Heatherview Medical Centre

Quality Report

Heatherview Medical Centre
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Parkstone,
Poole
Dorset
BH12 4AY
Tel: 01202 743678
Website: www.heatherviewmedical.co.uk

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

Ratings

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

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection June 2017 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Heatherview Medical Centre on 21 February 2018 as part of our 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. 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.
- The practice used the Electronic Frailty Index (EFI) for patients over 65 years to help identify and predict risks for older patients in primary care. Patients identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs.
- The practice used a text message system to remind patients of appointments.
- The practice has a 'dementia friendly' status which they achieved by ensuring all staff had undertaken dementia training. Modifications had been made to the signage to help patients with dementia find their way around the location and the branch more easily.

Summary of findings

- The practice offered a walk in clinic for urgent same day appointments between 9am until 10.30am Monday to Friday, for patients to attend without a pre-booked appointment.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice offered services for patients needing support for their behaviour across the locality under the Violent Patient Scheme Directed Enhanced Service.
- Heatherview Medical Centre merged with another practice from October 2017.

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

Heatherview Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Heatherview Medical Centre

Heatherview Medical centre is situated in the Alder Hills area of Poole. The practice is located in large purpose built premises and provides care and treatment to 13,776 patients.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and Diagnostic and screening procedures and operate from the location known as Heatherview Medical Centre and at the branch practice Fernside Surgery:

Heatherview Medical Centre,

2 Alder Road,

Parkstone,

Poole

Dorset

BH12 4AY

And

FernsideSurgery,

2a Hennings Park Road,

Poole

Dorset

BH15 3QU

www.heatherviewmedical.co.uk

We only visited the location as part of this inspection.

The practice has a PMS (Personal Medical Services) contract and offers enhanced services for example; services for patients needing support for their behaviour across the locality under the Violent Patient Scheme Directed Enhanced Service.

The practice population is in the sixth least deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is comparable to the national average.

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 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). Copies of staff identification were not included in three of the staff files that we looked at. We discussed this with the practice who confirmed that they had seen identification during recruitment, as recorded by the induction checklist. The practice immediately ensured copies of identification were included in all staff files.
- 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. An infection prevention and control audit had been completed in February 2018 and had demonstrated that the practice was adhering to their infection prevention and control policies and procedures. For example, the infection prevention and control lead undertook a hand hygiene audit in February 2018 by asking patients to complete an anonymous survey following an appointment with a nurse of GP. Results showed 100% adherence with the hand hygiene policy and procedure.
- 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 across the location and the branch.
- 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. Administration staff were able to describe what action they would take in a medical emergency if a patient required immediate medical attention.
- 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.
- 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.

Good

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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. The practice had documented 22 significant events in the last 12 months. On each occasion we saw relevant actions had been taken to improve quality of care. Lessons learned had been discussed with relevant staff and during meetings. For example, a patient had accessed the building through a staff entrance which highlighted a potential risk of security and data protection. After investigation, the practice found the door had not closed properly after a staff member had accessed the building. The practice completed maintenance on the door which included lubrication to ensure it shut correctly and adjusting the time delay door lock function to lock as soon as the door was closed. Staff were reminded to check that the door had closed behind them upon entry and exit.
- The practice shared significant events with other practices at a locality meeting to promote best practice.
- 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.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice referred patients to the local 'Steps to Wellbeing' service based at the practice. The service provided talking therapies for patients who were experiencing mental or emotional health issues.
- 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.
- The practice used the Electronic Frailty Index (EFI) for patients over 65 years to help identify and predict risks for older patients in primary care. Patients identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs.
- 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. For example, the respiratory nurse from the local acute trust met with practice nurses every two months to review patients with respiratory disorders.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice offered clinics with a diabetes nurse specialist from the local acute trust to review patients with complex diabetes every two months.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given achieved the target percentage of 90% in all four areas.
- 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 71%, which was in line with the 72% 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:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, patients at the end of their life were reviewed as frequently as needed including at monthly meetings attended by GPs, community matron, district nurses, and social services.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was part of the violent patient scheme for their locality. Patients registered who were identified to be on this scheme were allocated to one of two GPs who

Good

Are services effective?

(for example, treatment is effective)

had specialist training. The GPs offered dyslexia and autism screening for these patients. Patients who showed indicators of these were referred to specialist services such as the learning disability team.

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 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 is comparable to the national average.
- 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 93%; CCG 90%; national 91%) were comparable to the national average.

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. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice reviewed the prescribing of opioid analgesic for patients with chronic pain. 331 patients were identified as being prescribed opioid based pain control in March 2017. The practice implemented a chronic pain review template to measure the appropriateness of opioid prescribing and reviewed patients opportunistically. By February 2017 161 of the 331 patients had been reviewed using the template.

The most recent published Quality and Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 96%. QOF is a system intended to improve the quality of general practice and reward good practice. The overall exception reporting rate was 10% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. The practice had undertaken eight clinical audits, three of which were full cycle audits. We saw evidence that care and treatment had been subsequently improved. For example, the practice had undertaken an audit in January 2017 of 136 patients who had been placed on lifelong treatment of B12 vitamin injection. The practice had sought NICE guidance, reviewed those patients and in May 2017, 37 patients had been identified as receiving B12 treatment without justification. Treatment was paused for those patients identified and the practice measured the B12 levels of the patients in February 2018. Results showed of the 31 patients still registered at the practice, 29 patients had B12 levels within normal range.

Effective staffing

The practice had four GP partners, three salaried GPs and two GP registrars. The practice was a training practice for doctors training to be GPs. The practice also employed a nurse practitioner and four practice nurses. The management team consisted of two staff members, including the practice manager who were supported by 23 administrative and secretarial staff.

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. 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.

Good

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.

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 receiving end of life care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, 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.

- 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.
- All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. This 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. 255 surveys were sent out and 110 were returned. This represented about 1% of the practice population. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 89%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 94%; national average - 91%.
- 90% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 76% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; 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):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers through discussion during appointments and when registering new patients. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 199 patients as carers (1.4% of the practice list).

- There were two nominated carers leads at the practice, including the nurse practitioner and an administrator. The carers leads attended carers meetings facilitated by the Local Medical Council (LMC).
- We saw information was available in the waiting room and on the practice website for carers and staff signposted carers on how to access local services and external support.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 92% 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 90% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 94%; national average - 92%.
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. For example, the practice kept a privacy screen behind the reception which had been used in the event of a medical emergency in the waiting area to protect patients' privacy and dignity.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments .
- The practice used a text message system to remind patients of appointments. Patients were able to use this service to cancel appointments if they were no longer required.
- The practice offered extended services to patients across the locality including the removal off sutures and Methicillin Resistant Staphylococci Aureus, (a bacteria resistant to antibiotic treatment which can lead to poor healing in wounds), screening before a patient underwent a routine surgical operation.
- The practice offered a walk in clinic for urgent same day appointments between 9am until 10.30am Monday to Friday, for patients to attend without a pre-booked appointment.
- External services and providers were invited to the practice during flu clinics to speak to patients in the waiting room. For example, Age Concern and the fire brigade. Council workers across the locality could also receive flu vaccines at the practice. A GP and nurses visited schools to administer flu vaccines.
- The practice was a member of a federation Healthstone Medical Ltd. The federation had been formed by a group of GP practices working together. The federation was established to reduce A&E attendance and improve access to GP services for patients. The federation had provided a GP service since October 2017 based at a local hospital that was open until 8pm Monday to Friday that patients from Heatherview Medical Centre could access by appointment and some would have visits if living in a care home.
- The practice improved services where possible in response to unmet needs. For example, in 2016 the practice redesigned the branch practice to include a new consultation room, a new reception area and waiting room. Disabled access was improved at the branch by the addition of a wider and automatic front door.
- The facilities and premises were appropriate for the services delivered.
- The location offered a privacy room next to the reception which was used if patients wished to have private conversation, for patients who may have been infectious or for patients who accessed the violent patient service.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the nurse practitioner visited patients residing in care homes or at home to administer flu vaccines if they were unable to attend the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- 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.
- In February 2017 the Healthstone Federation, chaired by a GP partner from the practice, undertook a nine week pilot "Care home resilience project". A group of GP practices worked together to provide a single access point for five care homes and a duty GP to provide care and support between 9am until 5pm, seven days a week. The purpose of the pilot was to reduce emergency admissions and ambulance call out by introducing standardised pre-emptive care plans for residents and to educate staff regarding appropriate decision making. The duty GP would call the care homes each morning, provide advice and triage visit request during the week. At weekends the duty GP would attend to emergency calls and visits. GPs from the practice were engaged in the planning and the delivery of the pilot and worked shifts as the duty GP. Results showed a reduction in calls received by the practices and as a result of the pilot plans were

Good

Are services responsive to people's needs?

(for example, to feedback?)

underway to introduce a shared IT system to the care homes so that visiting GPs and nurses could document consultation outcomes, improve communication and outcomes for patients.

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.
- The practice offered chronic disease management appointments with the practice nurse during extended hours.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice offered nominated appointments at the beginning of the day for school aged children.
- 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 opening hours and Saturday appointments. The practice had nominated appointments at the end of the day for working aged patients
- The practice offered minor surgery and contraceptive coil fitting services during extended hours.
- The practice had reviewed their existing appointment system to review the appropriateness of appointments for working aged patients. The practice had identified that many patients of working age who were unable to attend during the week often had more than one issue to discuss. As a result the practice had implemented 15 minute appointments for all Saturday appointments.
- Telephone and web GP 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.
- Patients who accessed the violent patient service were able to access appointments and support via a separate practice telephone number. Upon arrival, patients were greeted by the GP and shown to a consultation room.
- The nurse practitioner visited patients residing in care homes or at home to administer flu vaccines if they were unable to attend the practice. During these visits the nurse practitioner undertook other health checks. For example, asthma checks, diabetes checks and blood pressure monitoring.

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 had a 'dementia friendly' status which they achieved by ensuring all staff had undertaken dementia training and modifications had been made to the signage to help patients with dementia find their way around the location and the branch more easily.
- 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 the service

The location and the branch were open 8.30am to 6.30pm Monday to Friday. Telephone lines were open from 8am. Extended hours appointments were available at the location from 8.30am until 12pm every Saturday. When the practice was closed patients were directed to out of hours services by dialling NHS111.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 national averages but lower than local averages. The practice were aware of this and had reviewed quality monitoring to address this. This was supported by observations on the day of inspection and completed comment cards.

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 71% of patients who responded said they could get through easily to the practice by phone; CCG – 84%; 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 - 90%; national average - 84%.
- 77% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 73% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average -73%.
- 40% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%. The practice were aware of these results and explained that capacity had improved since the merger in October 2017 due to an increase of staff. The practice had undertaken an audit of waiting times each month. Results showed average waiting times for patients with pre-booked appointments were 11 minutes in October 2017 and four minutes in February 2018. Average waiting times for patients accessing the walk in service were 13 minutes.

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. Three formal complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient complained after their medical notes had been sent to an insurance company, without the patient seeing them first, as they had requested. The practice undertook an investigation and found this had been caused by human error. The practice changed the policy and procedure for issuing medical notes to patients or insurance companies; they assigned a nominated staff member to manage these requests and introduced a check sheet for the staff member to complete before medical records were released. We saw evidence that the complaint had been discussed with relevant staff members and during team meetings. The practice apologised to the patient and informed them of the changes that had been implemented to ensure the error did not occur again.

Are services well-led?

Good

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

Our findings

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

Leadership capacity and capability

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

- In October 2017 the practice had merged with another practice and taken over the patient list and the employment of additional staff. Leaders had successfully managed the merger by restructuring roles and responsibilities of staff. Structures, processes and systems to support good governance and management were understood and implemented by staff. We saw the practice had involved patients and staff with the development of future improvements to the services provided to patients.
- 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. We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion. 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. For example, all staff attended training, appropriate to their role four times per year.
- 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.

Governance arrangements

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

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

Are services well-led?

Good

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understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- One of the GP partners predominantly worked at the branch and the assistant manager visited the branch each week. The practice manager and assistant manager met every week with the reception supervisor who worked at the location and the branch. All staff worked at the location and the branch. Staff told us they felt supported by managers and received regular updates about changes to policies and procedures via email and during team meetings.
- 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. For example, in February 2018, a patient brought it to the attention of the practice that there were no baby changing facilities at the branch. The practice thanked the patient for their feedback, installed baby changing facilities, and informed the patient once the work had been completed.
- There was a virtual patient participation group (PPG) formed of 354 patients. We saw that the practice consulted the PPG regarding service improvements and shared results from complaints and patient surveys.
- A patient newsletter was produced four times per year and was available in the waiting room and on the practice website. It included information regarding changes at the surgery, flu vaccines, updates regarding the PPG and signposted patients to external and internal services.
- The service was transparent, collaborative and open with stakeholders about performance.

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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 worked with other GP practices as part of the federation to improve outcomes for patients.
- 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.