attended the practice once every month to monitor patients with heart problems.

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.
- Patients are offered 30 minute 'time to talk' appointments with GPs and nurses.
- In-house phlebotomy was available every morning from Monday to Friday.
- Weekly appointments with a specialist diabetic nurse were pre-bookable.
- Monthly appointments with a specialist diabetes dietitian were pre-bookable.
- The practice held monthly meetings with community matrons, community nurses, palliative care nurse and health visitors 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.
- Health visitors attended the practice every other week and provided baby health checks and health promotion.
- Extended hour appointments were available outside of school hours including Saturday appointments with GPs and nurses.

Are services responsive to people's needs?

(for example, to feedback?)

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.
- Telephone GP and nurse consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Extended hour appointments were available outside of working hours including Saturday appointments with GPs and nurses.
- Walk-in clinic was available from 8.00 to 9.00am from Monday to Friday.

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.
- All staff were trained to recognise signs of abuse in adults and children.
- A counsellor attended the practice weekly to provide advice on welfare.

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.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Multidisciplinary meetings with a mental health nurse were held bi-monthly.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us the appointment system was easy to use and they were never turned away when they required urgent medical advice.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. A total of 377 surveys were sent out and 89 were returned. This represented about 2% of the practice population.

- 78% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 76%.
- 85% of patients who responded said they could get through easily to the practice by phone; CCG - 74%; national average - 71%.
- 75% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 83%; national average - 84%.
- 69% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 79% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 80% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 64%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

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

- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For

example, a patient complained about the registration process. We saw evidence that the practice investigated the matter and responded in line with their complaints policy. The practice discussed the complaint at the practice meeting in November 2017 and confirmed that the registration process had been followed correctly regarding identification checks for children.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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; for example we saw the practice had been open with a patient for a complaint regarding care from the district nursing team. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care; for example around specialist diabetic clinics, counsellor appointments and health visitor clinics held at the practice.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, employing a female GP based on patient feedback.
- 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 at all levels within the practice. For example, we spoke to staff on the day of inspection that told us the practice encouraged and supported them to complete further education and training.
- 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.