

# The Penrhyn Surgery

## Quality Report

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

### Ratings

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

# Key findings

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## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection 01 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at The Penrhyn Surgery on 14 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was evidence of quality improvement and the practice made good use of clinical audits.
- Clinical guidelines and patient safety alerts were discussed in clinical meetings where learning was shared.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had clear systems for acting on responding to and learning from complaints.
- The practice carried out annual risk assessments including infection prevention and control, health and safety and fire safety.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

# The Penrhyn Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser.

## Background to The Penrhyn Surgery

The Penrhyn Surgery is located in a converted house in Waltham Forest within a residential area, which has good transport links. The practice is part of Waltham Forest Clinical Commissioning Group (CCG). There are approximately 7,600 patients registered at the practice, 62% of whom are from an ethnic minority group and 59% of patients have a long standing health condition compared to the CCG average of 49%. The practice is in the fourth most deprived decile which is rated on a scale of one to 10 with one being the most deprived.

The practice has one male GP and three female salaried GPs who complete a combined total of 22 sessions per week; there is a full time advanced nurse practitioner and two part time female practice nurses. The practice also has a health care assistant, a practice manager, an assistant practice manager and 10 reception/administration staff members.

The practice operates under a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract issued when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is open Monday to Wednesday between 8am and 6:30pm and Thursday and Friday between 7:30am and 6:30pm. The practice also opened once a month on a Saturday between 9am and 12pm. Phone lines are answered from 8am and appointment times are as follows.

- Monday 8am to 12pm and 2:30pm to 5:30pm
- Tuesday 8:30am to 1:30pm and 3pm to 6pm
- Wednesday 8:30am to 12:30pm and 2:30pm to 6pm
- Thursday 7:30am to 1pm
- Friday 7:30am to 12pm and 1pm to 6pm

The locally agreed out of hours provider covers calls made to the practice whilst it is closed and the practice is a part of the local HUB which provides GP and nurse appointments to patients on weekday evenings and on weekends when the practice is closed.

The Penrhyn Surgery operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, diagnostic and screening procedures and maternity and midwifery services.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. These were signed by staff who declared that they read them and understood the content. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The practice participated in monthly multidisciplinary meetings where vulnerable patients were discussed and action taken to improve their care. The practice maintained a spreadsheet that was accessible to all staff who were able to add the names of patients they wanted to be discussed at the next meeting, which ensured that patients would always be discussed even if the staff member who added them were not able to attend the meeting. Actions and discussion notes from the meetings were added to the patient record.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns, all staff members we spoke with were able to give examples of when they had raised a concern and the action that was taken as a result. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service

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

- There was an effective system to manage infection prevention and control (IPC). The practice had received an unannounced IPC audit a week before this inspection and were rated 97% compliant. We saw that an action plan had been put in place to address identified risks.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. All electrical equipment received annual portable appliance testing and clinical equipment had been calibrated.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for all staffing groups including temporary staff tailored to their roles.
- 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.
- 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.

## Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information and there were safety systems to ensure that referrals not just referrals for suspected cancer were received and appointments were given and attended by patients.

### Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use, this included ensuring that controlled drug prescriptions were dated and signed for by patients on their receipt.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and 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.
- The practice followed strict prescribing protocols; patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. For example the practice had a policy that all patients with diabetes had to have a blood test every six months and reminders to patients were sent when these were due. If the patient did not attend their blood test they would only be prescribed a two weeks supply of their medicine, if they failed to attend for a blood test after this they would be given a one weeks

supply followed by a one day supply. As a result of this 100% of patients had received their routine blood tests and had their medicines reviewed in a face to face consultation.

- The practice also followed strict prescribing guidelines for patients with asthma and aimed to ensure that all patients were adequately controlled. As a result of this they aimed to remove salbutamol inhalers as a repeat prescription for these patients. This meant that every request for Reliever Inhalers (Salbutamol) was reviewed by a GP to identify over use and poor control. This ensured that asthma was well managed and controlled for patients in the Practice. We found that of the 360 registered patients with asthma only 23 of these had this medicine on a repeat.

### Track record on safety

The practice had a good safety record.

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

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example we viewed a significant event about the wrong patient being booked for an appointment due to them having the same name as another patient. We saw that this was discussed at a practice meeting where it was agreed that patients identity would also be confirmed by their date of birth and pop up alerts were put on the record of patients who had similar names to prevent the same mistake from happening again.

## Are services safe?

- There was a system for receiving and acting on safety alerts which involved all clinical staff members and the management team. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' 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 practice used a risk stratification tool to help identify patients at risk of being admitted into hospital and discussed these patients at an integrated care meeting and produced care plans for these patients.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- 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.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national averages.
- 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. We viewed numerous



# Are services effective?

## (for example, treatment is effective)

examples of patients being booked a same day appointment with the GP as a result of abnormal results or observations during a routine health assessment or new patient health check.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- These patients were discussed in monthly multidisciplinary meetings.

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 87% and the national average of 84%. There was a 6% exception reporting rate which was similar to the CCG average of 4% and the national average of 7%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the CCG average of 92% and the national average of 90%. There was an exception reporting rate of 2% which was below the CCG average of 7% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the CCG average of 94% and the national average of 91%.
- The practice worked with the Alzheimer's society who held clinics at the practice to help identify patients at risk of dementia and offered an assessment 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. For example the practice was aware that it had a high incidence of dermatology referrals, as a result the lead GP completed a dermaocopy course and invested in a dermoscope, which reduced the referral rate by 25%. The practice routinely reviewed the outcome of their referrals to analyse their appropriateness and share learning with all relevant staff members, as such all referrals made in the practice were reviewed by another clinician..

The most recent published QOF results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 97%. The overall exception reporting rate was 5% compared with the CCG average of 9% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The practice used information about care and treatment to make improvements. For example the practice was aware that some of their patients with dementia had difficulty remembering to pick up their medicines from the pharmacy as well as take their medicines. The practice therefore reviewed these patients every two weeks and had an arrangement with the pharmacy to deliver these patients medicines to the practice every two weeks in time for their appointment so that patients' compliance could be monitored.
- The practice was also involved in integrated care meetings and used a risk stratification tool to identify patients with complex needs who were at risk of a hospital admission. This tool identified nine complex patients and as a result the GPs and community teams worked closely with these patients increasing the number of appointments they had by an average of 12 which resulted in 100% of these patients not having a hospital admission.
- The practice was actively involved in quality improvement activity. For example, the practice carried out an audit to look at the quality of their referrals and ensure they were referring in line with local expectations. The first audit showed that 95% of referrals were completed in a timely way without avoidable delay, 100% of referrals were to an appropriate destination and 85% of referrals contained



# Are services effective?

## (for example, treatment is effective)

the necessary information. These results were discussed at a clinical meeting where one of the agreed outcomes was that referral letters would be standardised, therefore a referral template was devised that included all the necessary information. The second audit showed that 100% of referrals were completed in a timely way without avoidable delay, 100% of referrals were to an appropriate destination and 100% contained the necessary information.

- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was a part of a local resilience scheme which aimed to identify ways in which the practice could improve.

### Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example a reception staff member was trained and worked their way up to be the deputy manager and was now being sent on a management course.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by the lead GP regularly reviewing clinical decision making, including non-medical prescribing and using complex cases as the basis for some clinical meeting discussions.
- There was a clear approach for supporting and managing staff when their performance was poor.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Regular dedicated meetings to discuss end of life care patients were held and included community services.

### 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, patients with memory problems and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example the practice held health education events and invited patients to attend.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

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

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

## Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. Three hundred and five surveys were sent out and 100 were returned. This represented about 1% of the practice population. The practice was sometimes below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 64% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 96%.
- 62% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 80%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 87%; national average - 91%.

- 76% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 79%; national average - 85%.

The practice was aware of its low GP patient satisfaction scores and discussed this with staff and patients. Patients concluded that low satisfaction scores related to patients getting the treatment that they need and not what they want. The PPG and the practice worked together to devise their own patient survey which 336 patients completed, the results of which were more positive than the GP patient satisfaction survey. For example, 99% of patients stated that they felt listened to by GPs.

### Involvement in decisions about care and treatment

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

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

The practice proactively identified patients who were carers. All patients were asked whether they were a carer or had a carer at the point of registering with the practice, there were posters displayed around the practice advising carers to let a practice staff member know and patients were asked if they were a carer or had a carer based on what was happening in their lives. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 130 patients as carers (1.7% of the practice list).

## Are services caring?

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. This included inviting carers to have their annual flu vaccination and keeping them up to date with what services were available to them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients did not always respond 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:

- 66% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.
- 59% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 75%; national average - 82%.

- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

The practice was aware of its low patient satisfaction scores, which were discussed in practice meetings and with patients. As a result, the GPs now document that tests and treatments were explained in the patient record as well as notes stating that options were discussed with patients. The practice expected to see the results of this in the next patient satisfaction survey. The practice were also in the process of designing a new patient survey with the patient participation group.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example providing a space where pushchairs could safely be left.
- 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.
- There was a medicines delivery service for housebound patients that the practice helped patients to sign up to.

#### 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.
- There were eight longer appointments reserved each day, distributed in the morning and afternoon sessions with a GP for these patients requiring immediate access to a GP regarding their long-term condition.

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.

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

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

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- These patients were invited for an annual review.

#### 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.
- There were seven longer appointments reserved each day, distributed in the morning and afternoon sessions with a GP for these patients requiring immediate access to a GP regarding their long-term condition.
- Patients who failed to attend their appointments were proactively followed up by a phone call from a GP.

### Timely access to care and treatment

# Are services responsive to people's needs?

## (for example, to feedback?)

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 and there was a nurse led triage system in place.
- Patients reported that the appointment system was easy to use.
- The appointment system was regularly reviewed with patients to ensure its effectiveness.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and five surveys were sent out and 100 were returned. This represented about 1% of the practice population.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 80%.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG – 58%; national average – 71%.
- 70% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 68%; national average – 76%.
- 72% of patients who responded said their last appointment was convenient; CCG – 72%; national average – 81%.

- 70% of patients who responded described their experience of making an appointment as good; CCG – 66%; national average – 73%.
- 33% of patients who responded said they don't normally have to wait too long to be seen; CCG – 33%; national average – 58%.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was readily available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Thirteen complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, we viewed a complaint about a patient who was unhappy at the length of time they had to wait to be called into their appointment. We saw that the patient received an apology and explanation, this was discussed in a practice meeting where it was agreed that when emergencies occur it was inevitable that clinics would run late and there would be times where patients need more than the allotted 10 minutes but patients would now be kept informed of waiting times and would be told if there was an emergency.

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

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

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

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

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

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour; we saw an example in a patient record of when this was used.
- 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 an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance, 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.



# Are services well-led?

Good 

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- All major decisions made in the practice were discussed and agreed by at least three senior staff members.

## 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. Risks were regularly discussed at practice meetings.
- 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 carried out by the Lead GP. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care, such as tools to predict the likelihood of a patient having an avoidable admission to hospital.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example the practice worked closely with the patient participation group (PPG) to petition the council to enable free patient parking outside of the surgery for one hour time slots.
- 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.

- There was a focus on continuous learning and improvement at all levels within the practice. For example the practice supported a reception staff member to progress to the role of deputy manager.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

## Are services well-led?

Good 

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.