

Forty Willows Surgery

Inspection report

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Wembley
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

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

We carried out a previous focused inspection on 14 February 2018 to follow-up on a warning notice the Care Quality Commission served following an announced comprehensive inspection on 28 September 2017, when the provider was rated as inadequate for providing safe services.

The previous reports from the September 2017 and February 2018 inspections can be found by selecting the 'all reports' link for Forty Willows Surgery on our website at .

We carried out an announced comprehensive inspection at Forty Willows Surgery on 24 May 2018, to follow up on breaches of regulations. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At this inspection we found:

- The practice had made significant improvements since our previous inspection in September 2017.
- 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. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- 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.
- The practice demonstrated improvement in governance arrangements.

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

- Ensure all staff have received formal sepsis awareness training.
- Review the system in place to promote the benefits of breast cancer national screening in order to increase patient uptake.
- Consider staff feedback regarding non-clinical staffing levels.

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

Population group ratings

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 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a member of the CQC strategy and intelligence team.

Background to Forty Willows Surgery

- Forty Willows Surgery is a GP practice located in Wembley in North West London and is part of the Brent Clinical Commissioning Group (CCG). The practice is located in converted premises with car parking for patients and staff.
- The practice is a part of K&W Healthcare network (a GP-led organisation made up of 28 GP practices in the Brent CCG) working together to improve the care provided to patients, reducing health inequalities and raising the quality and standards of GP practices.
- Services are provided from: 46 Forty Lane, Wembley, London, HA9 9HA.
- Online services can be accessed from the practice website: .
- Out of hours (OOH) service is provided by Care UK.
- There are three GP partners, a salaried GP and three trainee GPs at the practice. Two GPs are male and five female, who work a total of 25 sessions per week. The practice employs a practice nurse, a health care assistant and a clinical pharmacist. The practice have not had a permanent practice manager in post since April 2018. The practice has advertised to recruit a permanent practice manager and a senior receptionist. The practice has implemented control measures to mitigate the loss of the staff and one of the project managers from K&W Healthcare network is performing duties of an interim practice manager. The interim practice manager is supported by a team of administrative and reception staff.
- This is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. We received positive feedback from the trainee GP and two medical students we spoke with.
- The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 6,660 patients in the local area (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services).
- The practice population of patients aged between 5 to 14 and 25 to 54 years old is higher than the national average and there is lower number of patients aged above 60 years old compared to national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 68% of the population is composed of patients with an Asian, Black, mixed or other non-white background.

- The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

Are services safe?

We rated the practice as good for providing safe services.

When we inspected the practice in September 2017, we rated provision of safe services as inadequate. We issued a warning notice for safe care and treatment as the arrangements in respect of being a safe service were in breach of regulation. Specifically, we found:

- The practice was unable to demonstrate their monitoring of medicines reviews for patients with long term conditions was always effective.
- The practice was unable to demonstrate that they always followed national guidance on management and security of blank prescription forms.
- The practice was unable to demonstrate that they had adequate health and safety related risk assessments and processes were in place to ensure the safety of the premises and patients.
- The practice was unable to demonstrate that they had undertaken appropriate recruitment checks prior to employment.

We carried out a warning notice follow up focused inspection in February 2018. During this inspection, the provider had demonstrated significant improvements in all areas highlighted in the warning notice.

At this inspection in May 2018, we noted significant improvements had been made.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (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.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis. Most non-clinical staff we spoke with were not sure how to identify symptoms of sepsis in an acutely unwell patient. Staff had not completed formal sepsis awareness training.
- 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Are services safe?

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Blank prescription forms for use in printers and handwritten pads were handled in accordance with national guidance as these were securely stored and there were systems in place to monitor their use.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. However, we noted the practice was processing requests for repeat prescriptions within 72 hours instead of within 48 hours.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

The practice had reviewed patients' records and invited patients for medicine reviews. The practice had addressed concerns raised during the previous inspection in September 2017. The practice informed us that medicine reviews data was not reliable because they had identified a coding issue, and staff were not ticking the correct box when completing the medicine reviews. The practice had revised their guidelines and reminded all staff to follow protocol correctly.

- Recent data demonstrated the considerable improvements and medicines reviews for patients with long term conditions (including diabetes, asthma, chronic obstructive pulmonary disease, dementia and chronic heart disease) had increased from 55% to 84% compared to the previous inspection in September 2017.

- Medicine reviews for patients with chronic heart disease were 87%. This was a 78% increase from the previous inspection.
- Medicine reviews for patients with diabetes were 82%. This was a 62% increase from the previous inspection.
- Medicine reviews for patients with dementia were 94%. This was a 27% increase from the previous inspection.
- We saw repeat medicines reviews had increased from 19% to 74% of patients on less than four repeat medicines.
- We saw repeat medicines reviews had increased from 54% to 83% of patients on four or more repeat medicines.

Track record on safety

The practice had a good track record on safety.

- 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 of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made/make improvements when things went wrong.

- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

When we inspected the practice in September 2017, we rated provision of effective services as requires improvement. Specifically, we found:

- The practice was unable to demonstrate that all staff had received an annual appraisal in a timely manner and completed training relevant to their role.

At this inspection in May 2018, we noted improvements had been made.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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/did not assess needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- 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. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. 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 offered all patients a health check.

- The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.
- GPs followed up patients who had received treatment in the hospital or through out of hours services.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% for one out of four immunisations measured (in 2016/17) for children under two years of age. On the day of the inspection, the practice provided recent data which was ranged from 94% to 99% for the year 2017/18. The practice had an effective recall system in place for child immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 66%, which was comparable to the 72% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was below the national average. In total 47% of patients eligible had undertaken bowel cancer screening and 59% of patients eligible had been screened for breast cancer, compared to the national averages of 55% and 70% respectively.
- The practice had taken steps to promote the benefits of bowel, breast and cervical screening in order to increase patient uptake. The practice had advertised the relevant information on their website and displayed on the notice boards in the waiting area encouraging patients to take part in the national cancer screening programme. The practice had developed a new patient information leaflet and sending letters in order to increase patient uptake.
- The practice was working in partnership with the local specialist hospital. They had developed a list and proactively contacted eligible patients to promote the benefits of bowel cancer screening in order to increase patient uptake. However, recent data was not available to demonstrate the improvement.
- 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. 45% NHS health checks had been completed for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Data from 2016/17 showed performance for dementia face to face reviews was in line with the CCG average and national average. The practice had achieved 79% of the total number of points available, compared to 85% locally and 84% nationally. Exception reporting was 2%, compared to the CCG average of 3% and the national average of 7%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was in line with the CCG average (92%) and national average (90%). Exception reporting was 6% compared to the CCG average of 7% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, compared to 93% locally and 91% nationally. Exception reporting was 3% compared to the CCG average of 7% and the national average of 10%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

Are services effective?

The most recent published Quality Outcome Framework (QOF) results for the period 1 April 2016 to 31 March 2017 were 99.7% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and the national average of 97%. The overall exception reporting rate was 7% compared with a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example,

- The practice had undertaken three clinical audits, two of these were full-cycle audits in the last year, where the improvements made were implemented and monitored.
- The practice used information about care and treatment to make improvements. For example, we saw evidence of repeated audit cycle of patients with atrial fibrillation (AF) (AF is a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke, heart failure and other heart-related complications) not receiving anti-coagulation treatment (anticoagulants medicines were used to reduce the body's ability to form clots in the blood and prevent stroke).
- The aim of the audit was to identify and offer treatment to the patients with AF who required anti-coagulation treatment. The audit in 2013 demonstrated that 57% of patients with AF were receiving anti-coagulation treatment. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had carried out follow up audit in 2015 which demonstrated improvements in patient outcomes and found 69% AF patients were receiving anti-coagulation treatment. The practice had carried out second follow up audit in 2017 which demonstrated continuous improvements in patient outcomes and found 76% AF patients were receiving anti-coagulation treatment.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. 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.

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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

Are services effective?

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.

- 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.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Four patients and a member of the patient participation group (PPG) we spoke with were also happy with the service. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- The practice shared the NHS friends and family test (FFT) results for last six months (covering the period October 2017 to March 2018) and 88% patients were likely or extremely likely recommending this practice.
- The provider had analysed the national GP patient survey results and developed an action plan in response to areas where improvement had been identified.

Involvement in decisions about care and treatment

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

- Staff communicated with people 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 carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had installed a multilingual touch screen check-in facility to reduce the queue at the reception desk.
- The practice sent text message reminders of appointments and test results.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The practice website included a translation facility.
- The practice installed an automatic floor mounted blood pressure monitor in the premises for patients to use independently.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- There was a medicines delivery service for housebound patients.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals. Patients from other local practices were also able to book appointment for phlebotomy service at the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Female patients of child bearing age benefitted from a flexible and accessible contraceptive service. Appointments, where coils and implant devices could be fitted were available including outside of school hours.

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

Are services responsive to people's needs?

continuity of care. For example, the practice offered extended hours on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.

- 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 in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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.
- Patients reported that the appointment system was easy to use.
- Pre-bookable appointments could be booked up to two weeks in advance.

- 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 the local and national averages. The practice had analysed the survey results and took steps to improve the access to care and treatment.
- The practice was encouraging patients to register for online services and 36% of patients were registered to use online services.
- We checked the online appointment records and noted that the next pre-bookable appointments with GPs was available within two weeks. Urgent appointments with GPs or nurses were available the same day.
- Feedback from patients was positive and reflected that patients were satisfied with appointment booking system and were able to get appointments when they needed them. A member of the patient participation group (PPG) we spoke with was also happy with the access to the service.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 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 informed us they had organised a customer service skills training to improve staff skills.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

When we inspected the practice in September 2017, we rated provision of well-led service as requires improvement. Specifically, we found:

- The practice had failed to demonstrate good governance in accordance with the fundamental standards of care.
- The practice had not assured that all policies and procedures were up to date.
- The practice was unable to demonstrate that they had proactively sought feedback from staff and patients.

At this inspection in May 2018, we noted improvements had been made.

Leadership capacity and capability

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

- Leaders 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, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and statement of purpose which reflected the vision and values. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

- The practice statement of purpose included delivering a high quality and effective care tailored to the needs of local population. This included treating patients with dignity and respect. This also included training both medical students and GP trainees to a high standard.

Culture

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

- Staff stated they felt respected, supported and valued. Staff we spoke with told us that internal communication had been improved in the last few months and they were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders 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 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Are services well-led?

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 national and local safety 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 evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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.

Please refer to the Evidence Tables for further information.