Archway Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

At the previous inspection, in January 2016, we had rated the Archway Medical Centre as Good. We carried out this further comprehensive inspection on 22 February 2018, in accordance with our published process to re-inspect a proportion of practices previously rated as good or outstanding. We have again rated the practice as Good overall and in relation to the five key questions:

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, which we have rated as follows:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

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

At this inspection we found:

- The practice learned from incidents and took action to improve its processes.
- Published data showed the practice performance was comparable with local and national averages.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to use the appointment system and told us they could access care when they needed it. However, waiting times with appointments running late, were above average.
- Data from the GP patient survey showed that patient satisfaction was generally above local and national averages. Where a need for improvement had been noted, the practice had drawn up action plans.

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

- Continue to monitor appointments running late and identify how delays can be reduced.
- Continue with efforts to improve the uptake rates of childhood immunisations.
- Continue with efforts to identify and support patients who are carers.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Archway Medical 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, a practice nurse specialist adviser and an expert by experience.

Background to Archway Medical Centre

Archway Medical Centre operates from 652 Holloway Road, London N19 3NU. The premises are converted from residential use originally and there is no step-free access. There is good local transport including buses, and Archway underground and Upper Holloway overground stations are nearby.

The practice provides NHS services through a Personal Medical Services (GMS) contract to approximately 5,800 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 33 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, and maternity and midwifery services. The patient profile for the practice has a lower than average teenage and younger adult population, with a higher number of working age patients. A high proportion of patients, 42%, are of Black and Minority Ethnic background. The locality has a higher than average deprivation level and a high patient turnover of near 10% per year. The list has increased by approximately 700 patients in the last 12 months.

The clinical team is made up of two partner GPs, one female and one male, who work four and five clinical sessions per week, together with a female salaried GP, working four weekly clinical sessions, and two long-term locum GPs, one female and one male. The is a full time practice nurse, who works seven clinical sessions, a part-time nurse working five sessions and a health care assistant. The administrative team is comprised of a practice manager, assistant manager and six other staff.

The practice's opening times are –

Monday 9:00 am to 6:30 pm

Tuesday 9:00 am to 8:00 pm

Wednesday 7:00 am to 6:30 pm

Thursday 9:00 am to 8:00 pm

Friday 9:00 am to 6:30 pm

Consultation times for GPs are –

Monday 9.30 am to 12.00 noon and 3.00 pm - 6.00 pm

Tuesday 9.30 am - 12.00 noon and 3.30 pm - 8.00 pm

Wednesday 7.00 am - 12.30 pm and 3.00 pm - 5.30 pm

Thursday 9.30 am - 12.00 noon and 3.30 pm - 8.00 pm

Friday 9.00 am - 12.00 noon and 1.30 pm - 6.00 pm

Consultation times for the nurses are -

Monday 9.30 am - 11.00 am and 4.00 pm - 6.00 pm

Tuesday 9.30 am - 11.00 am and 2.30 pm - 4.00 pm

Wednesday 9.30 am - 11.00 am

Thursday 9.30 am - 11.00 am and 4.00 pm - 6.00 pm

Friday 9.30 am - 11.00 am and 3.30 pm - 5.30 pm

Appointments of either ten or fifteen minutes may be booked up to eight weeks in advance. The nurses' morning sessions operate as walk in clinics. Each GP has three

telephone consultations per session and there are two nurses' telephone clinics per week. Home visits by GPs are also available for patients who are not able to attend the practice due to medical reasons.

In addition to the extended hours operated by the practice, the CCG has commissioned the "IHub" extended hours service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends and bank holidays at three sites across the borough. Appointments can be booked by patients contacting their own general practice. There is also a walk in service available to all patients at a central location. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider.

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 had a suite of safety policies which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. 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.
- 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 – GPs and nurses to level 3. Staff knew how to identify and report concerns. There were three staff members who acted as chaperones; they were trained for the role and had received a DBS check. The chaperone policy had been reviewed in September 2017.
- We saw evidence that regular infection prevention and control audits were conducted, most recently in August 2017 and the issues identified had been actioned. The practice maintained a log to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. The premises were clean and tidy; we saw cleaning was carried out in accordance with written schedules and logs were maintained. Staff received annual refresher training. There were systems in place for safely managing healthcare waste; the policy had last been reviewed in April 2017.
- The practice conducted a health and safety risk assessment in October 2017. A fire risk assessment had been carried out in August 2017, when firefighting equipment and the fire alarm had been inspected. The alarm was tested weekly and monthly walk around checks were carried out and logged. Electrical appliances had been inspected and PAT tested in January 2018. The hard wiring had been inspected in December 2015. A risk assessment in respect of Legionella, a bacterium which can contaminate water systems in buildings, was carried out in January 2018 and the practice sent us evidence that temperature testing was done in accordance with its management plan.

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, with staff rotas being prepared up to six weeks in advance.
- The practice had an induction process for new staff, who were subject to a probationary period.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They were up-to-date with training in basic life support. The practice had an emergency oxygen supply and emergency medical equipment and medicines were monitored and logged. At our inspection in January 2016, the practice had carried out a risk assessment regarding having a defibrillator on site. A defibrillator is a device used for re-starting someone's heart in an emergency. The practice had concluded that due to its near proximity to the Whittington Hospital one was not needed. However, the issue had recently been reassessed and the practice obtained a defibrillator shortly prior to our visit. We saw evidence that practice staff were to be trained in its use the week following our inspection.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis, in accordance with guidelines issued by the National Institute for Health and Care Excellence (NICE). The practice had conducted an educational session on sepsis and produced a laminated guide for use in the care homes it serviced.

Information to deliver safe care and treatment

Good

Are services safe?

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 other agencies to enable them to deliver safe care and treatment. However, we found two blood test results, received electronically into the "Global inbox" in July and December 2017, which had not been reviewed by a clinician. One result was normal, while the other showed a slightly reduced Vitamin D level, albeit not significant, so patients were not at risk as a consequence. In normal circumstances, the results would be sent to the personal inbox of the GP requesting the test. The practice instigated a significant event review forthwith and contacted the test laboratory. The investigation found that due to a system error at the lab, one test had not recorded the name of the requesting GP and the other test had in fact been requested by one of the district nursing team. The lab introduced process changes to address the concern, including updating doctor codes and retraining staff, and would continue to audit and monitor this issue. The practice also changed its procedures whereby all doctors will access their results daily, including connecting from a remote location. In addition, a named staff member or deputy would access the Global Inbox on a daily basis and move any results not attributed to a doctor to one of the partner GPs for review and actioning.
- Referral letters included all of the necessary information.
- The practice used the Map of Medicine, a subscriber system providing evidence-based local guidance and clinical decision support at the point of care.

Safe and appropriate use of medicines

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

- There were systems for minimising risks in relation to managing medicines, including vaccines. The practice's medicines and cold chain policies had been reviewed in February 2018. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Data showed that the practice's antibacterial prescribing was low.
- 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.

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. There had been eight significant events recorded in the last 12 months and one was raised regarding two blood test results on the day of the inspection. Staff understood their duty to raise concerns and report incidents and near misses. Partner GPs supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned from incidents, lessons were shared, and action to improve safety was taken. We saw evidence that significant events were discussed at practice meetings, being a standing agenda item, and reviewed on an annual basis. Minutes of discussions were emailed to all staff to share learning. We looked at a number of examples. In one case, a patient's test results had been incorrectly recorded on another patient's notes and this had not been picked up by the processing laboratory. The matter was investigated, discussed with the lab and reviewed at a practice meeting. The records were corrected and a written apology was sent to the patient. The practice reviewed and made immediate changes to its procedures. These were discussed at the following reception meeting, where staff were informed the issues, possible consequences and revised procedures.
- There were systems for receiving and acting on safety alerts. These were received from the NHS Central Alerting System and via the Map of Medicine. One of the nurses was responsible for reviewing the relevance alerts and, if appropriate, passed them on to staff by email. Hard copies of alerts were kept on file and a spreadsheet was maintained for easy reference. In the event that drugs alerts were received, records searches were carried out to check whether any patients were

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Are services safe?

affected. If so, they were called in for review. We were shown a recent example of an MHRA alert advising on new temporary safety measures for Esmya (ulipristal acetate) following reports of serious liver injury in women using the medicine for uterine fibroids.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The practice had access to guidance including that issued by the National Institute for Health and Care Excellence (NICE). It also received monthly newsletters from the CCG which informed practices of new guidance, as did the Map of Medicine. We were shown a recent example relating to sepsis. Minutes of practice meetings confirmed that other clinical guidelines, regarding angina and chest pain, back pain, polypharmacy reviews and HIV testing were reviewed and discussed by staff.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people

This population group was rated good because:

- The practice provided a service to two local care homes, involving GPs and nurses attending regular clinics and monthly multi-disciplinary team meetings. It worked closely with local Age UK care navigators.
- 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. There were 112 patients identified as at risk of being admitted to hospital, of whom 102 (91%) had had their care plans reviewed since April 2017.
- There were 299 patients aged over 75, of whom 290 had a named GP. These were invited for a health check 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.
- We saw evidence of effective liaison with other healthcare professionals including the local care co-ordinator, and staff attended monthly multi-disciplinary team meetings.

People with long-term conditions

This population group was rated good because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017)(NHS Digital) was 81.8% compared with the CCG average of 78.6% and the national average of 79.5%.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy (01/04/2016 to 31/03/2017)(NHS Digital) was 91.4% compared with the CCG average of 81.2% and the national average of 88.4%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017)(NHS Digital) was 81.0% compared with the CCG average of 81.5% and the national average of 83.4%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions (01/04/2016 to 31/03/2017)(NHS Digital) was 86.6% compared with the CCG average of 76.9% and the national average of 76.4%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017)(NHS Digital) was 96.2% compared with the CCG average of 92.6% and the national average of 90.4%.

Good

Are services effective?

(for example, treatment is effective)

- We saw from published performance data for 2016 / 2017 that the practice was not an outlier in relation to long term conditions, with its various indicators being comparable with or slightly above local and national averages.
- 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.

Families, children and young people

This population group was rated good because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent published data, for 2015 / 2016, showed that uptake rates for the vaccines given were slightly below the target percentage of 90% or above for three of the four sub-indicators, with the practice achieving 8.9 out of 10, compared with the national average of 9.1. The practice was monitoring this and had discussed the issue at a practice meeting in December 2017. It had sought to improve results by sending out reminders for parents to childhood immunisation appointments and by identifying "ghost patients" – those who had moved away - to ensure that the patient list was up to date. The practice showed us current data which confirmed a general improvement in results, subject to validation.
- All mothers with new born babies were booked double appointments for post-natal checks.
- The practice worked closely with three local service providers offering children and younger adults healthcare advice.
- The practice maintained a register of children on protection plans. Staff met regularly to review cases. The families discussed were coded as vulnerable families and care plans were added to patients' records.
- Practice nurses had received training in family planning and sexual health.

Working age people (including those recently retired and students)

This population group was rated good because:

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2016 to 31/03/2017) was 75.13% compared with the CCG average of 75.17% and the national average of 80.88%. The practice had noted a recent decline in patients attending for tests and was carrying out a records review to identify any patients who had moved away from the area to ensure its records were up to date. In addition, it had introduced a process for staff to telephone patients to invite them to screening appointments.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had carried out 942 health checks s in the last five years. 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

This population group was rated good because:

- 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.
- Vulnerable patients' records were coded so that walk-in patients would be seen by a clinician without delay.
- The practice worked with local alcohol and drugs support teams. Alcohol clinics were held at the practice every two weeks.

People experiencing poor mental health (including people with dementia)

This population group was rated good because:

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (NHS Digital) was 88.3% compared with the CCG average of 87.4% and the national average of 83.7%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017)(NHS Digital) was 91.3% compared with the CCG average of 90.5% and the national average of 90.3%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of

Good

Are services effective?

(for example, treatment is effective)

patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017)(NHS Digital) was 95.4% compared with the CCG average of 94.3% and the national average of 95.3%.

- There were weekly sessions at the practice provided by iCope, Islington's Psychological Therapies and Wellbeing Service.

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 by frequent clinical audit.

The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2016 / 17, which showed the practice achieved 98.1% of the total number of points available compared with CCG average of 96.4% and national average of 95.6%. The overall exception reporting rate was 9.9% compared with the CCG average of 8.9% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

The practice used information about care and treatment to make improvements. It had carried out 20 clinical audits in the past two years, four of which were repeat or completed cycle audits. We saw evidence of improvements from a repeat audit relating to palliative care in a home serviced by the practice and a CCG-instigated audit of Last Years of Life care, which showed the practice was making more effective use of the local Co-ordinate My Care information sharing process, improve patient outcomes.

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 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 had a detailed training and study policy, under which it provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Coordinating care and treatment

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

- We saw records that showed appropriate staff, including those at other services, 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 to, 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop-smoking campaigns and tackling obesity.
- In conjunction with the patient participation group, the practice has initiated group walking activities for patients.

Good

Are services effective?

(for example, treatment is effective)

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.
- 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.
- The 21 patient Care Quality Commission comment cards we received and the nine patients we spoke with were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 384 surveys sent out and 80 were returned. This represented about 1.4% of the practice population. The practice was slightly above average 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 88% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time, compared with the CCG average of 83% and the national average of 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 95% and the national average of 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 83% and the national average of 86%.
- 92% of patients who responded said the nurse was good at listening to them, compared with the CCG average of 86% and the national average of 91%.
- 90% of patients who responded said the nurse gave them enough time, compared with the CCG average of 88% and the national average of 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw, compared with the CCG average of 95% and the national average of 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared with the CCG average of 86% and the national average of 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful, compared with the CCG average of 88% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpreting services were available for patients who did not have English as a first language. These included face to face appointments, as well as telephone interpreting. Practitioners in British Sign Language could be booked and an induction loop was available for patients with a hearing impairment.
- 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.
- Easy-read guidance and pictorial materials were available to patients and their carers so they could understand healthcare issues and the services they could access.

The practice was working to identify all patients who were carers and had identified 54 patients (less than 1% of the practice list) at the date of the inspection. We discussed this with the practice as there was scope for more carers to be identified and recorded.

- The practice's computer system alerted GPs if a patient was also a carer and information was available to carers to signpost them to advice and support groups, such as the Islington Carers Hub.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their

Good

Are services caring?

involvement in planning and making decisions about their care and treatment. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients who responded said the last GP they saw was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared with the CCG average of 81% and the national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 84% and the national average of 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared with the CCG average of 79% 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.
- The reception and waiting area was small and confidentiality was sometimes difficult to maintain. However, a private space was available should it be needed. Low volume music had been introduced, in consultation with the Patient Participation Group, in an effort to help prevent patients' conversations with receptionists from being overheard.

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 across all population groups

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were operated and online services such as repeat prescription requests and booking of appointments were available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was co-ordinated with other services.
- Half the appointments were 15 minutes long, allowing more time with vulnerable patients and those experiencing poor mental health. In addition, double-length appointments could be booked.
- Home visits were available, with requests being triaged by the duty GP.
- Telephone consultations could be booked with GPs and nurses. A number of online and video consultations were to be introduced from April 2018.
- The premises were converted from residential use. Access for people with mobility problems and patients with push chairs was limited and the waiting area was confined. However, the practice was actively working with the service commissioners on identifying alternative premises. There were three GPs' consultation rooms and two nurses' treatment rooms all of which needed stairs to access; office space was limited to the second floor. We saw staff assisting a number of patients on the day.

Older people:

This population group was rated good because:

- 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. GPs and nurses also carried out home visits for those who had difficulties getting to the practice due to health issues; these included home visits to provide flu vaccinations and health monitoring.

People with long-term conditions:

This population group was good because:

- 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.
- Nurses had received training in various long term health conditions and operated various clinics such as asthma and disease management.

Families, children and young people:

This population group was rated good because:

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

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

This population group was rated good because:

- 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.
- Extended opening hours were operated on Tuesday and Thursday evenings and on Wednesday morning.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated good because:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- Longer standard appointments with GPs and nurses were available for this patient group.

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

This population group was rated good because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided access to various support services such as iCope and the Wellbeing Service for patients experiencing poor mental health and the Alzheimer's Society, which supports people with dementia, their families and carers.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally comparable to local and national averages. This was confirmed by patients we spoke with and completed comment cards.

- 74% of patients who responded were satisfied with the practice's opening hours, compared with the CCG average of 73% and the national average of 76%.
- 78% of patients who responded said they could get through easily to the practice by phone, compared with the CCG average of 77% and the national average of 71%.
- 79% 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 with the CCG average of 83% and the national average of 84%.
- 73% of patients who responded said their last appointment was convenient, compared with the CCG average of 77% and the national average of 81%.
- 70% of patients who responded described their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.
- 42% of patients who responded said they don't normally have to wait too long to be seen, compared with the CCG average of 52% and the national average of 58%.
- 50% of patients usually wait 15 minutes or less after their appointment time to be seen, compared with the CCG average and the national average of 64%.

Two of the 21 comments cards we received and three patients we spoke with mentioned appointments sometimes running late, but none saw this as cause for complaint. Following a review of the GP patient survey results, the practice had conducted its own recent survey of 50 patients, of whom 28 had said their appointments were delayed by more than 15 minutes. The practice had resolved that receptionists would continue to make patients aware of any delays upon arriving at the surgery and in the waiting areas and was looking at placing a noticeboard in reception highlighting any delays upon arrival. It should continue to monitor the issues to identify how waiting times can be reduced.

Patients told us that that if they wished to see a particular GP, the waiting time for appointments was up to two weeks. We noted that the GP patient survey result for the practice in respect of continuity of care was above average - 59% of patients usually get to see or speak to their preferred GP, compared with the CCG average of 50% and the national average of 56%.

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. The policy had been reviewed in January 2018. We saw evidence that complaints were

Good

Are services responsive to people's needs?

(for example, to feedback?)

reviewed at practice meetings so that learning points could be identified and shared. Complaints were handled by the practice manager and assistant manager.

- There had been seven complaints received in the last year, which we saw had been satisfactorily handled in a timely way. Learning points used to improve the quality of care, included discussions with a local pharmacy to ensure that electronic and printed prescriptions are processed appropriately and in accordance with patients' wishes, and in another case the practice locum pack was reviewed and updated to ensure that short-term locum GPs were fully aware of local procedures.

Are services well-led?

Good

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

Our findings

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.
- The practice had recognised that the operating from the current premises was challenging and was working with service commissioners to identify alternative options. Staff told us that the practice had top priority for relocation.

Culture

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

- Staff stated they felt respected, supported and valued. Those we spoke with were very positive about their work in the practice. Staff turnover was low.
- 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.
- All staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There were regular all staff meetings, together with clinical and administrative team meetings.
- There was a strong emphasis on the safety and well-being of all staff. For example we saw that several incidents with violent or abusive patients had been reviewed and learning points shared.
- 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 managers and staff.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

Are services well-led?

Good

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies were regularly reviewed and staff were given protected learning time to acquaint themselves with any changes.

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 clinical audits and reviews. 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 evidence of action to change practice to improve quality.
- We saw the practice had a business continuity plan 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. A named member of staff was responsible for reviewing ongoing QOF data and reporting to practice management on a monthly basis. Performance information was combined with the views of patients, from suggestions and comments received.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- There was an active patient participation group. The chair of the PPG gave us positive feedback regarding its engagement with the practice. The PPG met quarterly and was comprised of eight patients.
- The practice monitored patients' reviews left on the NHS Choices website and carried out its own annual patient surveys.
- 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 had introduced a safe care programme, co-ordinated by one of the practice nurses, to identify key areas of risk. Monthly patient records searches were run, to identify issues such as overdue medication monitoring, and the results discussed at practice meeting as a standing agenda item.
- Staff knew about improvement methods and had the skills to use them.
- The practice reviewed incidents and complaints and 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.