

Willesborough Health Centre

Quality Report

Bentley Road
Willesborough
Ashford
TN24 0HZ

Tel: 01233 621626

Website: www.willesboroughhealthcentre.co.uk

Date of inspection visit: 21 November 2017

Date of publication: 10/01/2018

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 service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

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 six population groups and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Willesborough Health Centre	6
Detailed findings	7

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? – Good

Are services effective? – requires improvement

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

The practice was inspected on 19 January 2017 and was found to be inadequate overall. The practice was rated inadequate in safe and well led, requires improvement in effective and responsiveness and good in caring. The practice was placed into special measures for a period of six months. The full comprehensive report on the January 2017 inspection can be found by selecting the ‘all reports’ link for Willesborough Health Centre on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Willesborough Health Centre on 21 November 2017. The inspection was conducted to follow up on previous breaches of regulations identified in their earlier comprehensive inspection on 19 January 2017. Following the January 2017 inspection the practice was placed in special measures. 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 maintained up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- We found the practice was clean and tidy and had systems in place to manage infection and prevention control.

Summary of findings

- 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.
- We found the practices clinical performance in the Quality and Outcome Framework had decline on their previous year, achieving 80% of the points available. The practice had not examined the reasons for the decline, attributing it to a change in personnel.
- Staff treated patients with compassion, kindness, dignity and respect.
- The GP partners had the skills and experience to manage the service effectively and staff had confidence in them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The area where the provider **should** make improvement is:

- Continue to strengthen and embed systems to identify, assess, monitor and improve quality and safety of services.
- Improve the identification of carers.

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

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

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 

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to strengthen and embed systems to identify, assess, monitor and improve quality and safety of services.
- Improve the identification of carers.

Willesborough Health Centre

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 practice manager adviser.

Background to Willesborough Health Centre

Dr A Naky and Partners own and run Willesborough Health Centre and Singleton Medical Centre. They hold a general medical service contract for Willesborough Health Centre

and have 14009 registered patients. The practice serves an affluent community with low unemployment. The practice reports pockets of deprivation within their community. Life expectancy for males and females is similar to the national average.

The practice website is www.willesboroughhealthcentre.co.uk

The practice provides services from;

Willesborough Health Centre, Bentley Road, Willesborough, Ashford TN24 0HZ

The practice had previously been inspected in January 2017 and found to be inadequate in safe and well led resulting in an overall rating of inadequate.

Are services safe?

Our findings

At our previous inspection on 19 January 2017, we rated the practice as inadequate for providing safe services as the arrangements did not ensure the thorough investigation of safety incidents and complaints, there were not systems in place to manage patient safety alerts. There were not sufficient recruitment arrangements in place and there were not systems or processes in place to effectively monitor expiry dates of medicines and equipment. There were not appropriate systems in place to manage identified risks such as legionella.

These arrangements had significantly improved when we undertook a follow up inspection on 21 November 2017. The practice is now rated 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. They reviewed their policies regularly and communicated changes to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Only members of the nursing team were chaperones trained and performed the role and had received a DBS check.

- There was a 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. Resources were shared across both of the provider's sites.
- There was an induction system for 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. Where appropriate patients were referred to another clinician or their appointment rescheduled.

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 and were subject to peer review.

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

Are services safe?

requirements and current national guidance. The practice had audited antimicrobial prescribing in association with the local medicine management team. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. We found the practice had systems to promote the safe monitoring and prescribing of medicines. The practice encouraged patients to attend and be involved 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 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; the practice had reported and investigated 16 incidents within 12 months. The incidents included management of referrals and medicines. The practice had identified learning and reviewed and improved their management of referrals and stock levels. We saw evidence of learning being shared during practice meetings.
- 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

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing effective services as staff had not received appropriate support, training and professional supervision and appraisal.

These arrangements had significantly improved when we undertook a follow up inspection on 21 November 2017. However, the practice is still rated as requires improvement due to a decline in their clinical performance in the Quality and Outcome Framework (QOF).

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice prescribes below the local and national average for hypnotics and antibacterial prescription items.
- 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.
- 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. The nurse had reviewed data and ensured patient care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice conducts twice weekly GP rounds of several local care homes.

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. For example we saw the practice had assessed and prioritised their patients with diabetes with a clinical need.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- In 2015/2016 the practice was an outlier for patients with atrial fibrillation currently treated with anti-coagulation drug therapy. They achieved 70% in comparison with the local average of 83% or national average 87%. However, 2016/2017 QOF data showed they achieved 100% of the points available.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent practice data available showed they had achieved an 85% vaccination rate for childhood immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

Are services effective?

(for example, treatment is effective)

- The Practice worked with a neighbouring church, providing a regular GP and/or nurse lead clinic for homeless people accessing the community homeless services on Thursday mornings.

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

- 2015/2016 data showed 83% 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. The QOF data for 2016/2017 did not capture this area of clinical performance.
- 2015/2016 QOF data showed 90% 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 the same as the national average. However, 2016/2017 QOF data showed a decline to 65% of patients. The practice exception reporting rate was 11.5% below the local average of 6% and the national average by 1%.
- 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 96%; CCG 91%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 90%; CCG 93%; national 95%). The QOF data for 2016/2017 did not capture this area of clinical performance.
- The 2016/2017 QOF data showed the practice achieved 71% of the points available for their management of patients with poor mental health.

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 practice reviewed the clinical performance of the practice against the Quality and Outcome Framework.

The Quality Outcome Framework (QOF) results for 2015/2016 showed the practice achieved 94% of the total number of points available comparable with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was 4% below the national average of 6%. (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 had experienced a decline in their QOF performance for 2016/2017 achieving 80% of the points available. However, their exception rating remained low at 4% below the local averages of 4.7% and the national average 6%. The practice told us they had changed their clinical system in 2016 and had experienced changes in personnel. They were reviewing changes to clinical performance to inform improvements. However, they had not conducted any audits to support their conclusions.

The practice showed us three clinical surveys in addition to medicine management audits conducted in partnership with their local medicine management team. These included the incidence of skin infection relating to minor surgery, a palliative end of life care audit and a depression audit. The minor surgery audit concluded that the incident of skin infections were low and below the national average. The practice identified improvements could be made in the way they managed palliative care. In response, the practice reviewed their systems and processes for caring for a patient at the end of their life to ensure it reflected NICE guidance. Their audit on depression identified learning and improvement in the coding of their clinical data. All findings had been shared with their clinical and administrative team and repeat audits had been rescheduled for 2018.

The practice was active within their clinical commissioning group and involved in quality improvement activity. The practice provided examples of where they had participated in local and national improvement initiatives. For example; the practice were participating in Tele Dermatology.

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 ongoing support. The practice reviewed the overall development needs of their clinical team. They used this information to inform the agenda for their twice monthly educational clinical meetings.
- We saw evidence there was an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The practice had a policy and procedure in place for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice had a higher cancer referral rate of 67% using the two week wait referral pathway than the local average of 63% and the national average of 50%.
- 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 carer's as necessary. This was confirmed with conversations held with care homes.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, promoting healthy lifestyles.

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.

Are services caring?

Our findings

At our previous inspection on 19 January 2017, we rated the practice as good for providing safe services. When we undertook a follow up inspection on 21 November 2017 we rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 25 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 where 78% of respondents stated they were extremely or very likely to recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 256 surveys were sent out and 117 were returned. This represented less than 1% of the practice population. The practice was above average or comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and the national average - 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 86% and the national average of 86%.

- 92% of patients who responded said the nurse was good at listening to them, compared to the CCG average of 91% and the national average of 91%.
- 92% of patients who responded said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw, compared to the CCG average of 97% and the national average of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG of 92% and the national average of 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful, compared to the CCG average of 89% and the national average of 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- 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. Information was displayed within the reception/waiting area including workshops and information events. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (0.8% of the practice list).

- The practice held carers drop in sessions providing support and advice. A member of staff acted as a carers'

Are services caring?

champion to help ensure that the various services supporting carers were coordinated and effective. They actively encouraged and supported carers to attend vaccination programmes.

- 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 published in July 2017 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:

- 91% 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 87% and the national average of 86%.

- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 81% and the national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared to the CCG average of 91% and the national average of 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 88% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Staff had completed information governance training and the practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing responsive services. We found improvements were required for patients to have telephone access and better learning from complaints and sharing to improve practice.

These arrangements had significantly improved when we undertook a follow up inspection on 21 November 2017. The practice is now rated 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).
- 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. The practice conduct home visits by GPs and members of the nursing team for clinical and welfare purposes.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties attending the practice and were within their practice area.

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 where practicable, and consultation times were flexible to meet each patient's specific needs.

- The practice held monthly meetings with members of the community nursing team, palliative care and social services staff 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.
- All parents or guardians calling with concerns about a child or young person were offered a same day access to a clinician and an appointment when necessary.
- The midwifery service attended the practice three times a week and arranged for health checks and baby immunisation at the same time for the convenience of mothers and children.

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, the practice operated extended opening hours on a Monday and Wednesday providing appointments with GPs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. A lead GP was appointed responsibility for oversee patients care such as ensuring annual reviews were conducted.
- The practice had introduced a specific health check clinic to support homeless persons to access health services.
- Veterans were given priority access to services.

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

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated GP who lead on visits to nursing homes and a deputy GP appointed in their absence.
- Staff had undertaken mental capacity training and had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a structured approach to delivering care to patients within care homes, screening for dementia and long term care needs and conducting face to face reviews with patients.

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 by a clinician.

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 with the exception of making appointments. 256 surveys were sent out and 117 were returned. This represented a response rate of 46% and less than 1% of the practice population.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 35% of patients who responded said they could get through easily to the practice by phone, compared with the CCG average of 69% and the national average of 71%.
- 84% 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, compared to the CCG average of 85% and the national average of 84%.
- 79% of patients who responded said their last appointment was convenient, compared to the CCG - 85% and the national average - 81%.

- 65% of patients who responded described their experience of making an appointment as good, compared to the CCG average of 76% and the national average of 73%.
- 40% of patients who responded said they don't normally have to wait too long to be seen, compared to the CCG average of 58% and the national average of 58%.

The practice told us they had reviewed their performance in the national GP patient survey. They had identified times where there was a high level of patient demand on their phone lines and increased the staffing levels during peak times. The practice had audited their data in September 2017 and was able to demonstrate that there had been a reduction in the wait times for patients to get through on their phone lines. The practice was continuing to work with their patient participation group to improve the responsiveness of their service.

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. Twenty two complaints were received in the last year. They included patient registration procedures, access to services and staff conduct. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- We found an improvements with the practice learning lessons from individual concerns and complaints. They had conducted an analysis of their complaints and used their findings to improve the quality of care. For example; educating staff on supporting vulnerable patients to register temporarily and have access to health care and treatment.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 19 January 2017, we rated the practice as inadequate for providing well-led services as the practice had not ensured the accurate recording of meetings.

These arrangements had significantly improved when we undertook a follow up inspection on 21 November 2017. The practice is now rated as good for providing well led services.

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 staff and their patient participation group.
- 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 participating in the frailty enhanced service. 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. 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

We found staff had been appointed clear responsibilities and roles and told us they were continuing to undertake training to improve their knowledge of systems.

- We found the management of locum GP results could be strengthened. We found some clinical results had not been reviewed and actioned. We checked a sample of the results and found no risks to patients. The practice team reviewed all outstanding results and addressed them on the day of the inspection. They also introduced a further governance check to mitigate the risks of such an incident occurring again.
- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

Good 

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

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

Managing risks, issues and performance

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. The medicine management lead GP oversaw the actioning of MHRA alerts and the partners reviewed 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 arrangements in place and staff had appropriate training to respond to 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. For example the practice verified their disease registers and ensured patients were identified and invited to attend appropriate reviews.
- The practice used information technology systems to monitor and improve the quality of care, such as checking patients on high risk medicines had been appropriately reviewed.
- The practice submitted data or notifications to external organisations as required.
- The practice had a Caldecott champion and had arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had a GP trainer who led on the training and development of the clinical team.
- 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.