Ribbleton Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 8 April 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Ribbleton Medical Centre on 2 November 2017 as part of our inspection programme to inspect 10% of practices before April 2018 that were rated Good in our previous inspection programme.

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. There was evidence that incidents were not always shared effectively with staff and the practice was working to improve this.
- The practice conducted safety risk assessments and staff recruitment processes were comprehensive. However, there were no occupational health checks undertaken for new staff to assess that working conditions were appropriate. Staff told us that these would be introduced in the future.
- 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.
- When GPs were very busy, they asked staff to work to a practice protocol to process some normal patient test results without sight of a GP. This protocol was comprehensive but there was no audit of its use to ensure that it was followed correctly.

Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- When patients reported problems in accessing the appointment system the practice worked to resolve these and had introduced a new telephone system. They had recruited an advanced nurse practitioner to improve access to clinicians from January 2018.
- There was a proactive approach to managing the skill mix of staff needed to provide best care to patients. Staff felt respected, valued and supported.
- Quality improvement issues were discussed in regular staff meetings. Clinical matters were discussed in weekly meetings although there were no formal minutes kept for these meetings.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Continue to develop a system to allow better communication of safety incidents to all staff and to record and share clinical discussion.
- Introduce occupational health screening for new staff to assess whether working conditions are appropriate.
- Introduce an audit process to ensure that the practice protocol for staff filing patient test results has been followed correctly.
- Take steps to better identify patients on the practice list who are also carers.

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

Ribbleton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ribbleton Medical Centre

Ribbleton Medical Centre is situated at 243 Ribbleton Avenue, Ribbleton in Preston, at PR2 6RD and is part of the NHS Greater Preston clinical commissioning group (CCG.) Services are provided under a general medical service (GMS) contract with NHS England. The premises are purpose built and offer access and facilities for disabled patients and visitors. There is a lift to first floor treatment and consulting rooms and there is a pharmacy attached to the practice. The practice website can be found at: www.ribbletonmedicalcentre.co.uk

There are 8250 registered patients. The practice population includes a higher number (8.4%) of children under the age of 4, and a lower number (10.9%) of people over the age of 65, in comparison with the CCG average of 5.8% and 16.4% respectively.

There are high levels of deprivation in the practice area. Information published by Public Health England, rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice opens from 8am to 6.30pm Monday to Fridays and from 8am to 11am on Saturdays. Patients are able to access further extended hours appointments through an arrangement with other GP surgeries in the area at two neighbouring practices. These appointments are from 6.30pm to 8pm on weekdays, from 11am to 12 noon on Saturdays and from 8am to 12 noon on Sundays. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning NHS 111.

The practice has four GP partners (three male and one female) one salaried GP (female), a long-term locum paramedic practitioner, two practice nurses, a healthcare assistant, a pharmacy technician, a practice manager and thirteen reception and administration staff. At the time of our inspection, the salaried GP and one practice nurse were on maternity leave, the practice had recruited an advanced nurse practitioner to start in January 2018 and they were in the process of recruiting an additional practice nurse. The practice is a GP training practice for newly-qualified doctors and medical students.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. There had been no occupational health checks undertaken for new staff to assess that working conditions were appropriate. We were told that the practice would initiate this with any new staff members going forward.
- 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. Contact numbers to report concerns were clearly displayed in the practice.
- 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. All staff had trained in patient equality and diversity.
- 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 for all staff. (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 clinical staff acted as chaperones and were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control and regular audits were undertaken and actions taken to mitigate identified risks.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

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

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 urgent referrals were made in a timely fashion and monitored to ensure that patient appointments were made.

Safe and appropriate use of medicines

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

Good

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely although staff had only just started to monitor its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. A member of the clinical commissioning group (CCG) medicines management team regularly audited antimicrobial prescribing. 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. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Significant events were routinely shared with GPs and affected staff, however, we found that some administration staff were not always aware of recent events. The practice was in the process of organising a meeting structure that allowed for effective communication to be embedded into practice and told us they planned that significant events would be a standing agenda item at all relevant meetings.
- 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, one of the practice fridges used to store refrigerated vaccines, recorded a high temperature had been reached for a short period of time. Staff followed the appropriate protocols at the time and ensured that future concerns could be managed better by investing in new thermometers for use in both practice fridges. They also reviewed the practice protocol to clarify the procedure to be followed in the event of any future temperature variations.
- 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. Safety alerts and actions taken in relation to these alerts were stored on the practice shared computer drive.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

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.
- Prescribing data for the practice for 01/07/2015 to 30/06/2016 showed that the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was lower than local and national averages; 0.24, compared to 0.74 locally and 0.98 nationally. (This data is used nationally to analyse practice prescribing and Hypnotics are drugs primarily used to induce sleep.)
- Similar data for the prescribing of antibacterial prescription items showed that practice prescribing was comparable to local and national levels; 1.08 compared to 1.17 locally and 1.01 nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had a patient health monitoring machine in the reception area for patients to take and record their height, weight and blood pressure. This could then be reported to practice staff.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had a protocol that allowed for certain trained members of non-clinical staff to view and file some defined patient test results that were within normal ranges on rare occasions when there were clinical staff shortages. This protocol was comprehensive although it did not allow for regular audit to ensure that it was followed appropriately.

We reviewed evidence of practice performance against results from the national Quality and Outcomes Framework (QOF) for 2016/17 and looked at how the practice provided care and treatment for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.)

Older people:

- Older patients who were 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. The practice pharmacy technician visited patients in their own home to assess patient frailty and worked with a named GP at the practice.
- Older patients who were at risk were identified and if necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. GPs contacted patients who were discharged following an unexpected admission to hospital.

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. The practice healthcare assistant had trained to a high level and was able to review patients with long-term conditions who were stable.
- The practice delivered a service for diabetic patients who were registered at the practice and also at other local practices. One of the practice nurses was trained to initiate insulin and the lead GP for diabetes was the lead physician for the locality.
- Blood measurements for diabetic patients (IFCC-HbA1c of 64 mmol/mol or less in the preceding 12 months) showed that 90% of patients had well controlled blood sugar levels compared with the clinical commissioning group (CCG) and national average of 78%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target

Good

Are services effective?

(for example, treatment is effective)

percentage of 90%. A total of 93% of children aged under one year old had received all of the required vaccinations and 91% of children aged two years old had received vaccinations.

- There was a named member of staff responsible for the management of childhood vaccinations. If children failed to attend for their vaccination, the practice contacted them and a GP visited them at home to vaccinate them.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. All pregnant women were referred to the midwife.

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

- The practice's uptake for cervical screening was 80%, which was comparable to the 81% coverage target for the national screening programme.
- The practice encouraged patients to attend national cancer screening programmes. There was a large display for this in the patient waiting area.
- 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 those with a learning disability. They were working to ensure that these registers were accurate.
- The practice shared information with other services including care plans for vulnerable patients. These services included out-of-hours care, the North West Ambulance Service and community services.

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

- 97% 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 national average of 84%. Exception reporting for these patients was high at 15% compared to 7% nationally. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- 98% 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 higher than the national average of 90%. Exception reporting for these patients was higher at 34% compared to the national average of 13%.
- 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 98%; CCG and national 91%). Exception reporting for this indicator was higher than local and national rates (practice 38%; CCG 9%; national 10%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had reviewed the care and treatment of patients who were taking blood-thinning medications to assess whether their medical condition was well-controlled. They had identified seven patients who needed changes made to their medication and had made those changes. Where appropriate, clinicians took part in local and national improvement initiatives; they worked with members of the CCG pharmacy team to ensure that practice prescribing was carried out in line with local and national recommended guidelines.

The most recent published QOF results were 99.6% of the total number of points available compared with the CCG average of 94.7% and national average of 96%. The overall exception reporting rate was 23.2% compared with a national average of 9.9%. Because the practice exception reporting rate was high, the local NHS England team had

Good

Are services effective?

(for example, treatment is effective)

contacted the practice to examine the practice process for removing patients from QOF monitoring. They had verified that the process was valid and had been done in line with recommended guidelines.

- Because the practice found it difficult to engage with patients to ensure that they attended for health reviews, they had appointed leads within the practice who were responsible for encouraging patients to attend. Patients were invited both by letter and by telephone and face-to-face opportunistically if they attended for other reasons.
- The practice used information about care and treatment to make improvements. They had reviewed patients who were taking certain medications to lower blood sugars and had made changes to their treatment where indicated.
- The practice was actively involved in quality improvement activity. They had a programme of both clinical and non-clinical audit including reviews of minor surgery and contraception services.

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.
- 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. All staff received a monthly one-to-one meeting with the practice manager. The practice healthcare assistant had trained to a high level, NVQ level 4, in the management of patient long-term conditions. The practice used a mix of skilled practitioners to provide patient care and treatment that included an advanced paramedic practitioner and a pharmacy technician who had clearly defined roles and responsibilities. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. There was a process of clinical peer review at staff weekly meetings and regular audit of staff prescribing practice.
- 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. The practice held formal monthly meetings with staff from these services.
- 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.
- Patients who were in need of end of life care were discussed at formal monthly meetings with staff from other appropriate organisations.

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 number of patients referred under the two-week-wait referral pathway who were diagnosed with cancer was comparable to local and national averages (46% compared to 49% locally and 50% nationally).
- 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.

Good

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example stop smoking campaigns.

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.

Good

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. All practice staff were trained in equality and diversity.
- 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.
- A total of 23 of the 24 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 from its own patient surveys.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 379 surveys were sent out and 115 were returned. This represented about 1.4% of the practice population. Results showed that the practice was in line with both local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG average 87%; national average 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and national average of 95%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average 85%; national average 86%.
- 88% of patients who responded said the nurse was good at listening to them; CCG average 92%; national average 91%.
- 94% of patients who responded said the nurse gave them enough time compared to the CCG and national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average 98%; national average 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG and national average 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 86% and 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 informing patients this service was available and staff had a sheet that demonstrated different languages so that patients could indicate the language that was relevant to them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They asked new patients when they registered at the practice if they were caring for someone or had a carer and there were posters in the waiting area. They had also identified a staff member as a carers' champion. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (0.4% of the practice list). Staff were aware that this figure was low and told us that they planned to work on the better identification of carers.

- Staff told us that if families had experienced bereavement, their usual GP contacted them when it was appropriate. Staff told us that they also planned to send a sympathy card in the future. Any telephone call

Good

Are services caring?

to the family was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed 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:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care, the same as the CCG and national average.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average 91%; national average 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 86% 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.
- The practice complied with the Data Protection Act 1998.

Good

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, advance 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. They had installed a new telephone system in response to patient complaints and were monitoring calls in order to better understand patient demand. They were also in the process of increasing clinical staffing and had appointed a new advanced nurse practitioner who was to start in January 2018.
- 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.
- All patients living in a care or nursing home had an agreed care plan in place and the practice salaried GP visited the homes regularly to try to prevent patient unplanned admissions to hospital.
- Staff could refer patients to support services such as the citizens advice service.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP, practice pharmacy assistant and practice healthcare assistant also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with long-term conditions were offered flu vaccinations and those who did not attend were telephoned to encourage them to come.

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.
- The practice used staff meetings to discuss scenarios that could indicate that patients were at risk in order to train staff to better identify these situations.
- 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. Staff worked with those at other local practices to provide extended weekday opening hours and Saturday and Sunday appointments.
- The practice offered flu vaccinations to patients on Saturday mornings.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to book appointments and order repeat prescriptions online.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with communication difficulties had alerts on their computer patient records and their preferred method of communication was indicated.
- Patients with complex needs were offered longer appointments.
- GPs worked with the local drug and alcohol misuse service and appointments for patients were held at the practice.
- There were monthly meetings with other health and social care professionals to discuss the care and treatment of vulnerable patients.

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 proactively signposted patients to support organisations for those with mental health needs and those who had recently suffered bereavement.

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.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 70% of patients who responded said they could get through easily to the practice by phone; CCG average 72%; national average 71%.
- 86% 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 and national average of 84%.
- 76% of patients who responded said their last appointment was convenient; CCG and national average 81%.
- 68% of patients who responded described their experience of making an appointment as good; CCG average 72%; national average 73%.
- 68% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.

The practice had responded to concerns expressed by patients in relation to the telephone system and had installed a new system in 2017 that was updated to include a queuing system in September 2017 to improve patient access to the practice.

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. A total of six complaints were received since 1 April 2017. We reviewed two 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, the practice put up a poster in the reception area which asked patients to alert staff if they had been waiting for more than 20 minutes after their booked appointment time. This was to try to ensure that no patient appointments were inadvertently missed and to support staff who were overrunning.

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 these 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. This vision was "to provide excellent holistic and personal clinical care for our patients at the right time and closer to home". The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its aims, objectives and strategy jointly with patients, staff and external stakeholders.
- 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. There were weekly business meetings and progress against the annual practice development plan was discussed.

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. There was evidence of low staff sickness levels and low staff turnover. At the time of our inspection, the practice had introduced an "employee of the month" scheme for staff.
- 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. Patients were offered apologies wherever appropriate and were invited to the practice to discuss any outstanding concerns. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff also had formal one-to-one meetings with the practice manager every month. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Consideration was given to the skill-mix of the practice team to ensure that the best service could be offered to patients.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training and told us that they felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,

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. The practice manager was new to the practice and was ensuring that all governance arrangements were comprehensive and in accordance with best practice.

Managing risks, issues and performance

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We were told that clinical matters were discussed in weekly meetings with clinical staff and that GPs kept notes for personal appraisal, however, there were no formal minutes of these meetings. Staff told us that minutes would be kept in future to ensure that learning was evidenced and shared.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice carried out its own patient survey every year and acted on the results.
- 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. The practice manager started at the practice in September 2017 and had carried out a comprehensive review of all systems and processes. There was a plan in place to ensure that governance systems reflected best practice and that improvement and development was the focus of the practice future.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

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- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was a training practice for trainee GPs and also hosted and taught medical students.
- The practice had recently been successful in its bid to host a clinical commissioning group (CCG) pharmacist in practice.