

Cross Hall Surgery

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

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Cross Hall Surgery on 17 May 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the 17 May 2017 inspection can be found by selecting the 'all reports' link for Cross Hall Surgery on our website at www.cqc.org.uk.

This inspection was a comprehensive inspection carried out on 16 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had effective systems and processes to make sure they assessed and monitored the service provided. There was an effective system in place for monitoring pathology results and ensuring Docman (a patient management system) were cleared daily.
- Staff were following National Institute for Health and Care Excellence (NICE) guidelines.

- The urgent referral policy had been reviewed since the last inspection and staff were following the new process.
- Patients' outcomes had been monitored and improved, as full cycle audits had been undertaken since the last inspection.
- The practice had changed their process for processing two week urgent referrals to make it effective.
- The practice had reviewed temperature monitoring of their vaccine refrigerator to ensure they were in line with current guidance, they were using a second thermometer and were keeping daily logs.
- Nurse appointments had been reviewed and were flexible for patients.
- There was appropriate supervision and mentoring for the practice nurse.
- The provider had recruited a permanent lead GP, and lead nurse that worked across all Living Care Medical Services Limited locations. They had also recruited a healthcare assistant since the last inspection.
- The practice had reviewed, assessed and monitored staff training, records for cleaning equipment and labelling sharp bins. All staff members were up to date with role specific training.
- Governance arrangements operated effectively.

Summary of findings

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Review logging verbal complaints.
- Review how appointments for Saturdays are advertised.
- Review the need for a palliative care register and conducting multidisciplinary team meetings.
- Review accessibility for patients with hearing impairment.
- Review the arrangements for treating emergencies following a risk assessment.
- Review patient survey results relating to consultations with GPs.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Cross Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cross Hall Surgery

The practice operates from one site in Bromley. It is one of 53 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There are approximately 3300 patients registered at the practice. The practice had been taken over by the provider Living Care Medical Services Limited in January 2017. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, family planning, maternity and midwifery and surgical procedures.

The practice has an alternative provider medical services (APMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, patient participation, rotavirus and shingles immunisation and unplanned admissions.

The practice has a higher than average population of female patients aged from birth to 19 years and 30 to 39 years, and male patients aged from birth to 14 years and from 20 to 39 years. It has an above national average income deprivation affecting children and adults.

The clinical team includes one male and one female long term locum GP. The GPs work a combined total of 10 sessions per week. There is a female nurse practitioner, a female salaried practice nurse. The clinical team is supported by a practice manager, three receptionists and a prescription clerk.

The practice is currently open between 8am and 6.30pm Monday to Friday. It offers extended hours from 9am to 1pm one Saturday a month. Appointments are available from 9am to 1pm and from 3pm to 6.30pm Monday to Friday. There are two treatment/consulting rooms on the ground floor.

There is wheelchair access and baby changing facilities.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing care outside of normal hours to the local out of hours provision through the national 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Cross Hall Surgery on 17 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall. The full comprehensive report following the inspection on 17 May 2017 can be found by selecting the 'all reports' link for Cross Hall Surgery on our website at www.cqc.org.uk.

Detailed findings

We issued requirement notices under the following regulations:

Regulation 12: Safe care and treatment

Regulation 17: Good governance

We undertook a follow up comprehensive inspection of Cross Hall Surgery on 16 January 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 17 May 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of, processes and practices to minimise risks to patient safety required improvement. We found sharp bins were not labelled. There was no cleaning schedule for specific equipment; there was no second thermometer for the vaccine refrigerator in the practice. There was no log to record when cleaning took place. There were no clear processes for two week urgent referrals. Docman (a patient management system) and pathology results were not checked on a daily basis.

These arrangements had significantly improved when we undertook a follow up inspection on 16 January 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- The practice had reviewed its process for urgent two week referrals, and the checking of Docman and pathology results since the last inspection. All sharps bins were signed and dated, there was a cleaning schedule for specific equipment and a second thermometer was in use, and vaccine refrigerator temperatures were logged and recorded twice a day.
- 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 worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS

checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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.
- 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, since the last inspection the provider had worked with two long term locums, the provider had also recruited a lead nurse and lead GP that worked throughout the Living Care Medical Services Limited providing support at Cross Hall Surgery.
- There was an effective induction system for temporary staff tailored to their role. There was also a locum pack.
- 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.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

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 did not have a supply of some recommended emergency medicines and had not undertaken a risk assessment of the need for these medications. There was no dexamethasone (used to treat conditions such as, arthritis, lupus, psoriasis) or furosemide (used to treat fluid retention in people with congestive heart failure, liver disease). 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.

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 at the last inspection it was brought to the practice's attention that pathology and Docman results were not being checked on a daily basis, this was discussed with all staff and a system was put in place to ensure results were checked daily, new policies had been devised to reflect this change.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 May 2017, we rated the practice as requires improvement for providing effective services as staff did not follow current evidence based guidance, for example the management of patients with diabetes, pathology results and Docman letters not being checked daily. There had not been any two -cycle audits over the previous year to demonstrate quality improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 16

January 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed by the practice was 0.38% (compared with the CCG average 0.51% and the national average 0.9%).
- The number of antibacterial prescription items prescribed per Specific Therapeutic group by the practice was 0.76, (CCG 0.82 and nationally 0.98).
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones at the practice were 5.2%, (CCG 5.24% and nationally 4.71%).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice provided nurse-led clinics for monitoring diabetes, asthma, chronic pulmonary obstructive disease (COPD).
- 69% of patients with diabetes on the register last had a blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less (local average 76%, national average of 78%).
- 79% of patients with hypertension had a last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less (local average 81%, national average of 83%).
- 71% of patients with asthma, on the register, had an asthma review in the preceding 12 months (local average 76% national average 76%).

Families, children and young people:

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 81%, which was above 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.
- Ad-hoc telephone consultations were provided for patients on request.

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

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

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

- 70% of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in the preceding 12 months (local average 82%, national average of 84%).
- 96% of patients with schizophrenia, bipolar affective disorder and other had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (local average 85%, national average of 90%). This was above the national average.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 85%, national average of 90%).

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. The practice was carrying out clinical audits: Since the last inspection the practice was monitoring pathology results and Docman letters daily.

The most recent published Quality Outcome Framework (QOF) results were 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting rate was 9% compared with a national average of 10%. (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.)

- 69% of patients with diabetes on the register for whom the last blood

pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (local average 76%, national average of 78%).

- 79% of patients with hypertension for whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (local average 81%, national average of 83%).
- 70% of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (local average 82%, national average of 84%).
- 96% 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 (local average 85%, national average of 90%).
- The practice was actively involved in quality improvement activity. For example since the last inspection the practice had introduced a monthly audit schedule and audits results were discussed at governance meetings. The practice had undertaken full cycle audits looking at prescribing and monitoring patients on methotrexate which resulted in improvement in patient care.

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. For example the healthcare assistant was undertaking training in administering the flu vaccine.
- 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 the practice had enrolled the practice manager and reception manager onto management courses.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

(for example, treatment is effective)

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.
- The practice did not have multidisciplinary case review meetings; there was no palliative care register.

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 at risk of developing a long-term condition and carers.

- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (practice 38%) was comparable to other practices in the CCG 52% and nationally 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- 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.

Are services caring?

Our findings

At our previous inspection on 17 May 2017, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services and all of the population groups are rated good.

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. There was a poster in the reception area informing patients of this.
- Eighteen of the 20 patient Care Quality Commission comment cards we received were wholly positive about the service experienced; two were slightly less positive and felt the practice should provide more appointments and should be more efficient. This feedback is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy eight surveys were sent out and 107 were returned. This represented about 3% of the practice population. The practice was slightly below average for its satisfaction scores on consultations with GPs. The practice attributed this to a time when they went through significant staff changes. For example:

- 71% 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%.
- 67% of patients who responded said the GP gave them enough time CCG 72% national average 71%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG 95%; national average 95%.

- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 84%; national average 86%.
- 83% of patients who responded said the nurse was good at listening to them; (CCG)91% national average 91%.
- 89% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 97% national average 97%.
- 79% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 90%; national average 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful; CCG 87% national average 87%.

Involvement in decisions about care and treatment

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

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers (1% of the practice list).

- The practice coded all patients who were carers, posters and leaflets were displayed in the waiting area. Flu jabs were offered to carers.

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 slightly below average compared with local and national averages: The practice attributed this to a time when they went through significant staff changes. For example:

Are services caring?

- 64% 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 85% and the national average of 86%.
- 66% of patients who responded said the last GP they saw was good at involving them in decisions about their care CCG 80% national average 82%.
- 81% of patients who responded said the last nurse they saw was good at explaining tests and treatments CCG 89% national average 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care CCG 84% national average 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection 17 May 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of having accessible appointments with both the nurse and GPs needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 16 January 2018. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments. The practices displayed that they provided Saturday morning appointments, however it was not clear that this was not every Saturday, just one Saturday in each month.
- The facilities and premises were appropriate for the services delivered. The service did not have a hearing loop for patients with hearing impairments.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- 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 local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

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

Are services responsive to people's needs?

(for example, to feedback?)

on the day of inspection and completed comment cards. Three hundred and seventy eight surveys were sent out and 107 were returned. This represented about 3% of the practice population.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 67% of patients who responded said they could get through easily to the practice by phone; CCG 72%; national average 71%.
- 59% 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 77% national average 76%.
- 66% of patients who responded described their experience of making an appointment as good CCG 72% national average 73%.
- 60% of patients who responded said they don't normally have to wait too long to be seen; CCG 57% national average 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year.
- The practice was not logging verbal complaints.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example the practice had received a complaint from a patient whose child was booked in for an immunisation, however the appointment had been cancelled. The practice discussed the complaint, and raised awareness with reception staff. They apologised and offered to rebook the patients child in.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 17 May 2017, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure. For example at the last inspection there were no completed full cycle audits. There was no clear system in place for urgent two week referrals; there was no system or oversight to ensure pathology results were checked or cleared daily. There was no system or oversight to ensure Docman (a patient management system) was checked. There was no clear process for GP cover on a Monday between 8am-9am and 5pm-6.30pm.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 16 January 2018. The practice is now rated as good for being well-led.

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Good 

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

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 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.

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

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice manager and reception manager were both booked on courses to develop their management skills. The healthcare assistant was being trained on vaccinating patients with the flu vaccine.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Good 

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had started to use regular locums since the last inspection, they had also recruited a healthcare assistant, the provider had also recruited a lead nurse and GP who attended the service.