

Dr Philip Mackney (The Elgin Clinic)

Inspection report

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

Ratings

Overall rating for this 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

We carried out an announced comprehensive inspection at Dr Philip Mackney (The Elgin Clinic) on 20 June 2017. The overall rating for the practice was Requires Improvement. The full comprehensive report on the 20 June 2017 inspection can be found by selecting the 'all reports' link for Dr Philip Mackney on our website at www.cqc.org.uk.

This inspection, on 5 April 2018, was an announced comprehensive inspection to confirm that the practice had carried out their plan to meet the requirements that we identified in our previous inspection on 20 June 2017. This report covers our findings in relation to those requirements and any improvements made since our last inspection. The practice is now rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

At this inspection we found:

- The practice had addressed the findings of our previous inspection in respect of significant events, patient safety alerts, repeat prescribing, prescription management and premises and health and safety risk assessments.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. 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 had systems in place to ensure care and treatment was delivered according to evidence-based guidelines.

- Some patient outcomes, for example, those with long-term conditions were below local and national targets. However, we saw that improvements had been made and the practice had plans in place to further address these shortfalls.
- Results from the national GP patient survey showed patients rated the practice comparable with others for aspects of caring. Patients told us they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

- Review the arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.
- Review the understanding of reception staff of 'red flag' sepsis symptoms that might be reported by patients and how to respond.
- Continue to monitor patient outcomes in relation to patients with long-term conditions, mental health and the childhood immunisation programme.

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.

Background to Dr Philip Mackney (The Elgin Clinic)

Dr Philip Mackney, also known as The Elgin Clinic, operates from purpose-built premises at 40 Elgin Avenue, Westminster, London W9 3QT. The practice is on a single-level and has access to six consulting rooms.

The practice provides NHS primary care services to approximately 4,500 patients and operates under a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS West London Clinical Commissioning Group (CCG).

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice staff comprises of a principal GP, a male and female salaried GP (totalling 24 sessions per week), a practice nurse (eight sessions per week) and full-time healthcare assistant. The clinical team are supported by a practice manager and a team of six administration and reception staff.

The practice is open between 8.15am and 5pm on Monday, Tuesday, Wednesday and Friday and from 8.15am to 1.15pm on Thursday. The practice offers on-line services, which include appointment booking and repeat prescriptions which can be accessed through the practice website. Appointments are available with a doctor in the morning from 8.40am to 11.30am and in the afternoon from 2.30pm to 4pm except Thursday when the practice is closed. Telephone consultations are also available for those not able to attend the practice. The practice does not currently provide any extended hours appointments; however, patients have access to two GP hub services offering appointments from 6pm to 9pm Monday to Friday and from 8am to 8pm on Saturday and Sunday. These appointments are bookable through the practice and we saw this was advertised in the waiting room and on the practice website.

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services. Data shows that 48% of patients at the practice area were from Black and Minority Ethnic (BME) groups. The highest proportion of the practice population was in the 15 to 44 year old age category.

Are services safe?

At our previous inspection on 20 June 2017, we rated the practice as Requires Improvement for providing safe services as the arrangements in respect of significant events, patient safety alerts, repeat prescribing, prescription management and risk assessments for premises and health and safety required improvement.

At our follow up inspection on 5 April 2018 we found that the practice had addressed the findings of our previous inspection. The practice is now rated as Good for providing safe services.

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. Safeguarding policies and procedures were available to staff and clearly outlined local safeguarding arrangements. All staff had received up-to-date safeguarding training appropriate to their role. Staff we spoke with knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control (IPC). An IPC audit had been undertaken by an external organisation and we saw evidence that actions identified had been addressed. For example, the practice had undertaken a waste audit in line with the Safe Management of Healthcare Waste guidance and we saw that appropriate clinical waste bins were available in all clinical rooms.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

The practice had undertaken premises, health and safety, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and control of substances hazardous to health (COSHH) risk assessments and we saw action had been taken to address the improvements identified.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Reception staff we spoke with were aware of 'red flag' symptoms, for example, shortness of breath and chest pain and were able to give examples. However, not all staff were able to demonstrate a clear understanding of 'red flag' sepsis symptoms and how to respond. The lead clinician confirmed that there had been no formal training for reception staff on the signs of 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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Are services safe?

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice had systems in place for repeat prescribing, which included high risk medicines. The practice had undertaken an audit and implemented a protocol for high risk prescribing. We randomly reviewed six patient records and found that patients' health was monitored in relation to the use of medicines and followed up on appropriately in line with guidance. Patients were involved in regular reviews of their medicines.
- There were processes in place for the management of blank prescription stationery in line with guidance.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice worked with the locality Medicine Optimisation Team and had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Antibiotic prescribing was comparable with local and national averages.

Track record on safety

At our previous inspection the practice had not been able to demonstrate a good safety record and we had found concerns which impacted on patient safety. At this inspection the provider demonstrated improvements had been made and we found:

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did.
- 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 recorded eight significant events between 1 April 2017 and 31 March 2018. We saw evidence that significant events were discussed in clinical meetings.
- The practice had systems and processes in place to receive and act on patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 20 June 2017, we rated the practice as Requires Improvement for providing effective services as we found that there was no quality improvement programme and little evidence that clinical audits were driving improvements to patient outcomes, systems and processes to ensure staff were up-to-date with relevant and current evidence based guidance and clinical protocols to support the role of the healthcare assistant required improvement.

At our follow up inspection on 5 April 2018 we found that the practice had addressed the findings of our previous inspection. The practice is now rated as Good for providing effective services.

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We undertook a random review of notes and saw evidence 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- There were clinical protocols in place to support the healthcare assistant. We reviewed and discussed several protocols which included the ambulatory blood pressure monitoring (ABPM) protocol. The healthcare assistant confirmed that constant clinical supervision was provided by the practice nurse and a named GP.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- At our previous inspection QOF data for 2015/16 for the management of patients with diabetes was variable with some indicators below CCG and national averages. At this inspection we reviewed QOF data for 2016/17 and saw that diabetes indicators remained below CCG and national averages. In particular:
- 64% of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months which was below the CCG average of 77% and the national average of 79% (2015/16 QOF: practice 67%; CCG average 74%; national average 78%).
- 59% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less which was below the CCG average of 77% and the national average of 78% (2015/16 QOF: practice 62%; CCG average 76%; national average 78%).

Are services effective?

- 67% of patients with diabetes, on the register, who last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less which was below the CCG average of 78% and the national average 80% (2015/16 QOF: practice 71%; CCG average 76%; national average 80%).
- At the time of our inspection the QOF year for 2017/18 had concluded at the end of March 2018. Although this data was unvalidated we were able to view the practice end of year achievement on its clinical system. We saw that there had been some improvement with diabetes indicators. For example, 71% of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months, 65% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared, and 73% of patients with diabetes, on the register, who last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less.
- Other QOF indicators for 2017/18 showed the practice were negative outliers against some local and national targets. In particular, coronary obstructive pulmonary disease (COPD) and hypertension. For example, 44% of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (CCG average 89%; national average 90%) and 71% of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (CCG average 80%; national average 83%). A review of unvalidated QOF for 2017/18 showed considerable improvements had been made for the COPD indicator with an achievement of 90%.
- Patient outcomes for asthma and atrial fibrillation were comparable to local and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for the period 1 April 2016 to 31 March 2017 showed that uptake rates for children aged one with completed primary course of 5:1 vaccine was 100% (target 95%). Uptake rates for the vaccines given to children aged two were below the target. For example, the percentage children aged two who had received their booster immunisation for Pneumococcal infection (i.e. received

Pneumococcal booster) (PCV booster) was 79%, the percentage of children aged two who had received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) was 81% and the percentage of children aged 2 who had received immunisation for measles, mumps and rubella (first dose of MMR) was 83%.

- The practice had arrangements for following up failed attendance for immunisation and secondary care appointments.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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

- The practice's uptake for cervical screening was 64%, which was comparable with local and national average (CCG average 56%; national average 72%) but below the 80% coverage target for the national screening programme. The practice had systems in place to follow-up on non-attenders.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

Are services effective?

- The practice participated in the Out of Hospital Services (OOHS) initiative which included the care and management of severe mental illness (SMI) and complex common mental illness (CCMI) through an annual health check.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- At our previous inspection QOF data for 2015/16 for mental health indicators were comparable to local and national averages. At this inspection we reviewed QOF data for 2016/17 and saw that there had been a considerable fall in some mental health indicators. In particular:
 - 59% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months compared with the CCG average of 89% and the national average of 90% (2015/16 QOF: 93%)
 - 68% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months compared with the CCG average of 91% and the national average of 91% (2015/16 QOF: 84%).
- We reviewed unvalidated QOF achievement for 2017/18 and saw that there had been had been some improvement. For example, 64% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months and 78% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months which was statistically comparable to the CCG average of 87% and the national average of 84%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had commenced a programme of quality improvement activity and reviewed the effectiveness and

appropriateness of the care provided. The practice had completed three single cycle audits in relation to high risk medicines prescribing and the management of patients with diabetes an area which was chosen as the result of low QOF outcomes for this cohort of patients.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice engaged with other practices in Commissioning Learning Set (CLS) meetings which fostered collaboration and learning amongst members, sharing and benchmarking data, improving performance, spreading good practice and generating ideas for new services or improvements to existing ones.

We saw that QOF achievement for 2016/17 was 85%, which was below the CCG average of 94% and the national average of 97% and a fall on the practice's achievement at our previous inspection of 90% (CCG average 91%; national average 95%) in 2015/16. The practice told us that they had taken a more systematic approach to QOF for 2017/18 and allocated leads to all clinical areas, changed the method of its recall system and undertaken audits. The practice also participated in the Out of Hospital Services initiative which included the management of patients with diabetes and those with mental health to improve patient outcomes.

Antibiotic prescribing was comparable to local and national averages. However, we found the average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was higher than local and national averages (practice 2.71; CCG average 0.96; national average 0.90). The practice were aware of this and were working with the local Medicines Optimisation Team on prescribing outcomes.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

- 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 and clinical supervision. The practice ensured the competence of staff employed in advanced roles through clinical supervision.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice had a Primary Care Navigator attached to the practice.
- 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. A smoking cessation advisor was available at the practice two mornings per week.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

At our previous inspection on 20 June 2017, we rated the practice as Good for providing caring services. The practice remains rated as Good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. We saw that staff had received training in equality and diversity.
- The practice gave patients timely support and information.
- We received 22 patient Care Quality Commission comment cards, of which 21 were positive about the service and one contained mixed comments. Patients providing positive feedback said they felt the practice offered an excellent service and that staff were helpful and friendly. Patients commented that they were treated with dignity and respect.
- The practice actively sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period January to March 2018, based on 135 responses, showed that 92% of patients would be extremely likely or likely to recommend the service.
- We spoke with one patient who told us they had received good clinical care, felt involved in their treatment and care and was treated with dignity and respect.
- We reviewed the results of the latest annual national GP patient survey which showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses. For example, 95% of patients who responded said the GP was good at listening to them (CCG average 90%; national average 89%) and 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%; national average 91%).

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. We saw that information was available on the practice website and in the waiting room.
- The practice proactively identified carers and supported them.

Results from the latest 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. For example, 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 83%; national average 82%) and 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%; national average 85%).

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our previous inspection on 20 June 2017, we rated the practice as Good for providing responsive services. The practice remains rated as Good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice had engaged with the Out of Hospital Services (OOHS) initiative designed to bring services closer to the patient in the primary care setting. The practice were providing a number of in-house services which included ambulatory blood pressure monitoring, ECG and phlebotomy.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

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 practice provided care to a local care home and provided a GP 'ward round' approximately three times per week.

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.

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

Families, children and young people:

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice was participating in the local NHS Trust's Connecting Care for Children (CC4C) paediatric integrated care model. As part of a child health hub with local practices a paediatric consultant visited each of the practices in the hub to take part in child health multidisciplinary team meetings to support case management and undertake joint GP and consultant-led patient consultations.

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. Although the practice did not currently offer extended hours appointments, patients had access to telephone consultations.
- Patients over the age of 55 requiring support could be referred to a Primary Care Navigator who was attached to the practice and could help signpost patients to health, social care and voluntary sector services.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice utilised Coordinate My Care (CMC), a personalised care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice provided a collaborative substance misuse service.

Are services responsive to people's needs?

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 participated in the Out of Hospital Services (OOHS) initiative which included the care and management of severe mental illness (SMI) and complex common mental illness (CCMI) through an annual health check.

Timely access to care and treatment

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

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

Results from the latest national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national

averages. For example, 92% of patients who responded said they could get through easily to the practice by phone (CCG average 84%; national average 71%) and 86% of patients responded positively to the overall experience of making an appointment (CCG average 77%; national average 73%).

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 practice had recorded five complaints for the period 1 April 2017 to 31 March 2018. The practice captured verbal complaints and responded to any complaints on feedback on the NHS Choices website.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection on 20 June 2017, we rated the practice as Requires Improvement for well-led services as we found that the overarching governance framework was not implemented well enough to ensure patients were kept safe, some practice policies and procedures contained out-of-date information and there was no written strategy or supporting business plan that detailed the short and long-term development objectives.

At our follow up inspection on 5 April 2018 we found that the practice had addressed the findings of our previous inspection. 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 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 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 strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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.

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.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and management team.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, significant event reporting 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.
- There was evidence of action to change practice to improve quality and patient outcomes from clinical audit.

Are services well-led?

- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- We found some patient outcomes, for example, those with long-term conditions and mental health were below local and national targets. However, we saw that recent improvements had been made and the practice had plans in place to further address these shortfalls.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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, staff and external partners to support high-quality sustainable services.

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

Continuous improvement and innovation

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

- The practice participated in CCG-led initiatives. For example, the Out of Hospital Services initiative designed to bring services closer to the patient in the primary care setting and the Child Health Hub.
- The practice worked collaboratively with local practices as part of the new primary care home model, developed to bring together a range of health and social care professionals to provide enhanced personalised and preventative care for their local community.

Please refer to the Evidence Tables for further information.