

Park Grange Medical Centre

Inspection report

141 Woodhead Road
Bradford
West Yorkshire
BD7 2BL
Tel: 01274522904
www.parkgrangemc.co.uk

Date of inspection visit: 2 & 3 May 2018
Date of publication: 05/06/2018

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.

(Previous inspection 5 and 8 September 2017- Inadequate.)

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 an announced comprehensive inspection at Park Grange Medical Centre on 5 and 8 September 2017.

The overall rating for the practice at that time was Inadequate. The full comprehensive report on the September 2017 inspection can be found by selecting the 'all reports' link for Park Grange Medical Centre on our website at www.cqc.org.uk.

Following the inspection on 5 and 8 September 2017, we applied an urgent condition to the providers' registration. The provider was told they must not use the recently constructed extension to the practice without the prior written agreement of CQC, which would only be given after they had provided adequate proof that the extension met Regulation 12 (1) (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The actions taken by the provider were reviewed in detail during an inspection on 7 March 2018 and a separate report was produced. The provider was able to evidence compliance with the condition imposed on their registration and the condition was removed.

This inspection was an announced comprehensive inspection carried out on 2 and 3 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 5 and 8 September 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

At this inspection we found:

- The practice had implemented clear systems and processes to manage risk so that safety incidents were less likely to happen. We saw evidence that when incidents did happen, the practice reviewed these as a team, learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided and used technology to support this. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There were up to date, comprehensive risk assessments in relation to safety issues.
- The practice had completed all the works required relating to the extension of the practice. A certificate evidenced that works had been completed to the required standards.
- Patients told us they were treated with compassion, kindness, dignity and respect.
- Results of the July 2017 GP patient survey data showed patients did not always find the appointment system easy to use. However, feedback from patients and data collected by the practice since this time did not align with this view.
- There was a strong focus on management oversight, innovation, improvement and continuous learning and at all levels of the organisation.
- A clinical and non-clinical lead had been appointed to manage infection prevention and control (IPC). Staff were up to date with IPC training, an audit had been completed and an action plan was in place. Cleaning schedules had been implemented for clinical equipment and clinic rooms.
- The practice was able to describe how it had developed its cultural competence to address the needs of its diverse population. For example, ensuring timely completion of documentation following a patient death to facilitate religious burial timeframes, and the proactive review of medicines and advice during periods of fasting.

We saw one area of outstanding practice:

- One of the GP partners was interested in how technology could assist to improve and deliver safe and effective patient care. A number of templates, safety nets and processes had been developed within the computer systems; which allowed clinicians to complete referrals letters, prescribe safely and carry out

Overall summary

thorough and comprehensive reviews to a high standard directly from the patient record. The safe and innovative system automatically pre-populated patient information, reducing human error, time and delays.

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

- The provider should continue to review and take steps to improve the uptake of screening at the practice, including breast, bowel and cervical screening.

- The provider should continue to review and respond to the results of patient satisfaction surveys and ensure that they can meet the needs of their patient population in the future.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service. These improvements now need to be sustained, moving forwards.

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 second CQC inspector.

Background to Park Grange Medical Centre

Park Grange Medical Centre is situated at 141 Woodhead Road, Bradford, BD7 2BL, and provides services for 3,010 patients. The premises are purpose built, owned by the partners and easily accessible with car parking onsite.

The surgery is situated within the Bradford City Clinical Commissioning group (CCG) and provides services under the terms of a primary medical services (PMS) contract. This is a contract between general practices and primary care organisations for delivering services to the local community. The practice website address is .

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

There are higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area, and fewer patients aged over 45 than the national average. The National General Practice Profile states that 69% of the practice population is from an Asian background with a further 8% of the population originating from black, mixed or other non-white ethnic groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one

represents the highest levels of deprivation and level ten the lowest. People living in more deprived areas tend to have a greater need for health services. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

There are two GP partners, who are both male and work the equivalent of 1.4 whole time posts. A female locum GP provides one clinical session a week to see patients who prefer a female doctor. There are two practice nurses who each work four hours per week. There are two part-time healthcare assistants and a part-time practice manager. A team of receptionists support the clinical staff.

Park Grange Medical Centre reception is open between 8am and 6.30pm Monday to Thursday and 8am to 7.45pm on Friday. Telephone lines are opened at 8.30am each day. Appointments are available during morning and afternoon clinics and there is an extended hours clinic on a Friday evening for patients who cannot attend the practice during the usual working day.

Out-of-hours treatment can be accessed by calling the surgery telephone number or contacting the NHS 111 service.

During our inspection we saw that the provider was displaying the previously awarded ratings in the practice and on their website.

Are services safe?

We rated the practice as good for providing safe services.

At the inspection on 5 and 8 September 2017 we rated the practice as inadequate for providing safe services. Breaches of the regulations of the Health and Social Care Act 2008 were found which included a number of safety issues. At this inspection on 2 and 3 May 2018, we saw that actions had been taken and sustained to resolve those concerns.

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 had introduced clear processes to ensure that appropriate staff checks were undertaken at the time of recruitment and on an ongoing basis.
- Following the inspection on 5 and 8 September 2017, a clinical and non-clinical lead had been appointed to manage infection prevention and control (IPC). Staff were up to date with IPC training. An IPC audit had been completed and an action plan was in place. Cleaning schedules had been implemented for clinical equipment and clinic rooms and disposable privacy curtains were in place and dated appropriately.
- The practice had implemented systems 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.
- The practice had introduced an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff had received up to date training 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 and they had delivered training to the staff team. A clinically developed triage template was in place to direct reception staff to consider patients' symptoms in relation to sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. One of the GP partners had developed an effective system to ensure that test results were managed and actioned appropriately.
- The practice had updated their systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw that the computer system used by the practice had been developed to allow clinicians to complete referrals letters to a high standard directly from the patient record. The safe and innovative system automatically pre-populated the letter with referral and patient information. We were told this reduced human error, time and delays.

Appropriate and safe use of medicines

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

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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.
- We saw that an antibiotic prescribing template had been developed which calculated the correct dose required for children based on their age and weight. This was reviewed regularly to reflect best practice.
- 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.

Track record on safety

The practice had made a number of significant improvements to ensure safety in the practice.

- There were comprehensive risk assessments in relation to safety issues. This included an up to date health and safety risk assessment and a disability access audit.
- We saw that the practice had completed all the works required relating to the extension of the practice. A certificate evidenced that works had been carried out to the required standards. Additional checks had been undertaken in relation to gas safety, electrical installation and legionella.

- The practice had liaised with a fire safety officer and a fire risk assessment was in place. We saw that actions relating to this had been completed. For example, a new fire alarm had been installed.
- The practice had introduced a number of computer based systems to assist them to monitor and review activity. This helped them 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 improvements when things went wrong.

- Staff clearly understood their duty to raise concerns and report incidents and near misses. They told us leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice discussed each significant event with staff and there was evidence of lessons being learned. Action was taken to improve safety.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw that a protocol was in place to ensure the safe management of alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

At our previous inspection in September 2017, we rated the practice as requires improvement for providing effective services. This was because the provider did not have a documented induction programme for all newly appointed staff, some staff members were overdue an appraisal and the provider could not be assured that training in safeguarding, infection prevention and control, fire safety, health and safety and confidentiality had been completed as there was not a complete register of training maintained.

These arrangements had significantly improved when we undertook this inspection on 2 and 3 May 2018. The practice is now rated as good for providing effective services.

(Please note: Any Quality Outcomes Framework (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 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.
- The innovative use of technology and exploitation of the computer system assisted the clinicians in ensuring that care and treatment was timely and effective.
- Staff used appropriate methods 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. We were told by several staff that the GPs would extend their surgeries to see patients in an emergency.

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. A frailty register was in place.

- 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.
- Complex patients who were prescribed a number of medications could be referred to the CCG pharmacist for a review in their own home.

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.
- The practice had recently overhauled their system and developed a comprehensive and innovative long-term conditions template to ensure that the review was effective, the necessary tests completed and ongoing referrals were timely. A 'one stop review' of patients who had multiple conditions had been introduced to reduce non-attendance. The practice reported this had been well received by patients.
- Prior to the month of Ramadan (the ninth month of the Islamic calendar which is observed by Muslims worldwide as a month of fasting); the practice would recall their complex patients who were taking medicines for diabetes to review their medication and discuss a management plan.
- Patients who had a long-term condition were proactively screened for atrial fibrillation using a hand held device provided as part of the practices' involvement with a local federation of GPs.
- The practice population had the fourth highest levels of diabetes within the clinical commissioning group (CCG). However, outcomes for patients were comparable to national averages with low exception reporting. (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.) Over a 2 year period, the practice proactively screened 500 patients with a number of risk factors for diabetes and 63 patients had been diagnosed as diabetic and their care and treatment adjusted accordingly.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Families, children and young people:

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. We saw evidence that the practice had exceeded the target percentage of 90%.
- Same day and 'drop in' appointments were available for all children under six years with an acute presentation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. They had responded to recent alerts regarding the review of pregnant women taking complex medications.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with the health visitor and school nurses as necessary.

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

- The practice's uptake for cervical screening was 57%, which was comparable to the CCG average of 62% but lower than the national average of 72%. The practice had employed a nurse from September 2017 to cover maternity leave and encourage uptake. We saw that templates were in place to support staff to remind patients to attend for screening and the benefits of this. Some staff had attended screening awareness training.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Appointment reminders were sent to patients via text message the day before their appointment, if appropriate.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 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:

- A template was in place to support sensitive discussions with patients and their families, regarding end of life care, resuscitation and lasting power of attorney. An audit conducted by the service showed that patients on the palliative care register had a care plan and a preferred place of death established.

- 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.
- The practice had 44 patients registered with a learning disability, 95% of these patients had participated in an annual health check and had a health action plan.

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 smoking cessation services. There was a system for following up patients who failed to collect repeat prescriptions.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment using a recognised assessment tool, to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

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 through the audit process. This included an audit of individual clinician antibiotic prescribing and we saw that a plan was in place to respond to this. Where appropriate, clinicians took part in local and national improvement initiatives. This included local quality, innovation, productivity and prevention schemes (QIPP) and the use of a computer programme to ensure that prescribing was cost effective and evidence based.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in CCG initiatives to manage chronic diseases, including Bradford Breathing Better and Bradford Beating Diabetes. In April 2018, the practice told us that they had completed the 9 Care

Are services effective?

Processes with 81% of patients; which was the 3rd joint highest in the CCG. (The 9 Care Processes are a Department of Health and social care initiative of nine key checks that should be undertaken with diabetic patients every year.)

Effective staffing

Staff had 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. GPs at the practice had clinical oversight and provided support when required.
- The practice understood the learning needs of staff and provided protected time and training to meet them. We saw that up to date records of skills, qualifications and training undertaken had been implemented and maintained.
- Staff told us they were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, coaching and mentoring, clinical supervision and support for revalidation. The practice had undertaken appraisals for all staff and these were up to date and reflected staff development needs.
- The induction process for a newly recruited healthcare assistant included the requirements of the Care Certificate.
- Staff at the practice were able to communicate with patients in a number of different languages that were relevant to the practice population.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw evidence of action plans for staff achievement.

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 delivering care for people with long term conditions.
- They liaised with community services, social services, carers and the CCG pharmacy team for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and individualised care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had a policy in place to support advanced directives and living wills.

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. Additional support was offered to these patients.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. They were aware of local schemes and initiatives for example, exercise programmes to support patients.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

Are services effective?

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.

- 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 caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patient comment cards and patients we spoke with on the day of inspection were positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs and services were adjusted to meet these needs.
- The practice gave patients timely support and information.
- The national GP patient survey 2017; showed that patient responses to questions about care and concern were lower than CCG and national averages. The practice had responded to the survey with an action plan and we saw an additional survey undertaken by the practice and comments made on the day of inspection were more positive.

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 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, easy read materials and information in other languages was 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 had proactively identified 3.8% of their population as carers and supported them.
- A hearing loop was available in the practice.
- The national GP patient survey 2017 showed that patient responses to questions about their involvement in care and treatment were comparable to CCG averages. Additional surveys undertaken in the practice and patient comments on the day of inspection were positive.

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.
- The practice complied with the Data Protection Act 1998. They showed us they were preparing for the new requirements in line with General Data Protection Regulator (GDPR) regulations which were due to be introduced in May 2018.

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. Patients were able to register for online appointment booking and prescription ordering services. GP telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice offered daily drop in sessions.
- The practice offered in-house services such as 24 hour blood pressure monitoring and ECG and interpretation. (An electrocardiogram (ECG) is a test which measures the electrical activity of your heart to show whether or not it is working normally.)
- The practice also hosted ultrasound and dermatology clinics which reduced waiting times for patients and travelling expense.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, within their extended family or a 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 GPs accommodated home visits for those who had difficulties getting to the practice.
- Referrals could be made to the community care team for opportunistic and chronic reviews of house bound patients.
- There was a medicines delivery service available.

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.

- A notice in the reception area encouraged patients with breathing problems to attend the practice for nebulisation if appropriate, where they would be fully assessed and treated by a clinician. Patients did not need an appointment to access this service.
- The practice communicated by task, email and occasional meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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 six years were prioritised; we were told that all children were offered a same day appointment.
- The practice were contacting all parents who had previously declined the measles, mumps and rubella (MMR) vaccination for their child due to a local measles outbreak.

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

- A self-assessment room was available for patient use where blood pressure, height and weight could be monitored. Patients were encouraged to share their results with the reception team where they were shared to the patient's record. Abnormal results were acted upon and an appointment made to see a clinician.
- The newly opened extension included a multi-faith room where patients could pray whenever the surgery was open. Patients were able to pray before or after appointments and we were told were more likely to attend reviews and appointments.
- 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, online services and telephone appointments.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice would refer patients with a learning disability to the local community team for support when necessary.
- People in vulnerable circumstances were easily able to register with the practice, including refugees and those with no fixed abode.
- A female GP was available on a Wednesday, for patients who specifically wanted to see a female doctor for personal reasons.
- The practice had identified 119 patients (3.8% of their practice population) as carers. These patients were signposted to additional support services, and were offered an annual seasonal flu vaccination.

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

- Staff we spoke with demonstrated their understanding of how to support patients with mental health needs and those patients living with dementia, appropriate to their role.
- The practice made use of a recognised dementia screening tool to help identify early signs of dementia, and made referrals to appropriate services when necessary.

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. Referrals were completed in a timely manner.
- Waiting times, delays and cancellations were minimal and managed appropriately. On the day of inspection we saw that a number of appointments were available the next day.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients comment cards and patients we spoke with reported that the appointment system was easy to use.

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. Three complaints were received in the last year. We reviewed all three complaints and found that they were satisfactorily handled in a timely way. The practice reviewed all complaints individually and staff were knowledgeable about the actions taken.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

At our previous inspection in September 2017, we rated the practice as inadequate for providing a well-led service. This was because the provider had failed to assess, monitor and mitigate serious risks relating to the health, safety and welfare of service users and others who used the premises. In addition there were insufficient systems or processes that enabled the provider to assess, monitor and improve the quality and safety of the services being provided.

These arrangements had significantly improved when we undertook this inspection on 2 and 3 May 2018. The practice is now rated as good for providing well-led services.

Leadership capacity and capability

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

- Leaders in the practice had responded positively to the findings of the inspection in September 2017. They had produced detailed and comprehensive action plans which had been acted upon and we found that all the identified concerns had been addressed.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges specific to the local area and were responding to 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 plans in place for the future leadership of the practice which included working in hubs and as part of a GP federation.

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 that all members of staff were aware of and adhered to. The practice had a realistic strategy and supporting business plans to achieve local and national priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners including the patient participation group (PPG).

- The strategy was in line with health and social priorities across the region. The practice tailored its services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and discussed the recent improvements that had been made.
- The practice focused on the needs of individuals, their families and their role in the community.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were newly updated and improved processes for providing staff development opportunities. This included appraisal and career development conversations. All staff had received an appraisal 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. We were told that clinical and non-clinical staff were attending regular CCG update and training meetings and undertaking peer review activities.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There was evidence of a cohesive team and positive working relationships between all staff. Staff told us they felt respected, supported and valued. They spoke passionately about working at the practice and there was an evident commitment to providing high quality care for their patient population.

Governance arrangements

Are services well-led?

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 had been systematically reviewed, updated and improved where necessary. These were effective and clearly understood by the staff team.
- 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, training to support staff in these areas had been updated.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw that systems had been introduced to assist in the timely reviews of these products.

Managing risks, issues and performance

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

- A comprehensive review of all known risks within the practice had been undertaken and actions outstanding from these assessments had been managed and monitored.
- 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. There was practice oversight of national and local safety alerts, incidents, and complaints.
- There was a programme of clinical audit and quality improvement activity which could evidence positive impacts on the quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made, these were driven by the GP partners who ensured that they understood their impact on the quality of care.

- Managers at the practice had reviewed and acted upon each element of the information contained in 'Nigel's Surgery' which is CQC produced guidance for GP surgeries linked to best practice.

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 submitted data or notifications to external organisations as required.
- The practice complied with the Data Protection Act 1998. They showed us they were preparing for the new requirements in line with General Data Protection Regulator (GDPR) regulations which were to be introduced in May 2018.

Engagement with patients, the public, staff and external partners

The practice actively involved patients, the public, community leaders, 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 a long standing patient participation group with strong links to the local community. Their opinion was encouraged, respected and acted upon by the practice.
- The service was transparent, collaborative and open with stakeholders about performance.
- Members of staff worked with a local federation of GP practices to support learning and development. The registered manager was also a clinical board member of the CCG.

Continuous improvement and innovation

Are services well-led?

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a renewed focus at the practice on improvement and development. The practice was a member of a GP federation and the partners were reviewing ways to make the practice future-proof.
- One of the GP partners had developed and implemented a number of templates, safety nets and processes within the computer systems; which was innovative, and promoted safe and timely action. These templates were being shared with other practices and the CCG.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared with the team and action was taken to improve the patient experience.
- 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