

Mitcheldean Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to Mitcheldean Surgery	6
Detailed findings	7
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those 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 comprehensive inspection at Mitcheldean Surgery on 30 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. However these did not always operate effectively. For example in relation to infection prevention control, security of blank prescriptions and ensuring that test results and incoming letters were actioned when a GP was absent from the practice.
- 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. The practice was above average for its satisfaction scores on consultations with GPs and nurses in a number of areas.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. In order to further improve this, the practice had recently developed and implemented an access hub with 10 other practices in the area to improve patient access to primary care services.

Summary of findings

- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure care and treatment is provided in a safe way to patients.

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






- Review systems and processes across all aspects of care so that governance is consistently effective.
- Lone working within the dispensary should be risk assessed.
- Systems to ensure medicines are correctly managed and in date should be reviewed.
- Carers should be invited for health checks.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

The six population groups and what we found

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

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

Mitcheldean Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mitcheldean Surgery

We inspected the location of Mitcheldean Surgery, Brook Street, Gloucestershire, GL17 0AU, where all registered regulated activities were carried out. The practice's website can be found at www.mitcheldeansurgery.co.uk

The practice serves approximately 6,200 patients and sees patients who live in the Forest of Dean and the surrounding areas. The national general practice profile shows the practice has a larger population of patients aged over 65, approximately 8% higher than the England average. Levels of deprivation within the population served by the practice were lower than the national average.

The practice can dispense medicines to patients who live over a mile from the practice. They dispense approximately 5000 medicines a month to patients.

At the time of our inspection there were three GP partners and one salaried GP; two male and two female.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments in a number of areas. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- When a GP was away the processes for ensuring that test results and incoming letters were actioned did not always work effectively. We saw that a GP had not been at the practice for the previous four days and none of the results or letters had been dealt with.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role. However we found that one member of staff had been trained to perform chaperone duties but had not had a DBS check and there was no risk assessment in place which addressed this. Following the inspection we received evidence of a risk assessment and a revised chaperone policy which stated that a non-clinical chaperone would not be left alone with the patient in the absence of the clinician.

- The practice had an infection prevention and control policy. The nurse who was the infection control lead had not undertaken infection control update training since March 2015 and had never received additional training to undertake this oversight role. We were told that liaison with the local infection prevention teams in order to keep up to date with best practice did not take place and the infection control lead was unsure of where further advice could be obtained from if needed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, the systems for safely managing healthcare waste were not operating effectively. The practice was not ensuring that the clinical waste was labelled with the practice identifier to ensure that waste was traceable back to its source, as required by the safe management of healthcare waste regulations. Post inspection we received information that the practice were now labelling clinical waste appropriately.

Risks to patients

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

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

Information to deliver safe care and treatment

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

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

Are services safe?

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines however these did not always operate effectively.

- The systems for managing medicines, including vaccines and emergency medicines and equipment minimised risks.
- We saw that the practice stored and used liquid nitrogen for the treatment of warts. However, a member of staff told us that cold insulating gloves and eye protection was not worn when pouring the liquid into containers, which was not in accordance with the Control of Substances Hazardous to Health (COSHH) recommendations. We also saw that the container was accessible to members of the public.
- The practice monitored and logged prescription stationary use. However, we saw that prescriptions were not always secure, as rooms were unlocked and blank prescriptions were stored in unlocked printers.
- 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. For example, the practice felt they were high prescribers for antibiotics. In order to address this the practice had met and discussed actions for reducing this prescribing. A patient leaflet had been produced and the practice had initiated delayed prescribing. Patients on long term antibiotics had been reviewed and the practice were applying local guidelines.
- 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. For example, we saw that the practice had an effective system to ensure that patients were receiving regular monitoring when on high risk medicines that necessitated this.
- The practice dispensed medicines to patients. We saw that standard operating procedures were regularly reviewed and signed by staff and the presence of the dispensary manager or deputy manager each day

ensured oversight that these were being appropriately adhered to. The door to the dispensary had a keypad ensuring security. We were told that there were times when a single member of staff worked in the dispensary, for example during cleaning. Lone working within the dispensary had not been risk assessed by the practice.

- We were told that stock control checks within the dispensary were undertaken annually and that routine stock checks on a more regular basis were not carried out. This meant that the practice did not have a system to check that medicines were correctly managed and in date.

Track record on safety

The practice had a good safety record.

- The practice had taken the decision to employ the services of a Health and Safety company to undertake an annual assessment of risk 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

We saw instances where the practice had 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, when an out of date vaccine was administered, the practice investigated and informed the patient of the error. Improvements in the processes for checking expiry dates were discussed at a practice meeting and actions implemented to reduce the risk of a similar occurrence. One action was to give staff protected time for stock checking and a template to complete prior to administration of a vaccine was introduced.
- 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. We saw that the practice had ensured that frail patients were all recorded appropriately within the medical record which alerted staff.
- 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. For example, nurses had received additional training in diabetes and regular updates.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months, 2016 to 2017) was within target range, was 85%, compared to a local average of 80% and a national average of 78%.

- The percentage of patients with asthma, on the register, who had had an asthma

review in the preceding 12 months (2016 to 2017), that included an assessment of asthma control using the three Royal College Physicians questions, was 79% compared to a local average of 76% and a national average of 76%.

- The percentage of patients with COPD (a chronic lung condition) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, was 93% compared to a local average of 93% and a national average of 90%.

Families, children and young people:

- The percentage of children aged one who had received a full course of recommended vaccines was 92%. Published data available showed that uptake rates for other vaccines given were lower than the target percentage of 90% or above. For example, 81% of children aged two had received the measles mumps and rubella vaccine and 84% of children aged 2 had received Haemophilus influenzae type b and Meningitis C booster vaccine. When we raised this with the practice we were shown evidence, which has not been externally verified, which demonstrated that 96% of children aged two had received the measles mumps and rubella vaccine and 94% had received Haemophilus influenzae type b and Meningitis C booster vaccine.

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

- The practice's uptake for cervical screening was 82%, 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 those with a learning disability. The practice had 58 patients with learning disabilities on the patient register and had completed 54 health reviews of these patients in the last 12 months.
- The practice had no homeless people or travellers registered at the time of the inspection but the practice would be happy to register them should there be a need.

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the local average of 86% and the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was compared to a local average of 94% and a national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 91% (CCG 93%; national 91%).

Monitoring care and treatment

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

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 10% which was the same as the national average. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, patients who had been prescribed a steroid cream were

asked to complete a questionnaire to determine the quality of the advice they were receiving when dispensed. The results indicated that this could be improved. A leaflet was designed by the practice and was given to patients when these creams were dispensed.

- The practice was actively involved in quality improvement activity. For example, the practice audited to determine if patients who had had their spleens removed had received the recommended vaccines. Patients identified as not having had the vaccines were invited to attend for these. A re-audit demonstrated an improvement in vaccines received by this group of patients.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles with the exception of infection control. 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.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision 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.

Are services effective?

(for example, treatment is 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 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.

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 28 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 222 surveys were sent out and 117 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses in a number of areas. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 98%; national average - 96%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 97% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.

- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

Involvement in decisions about care and treatment

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

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

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (1% of the practice list). The practice did not routinely invite carers for a health review and we saw that only two of these patients had received a health check in the previous 12 months.

- Staff told us that if families had experienced bereavement, a GP contacted them. This was 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

Are services caring?

- 93% 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 90% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments .
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had recently developed and implemented an access hub with 10 other practices in the area in order to improve patient access to primary care services. Additional GP and Nurse Clinics were held during normal hours and additional appointments were also offered at one of the participating surgeries between 6.30 pm and 8.00 pm on weekdays and on Saturday mornings. Patients registered with any GP Surgery within the Forest of Dean were able to book an appointment at these extra clinics.

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 provided medical care for five local nursing homes. Ward rounds were conducted weekly by the practice. The model of care whereby one GP practice provided medical care for an entire care home was piloted by the practice three years ago. It was demonstrated that there had been improved continuity

of care, reduced hospital admissions and reduced workload for the practice. As a result the clinical commissioning group adopted this model of care across Gloucestershire.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice engaged with social prescribing to provide effective support to elderly patients. Social prescribing linked patients in primary care with sources of support within the community. It provided GPs with a non-medical referral option that operated alongside existing treatments to improve health and well-being in instances such as social isolation.

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.
- The practice nurse had undertaken a diploma in diabetes care and attended regular educational updates. An improved information leaflet had been developed for diabetic patients.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice worked collaboratively with local practices to ensure patients were able to access services. For

Are services responsive to people's needs?

(for example, to feedback?)

example, the practice provided another local practices patients with the insertion of contraceptive devices service as they did not have a GP with the appropriate competencies to do this.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice hosted an autism group for the local area.

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 dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

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.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 78% of patients who responded said they could get through easily to the practice by phone; CCG – 81%; national average - 71%.

- 83% 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 - 85%; national average - 75%.
- 83% of patients who responded said their last appointment was convenient; CCG - 87%; national average - 81%.
- 82% of patients who responded described their experience of making an appointment as good; CCG - 79%; national average - 73%.
- 73% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eleven complaints were received in the last year. We reviewed 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, when an abnormal test result was missed which resulted in a delayed diagnosis the practice made a number of amendments to their clinical computer system to ensure abnormal results were highlighted and able to be correctly identified as requiring action to be taken.
- In order to ensure that complaints were dealt with in a way that met patients' needs a member of the patient participation group objectively assessed the quality of anonymised complaints handled by the practice in relation to how they were responded to, how they were investigated and how they had implemented changes.

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, when a patient had received an out of date vaccine. 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, with the exception of infection control training for the infection control lead. 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, in relation to chronic disease management, cytology screening and childhood immunisations.
- 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 governance and management. However, these were not consistently effective.

- Structures, processes and systems to support governance and management were set out.,
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had policies, procedures and activities to govern safety. However the practices systems and processes did not always operate effectively. For example, the monitoring of test results for GPs who were away from the practice.

Are services well-led?

Good 

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

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however these were not consistently effective.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However these did not always operate effectively. For example in relation to prescription security, infection prevention control and chaperone training.
- 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 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. Staff told us that the management team were approachable and listened to suggestions made by them for improvements.
- There was an active patient participation group (PPG). We spoke with two members of the PPG who told us that the practice were very receptive to suggestions from the group members and utilised existing skills of these members effectively. For example, for objective oversight of the practices handling of significant events and complaints.
- 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, following the success of the quality assurance of complaints by a PPG member, the practice had decided to introduce the same process for quality assurance of the handling of significant events.
- Leaders within the practice wanted to ensure that staff were able to respond appropriately to emergency situations likely to be found within a GP practice such as collapse of a patient in the waiting room or in a nurse's room when no doctors were on the premises or child immunisation anaphylaxis. Eight scenarios were simulated and actions that would improve dealing with these situations discussed and implemented.
- 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.

Are services well-led?

Good 

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users. The registered provider did not do all that was reasonably practicable to, monitor, manage and mitigate risks relating to:</p> <ul style="list-style-type: none">• infection prevention control• security of blank prescriptions• the monitoring of patient test results• Storage and use of liquid nitrogen <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>