Ormskirk Medical Practice

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

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 28/06/2016 – 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 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 Ormskirk Medical Practice on 13th December 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.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.We saw that clinical audit was carried out.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Some patients found it difficult to use the system to book routine appointments however patients reported that they were able to access care when they needed it.

Summary of findings

- There was evidence that innovation and service improvement was a priority among staff and leaders.

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

Embed the protocol for management of DMARDs (disease-modifying anti rheumatic drugs used for the treatment of rheumatoid arthritis).

Fully document staff appraisals.

Continue to review access to routine appointments.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	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

The six population groups and what we found

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

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

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Embed the protocol for management of DMARDs (disease-modifying anti rheumatic drugs used for the treatment of rheumatoid arthritis).

Fully document staff appraisals.

Continue to review access to routine appointments

Ormskirk Medical Practice

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

Background to Ormskirk Medical Practice

Ormskirk Medical Practice is located at 18 Derby Street in the centre of Ormskirk, Lancashire. The link to the practice website is www.ormskirkmedicalpractice.nhs.uk.

There are 8800 patients on the practice list. The majority of patients are white British with a high number of patients over 50 years. The practice is in the ninth least deprived decile. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is part of the NHS West Lancashire Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The surgery is housed in a privately owned terraced building and offers access and facilities for disabled patients and visitors. The building is used to full capacity and the space available is now restricting the amount of clinical activity that the practice wishes to provide.

The practice opens from 8.30am to 6.30pm Monday to Fridays and extended surgery hours are available within the locality group. When the practice is closed, patients are able to access out of hours services offered locally by the provider OWLS by telephoning NHS 111.

The practice has two male and one female GP partners, two part time salaried GP's (both female), an Advanced Nurse Practitioner, two practice nurses, a healthcare assistant, a practice manager , a medicines coordinator and a team of reception and administration staff.

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. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). A practice nurse was the IPC lead and conducted IPC audits for the practice. These audits showed that the practice achieved the expected levels of compliance.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

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

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There were agreements in place to share patient information with the local hospital and the out-of-hours service.
- 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.
- The medicines coordinator had established a monitoring system to ensure patients discharged from hospital were followed up and received the medicines prescribed.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- 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. The use of hypnotic medicines had decreased by over 50% over the previous two years. Use of DMARDs (disease-modifying anti rheumatic drugs used for the treatment of rheumatoid arthritis) was monitored by the medicines coordinator, however on the day of the inspection we saw that this monitoring did not not consistently correlate with the GPs prescribing repeat DMARDS leading to the medicines being prescribed without review.Within 48 hours of the inspection the practice responded with a new protocol to ensure the systems merged and patient safety was improved.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the disciplinary process was seen to be used effectively and the practice took appropriate external advice.
- 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.

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. For example, the practice had developed protocols for the management of patients with long-term conditions.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice for 01/04/2016 to 31/03/2017 showed that the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was comparable to local and national averages; 0.95, compared to 0.75 locally and 0.9 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 with local and national levels; 1.00 compared to 0.88 locally and 0.98 nationally.
- Data for the prescribing of antibacterial prescription items that were Cephalosporins or Quinolones showed that practice prescribing was higher than local and national levels; 8.43% compared to 8.05% locally and 4.71% nationally.
- Given CCG data indicated the practice was an outlier in these areas for the year to date the practice had taken action by undertaking audits, establishing hypnotic reduction programmes and reviewing the effectiveness of medicines used to treat urinary tract infections.
- 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 for effective care. For example:-

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.Over a 12 month period the practice had carried out 231ofthese checks, 107 of which had been carried out at a home visit.
- 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.
- Practice staff work with 14 nursing homes in the area, ward rounds had been introduced at two homes whereby patients had access to a GP or an ANP every week.

People with long-term conditions:

This population group was rated good for effective care. For example:

- 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.
- Blood measurements for diabetic patients (IFCC-HbA1c of 64 mmol/mol or less in the preceding 12 months) showed that 78% of patients had well controlled blood sugar levels compared with the clinical commissioning group (CCG) average of 81% and national average of 79%.
- The percentage of patients with hypertension (high blood pressure) in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 81% compared to the CCG average of 86% and the national average of 83%. Exception reporting for these patients was comparable to local and national averages.

Families, children and young people:

Good

Are services effective?

(for example, treatment is effective)

This population group was rated good for effective care . For example:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines and pertussis vaccination was available.
- Appointments out of school hours were available.

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

This population group was rated good for providing effective care. For example:

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good for providing effective care. For example:

- 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, travellers and those with a learning disability.
- The practice had recently undertaken a review of patients attending the Accident and Emergency department (A&E) as data indicated they had a high number of attendances. Analysis showed approximately 50% of the attendances that week could have been dealt with by a GP or walk in centre. The practice had formulated an action plan including increasing same day appointments with an ANP, extending access availability, reducing demand by reviewing current boundaries and educating patients about more appropriate use of A&E. Apart from patient education all of these options were in the wider plan to improve access to appointments and awaited more clinical space and further work with the CCG and NHSE.

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

This population group was rated good for providing effective care. For example:

- 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 82%; CCG 91%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 96%; national 96%).
- The practice hosted a Psychological Wellbeing Practitioner on a weekly basis who provided counselling services.
- The GP's supported a large dementia unit and a nursing home for people with dementia. The HCA had wide experience in mental health nursing and had undertaken carer training to support families. All staff had undertaken dementia awareness training.

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, an audit of patients who were treated for glaucoma led to improved follow up to monitor their condition, update their medicines and if necessary refer them to an ophthalmologist. Protocols had been developed by practice staff to ensure patients with diabetes were assessed and managed consistently and detailed records were kept. Patients diagnosed with hypothyroidism were audited and supplements were introduced to prevent or manage osteoarthritis or osteoporosis.

Good

Are services effective?

(for example, treatment is effective)

Where appropriate, clinicians took part in local and national improvement initiatives for example an ongoing review of efficiency and outlying data was in progress with the LMC. The practice medicines co-ordinator 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 Quality Outcome Framework (QOF) results were 96.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.6% and national average of 95.6%. The overall exception reporting rate was 10.6% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

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. For example, one practice nurse had attended update training in contraception and respiratory health and the new practice nurse had an education and career plan and was supported by the more experienced nurse to develop care plans for all patients with chronic disease.
- 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. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles such as the ANP by audit of their clinical decision making and offering formal supervision from one of the GPs including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable and practice staff had sought advice from external agencies such as NHSE and MDU when it was required.

Coordinating care and treatment

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

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

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. The practice was able to refer patients who had been identified as at risk of developing diabetes to a national diabetes-prevention programme.
- The practice encouraged patients to attend national cancer screening programmes. We saw that 61% of invited patients had undertaken bowel screening compared to the CCG average of 59% and 58% nationally.
- 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, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

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. For example:

- Staff understood patients' personal, cultural, social and religious needs. All staff had trained in understanding equality and diversity.
- Alternative means of communication were available to patients such as text and email. Translation services and extended appointment duration were offered and the practice had facilities for patients with a hearing loss.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. We also spoke with six patients during the inspection. Three patients who completed comment cards referred to difficulties in booking non-urgent appointments as did two of the patients we met. Results of the NHS Friends and Family Test for 2017 indicated that 95% of patients would recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 249 surveys were sent out and 136 were returned. This represented about 1.5% of the practice population. The practice was generally above average or comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% 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%.
- 90% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 86%; national average - 86%.
- 87% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 81% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

The practice also carried out its own survey in 2017 and developed an action plan in response to both sets of results. This included improving access to appointments, ordering prescriptions and health checks.

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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Staff were alerted to patients with visual or hearing difficulties by means of alerts on patient clinical records
- 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 by discussing their caring roles during consultations and health checks and using posters in waiting areas asking them to inform the practice of their role. The practice's computer system alerted GPs if a patient was

Good

Are services caring?

also a carer. The practice had identified 95 patients as carers (1.1% of the practice list). This was an improvement on results from our last inspection in June 2016 which had identified 85 patients as carers(0.9% of the practice list).

- Newly identified carers were given a Carers Pack providing them with guidance and advice about how to access support of various kinds. The HCA and medicines coordinator acted as a carers' champions to help ensure that the various services supporting carers were coordinated and effective and to offer timely advice.
- 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 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:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

The action plan described above also included activity to expand the PPG by encouraging new members and advertising the dates of meetings.

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. Staff understood the needs of its population and tailored services in response to those needs. For example:

- Appointments were available from 8.30 to 6pm.
- The recruitment of an ANPoffered additional clinical time particularly for urgent appointments. This had evolved into a "same day" appointment servicefor patients who were acutely unwell.
- Promotion of online access via posters in the waiting room, by reception staff on the telephone and on the website. Online bookings had been audited and shown to increase from seven to thirty eight per month.
- Involvement in an extended access pilot delivering GP and practice nurse appointments in Skelmersdale and to a limited extent in Ormskirk during evenings and weekends. Further development in the Ormskirk area was anticipated.
- New discharge sheets had been developed.
- The facilities and premises were not currently appropriate for the size of the service delivered. However an additional consultation room would be available by April 2018 which would enable more clinical appointments to be offered.
- Following a false fire alarm and evacuation staff had instigated a telephone message to be activated in these circumstances to inform patients and provide alternatives for urgent medical attention.
- The practice made reasonable adjustments when patients found it hard to access services. For example downstairs consulting rooms were available for patients with mobility problems, consultations could be extended to 20 minutes to discuss complex concerns, prescriptions could be delivered to patient's homes and flu vaccines and health checks could be carried out on home visits.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Self-care leaflets have been produced by practice staff to help patients to maintain healthy lifestyles and keep their condition stable.

Older people:

This population group was rated good for responsive care. For example:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited mobility.
- Patients with complex needs were offered longer appointments.
- GPs undertook ward rounds at nursing homes to offer a weekly service to those who required it.

People with long-term conditions:

This population group was rated good for responsive care. For example:

- 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 and community matron to discuss and manage the needs of patients with complex medical issues.
- The practice offered an enhanced service to diabetic patients that involved both the GP and the practice nurses at the same visit to the practice and a specialist diabetic nurse attended the surgery on a monthly basis.
- Patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) were provided with rescue packs if appropriate and their use was monitored by the practice nurse and medicines coordinator.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

This population group was rated good for responsive care . For example:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary .The practice ensured that appointments were always available after 3pm each day to accommodate children who had become ill while at school.

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

This population group was rated good for responsive care . For example:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, opening hours to 6.30pm and extended access through the local group of practices. Flu vaccination was available on Saturday mornings.
- Patients could book appointments and order repeat prescriptions online.
- Telephone GP consultations were available which supported patients who were unable to attend the practice due to work committments.

People whose circumstances make them vulnerable:

This population group was rated good for responsive care. For example:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with complex needs were offered longer appointments.
- There were monthly meetings with other health and social care professionals to discuss the care and treatment of vulnerable patients.
- Patients who had been discharged from hospital were followed up by the medicines manager coordinator who monitored that their medicines were reviewed; follow up appointments with clinicians offered and if they did not attend further contact was made.

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

This population group was rated good for responsive care. For example:

- Staff interviewed had a good understanding of how to support patients with mental health needs. One example given was a patient who could not enter the practice and one of the receptionists witnessed their distress, brought the patient into the waiting room and a GP saw them immediately.
- Staff described how the practice supported families where older parents with dementia could no longer live independently by working jointly with social services.
- 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 as appropriately as possible. There was a two week wait for non-urgent appointments which could be longer if the patient wished to see a specific GP. Practice staff were well aware of this and had taken steps to improve this. Fourteen of the patient comment cards we received said that appointments were timely.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients did not feel the appointment system was easy to use due to delays in the phone being answered and the need to call back if a routine appointment was not available two weeks ahead.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they

Good

Are services responsive to people's needs?

(for example, to feedback?)

could access care and treatment was generally comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards..

- 65% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 58% of patients who responded said they could get through easily to the practice by phone; CCG – 71%; national average - 71%.
- 84% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 84%.
- 79% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 64% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 65% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.

Practice staff told us the size of the practice list was a major factor in allowing timely access to appointments. The practice was still accepting new registrations as NHS regulations do not allow list closure. It was popular with new patients, but the increasing list size was causing access issues. Discussions with other local practices, the CCG and NHSE are ongoing to review boundaries.

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. 19 complaints were received in the last year. We reviewed all of these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when patients complained about delays in receiving reports for insurance purposes an alert system was established, the administrative tasking system has been reviewed following concerns about delays, and any referrals carried out by locum staff were checked.

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, and all of the population groups, 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. At the time of our inspection, the practice was advertising for an Advanced Nurse Practitioner to replace the member of staff leaving the practice shortly. The practice had been successful in gaining funds to undertake redevelopment of an office which would result in an additional clinical room. Both initiatives were being taken addressed patient service demands.
- 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 an appropriate and rewarding experience for our patients whenever they need our support". The practice leaders met weekly to discuss performance and service strategy and had a supporting business plan 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. We were told that they planned to increase access to appointments for patients from April 2018 by working with the locality group, utilising the additional clinical room and considering the appointment of a clinical pharmacist to deal with medicine related concerns.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of providing open, friendly care and going the extra mile to provide support.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice, described positive relationships between staff and felt that there was good teamwork.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance which was 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. For example, holding regular meetings to share events and complaints and to learn from what took place.
- 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 although some documentation was limited. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Following recent appraisals all clinical staff had time set aside for administration. All surgery staff were able to train together at professional development sessions on a monthly basis.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

Good

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

- 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.

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
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in weekly meetings with clinical staff and we saw formal minutes of these meetings.
- 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. This included regular PPG meetings, responding to NHS Choices feedback, monitoring FFT responses, attending CCG and locality meetings and working with the Local Medical Council to improve effectiveness. Improvements following staff suggestions included the introduction of a text reminder to reduce failures to attend; this has now been extended for use for flu vaccine and health check appointments. Staff also suggested that patients who use rescue packs for acute respiratory episodes should be logged, and usage recorded so that the packs can be re-issued promptly.
- The service was transparent, collaborative and open with stakeholders about performance including sharing lessons learnt from serious events and the recording system they had adopted.

Continuous improvement and innovation

Are services well-led?

Good

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

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, this included development of protocols following serious events, improving administrative systems after complaints, responding to data in relation to prescribing and an ongoing review of how to offer better access to appointments.
- The practice was committed to working with other practices in the local area to provide more and better services such as extended opening hours, developing a nursing home service and to review boundaries so that patient numbers in each practice could become more equitable. Staff had begun to work with the newly established federation and were enthusiastic about developing more improvements in care.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.