# Dr S J Morris & Partners

## Quality Report

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Date of inspection visit: 6 March 2018
Date of publication: 03/05/2018

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

## Ratings

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

# Key findings

## Contents



## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection April 2016- Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

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 Dr S J Morris and Partners on 6 March 2018 as part of our regulatory functions.

At this inspection we found:

- The practice had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the practice learned from them and improved their processes.
- The practice had reviewed and developed an innovative skill mix within the practice. For example, they employed three clinical pharmacists, one who specialised in the care of children and one whose role included visiting patients living in care homes.
- Effective monitoring processes were in place, which included health and safety, training and appraisals however, during our inspection the practice was unable to provide evidence to support that an effective employee immunisation programme was in place. Specifically, evidence was not in place to demonstrate that relevant staff had been immunised against infectious diseases such as measles, mumps and rubella (MMR).
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to

# Summary of findings

evidence based guidelines. Support and monitoring was in place for the clinical pharmacists and nursing staff, and the monitoring of the work undertaken by the trainee GPs was formalised and effective.

- Arrangements for dispensing medicines at the practice kept patients safe.
- Staff involved and treated people with compassion, kindness, dignity and respect. All staff had received equality and diversity training.
- Information on the complaints process was available for patients at the practice and on the practice's website. There was an effective process for responding to, investigating and learning from complaints.
- Staff had the skills, knowledge and experience to carry out their roles and there was a strong focus on continuous learning and improvement at all levels of the organisation. Staff we spoke with felt supported by the practice.
- The practice supported carers however, less than 1% of the practice's registered patients had been identified as carers.
- The practice was carrying out a trial for a waiting room co-ordinator who would meet, greet and signpost patients to reduce waiting times for some of the patients. The practice introduced an Emergency Assessment Team (EATs) which comprised of a practice nurse, a clinical pharmacist and the back up of a doctor to deal with any urgent cases on a daily basis.

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

- Ensure that an effective employee immunisation programme is in place so that staff working in general practice recieve the immunsiations that are appropriate for their role.
- Continue to identify and support carers.
- Follow a consistent process for monitoring and managing uncollected prescriptions in all areas of the practice.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Are services safe?** | **Good** |
| **Are services effective?** | **Good** |
| **Are services caring?** | **Requires improvement** |
| **Are services responsive to people's needs?** | **Good** |
| **Are services well-led?** | **Good** |

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

| | |
|---|---|
| **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 |

# Dr S J Morris & Partners

**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 CQC Inspection Manager.

## Background to Dr S J Morris & Partners

Dr S J Morris & Partners (also known as Flitwick Surgery) situated in the Flitwick area of Bedfordshire, is a GP practice which provides primary medical care for approximately 16,000 patients living in Flitwick and surrounding areas. The practice provides training to doctors studying to become GPs. The practice population is predominantly white British along with a small ethnic population of Italian, Polish and other Eastern European origin. The practice has a higher than average working age population due to its location in the commuter belt for London.

The practice has three GP partners (two female and one male) and eight salaried GPs (four females and four males) and a trainee GP doctor. There are three clinical pharmacists (two females and one male), two practice nurses (females), one minor illness nurse (female) including a nurse manager. The nursing team is supported by two health care assistants and one phlebotomist/health care assistant. There is a practice manager who is supported by a patient services manager, a clinical services manager and a senior manager who also manages IT and data services. The practice is also supported by a team of administrative and reception staff.

Dr S J Morris & Partners is a dispensing practice and has a dispensary which is open during surgery times. There are three staff attached to the dispensary. The practice operates from a low rise building and patient consultations and treatments take place on ground level. There is a car park outside the surgery with disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre-bookable appointments. When the practice is closed out of hours services are provided by the Herts Urgent Care and they are accessed via the NHS 111 service.

Good

# Are services safe?

## Our findings

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

**Safety systems and processes**

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. However, during our inspection the practice was unable to provide evidence to support that an effective employee immunistaion programme was in place. Specifically, evidence was not in place to demonstrate that relevant staff had been immunised against infectious diseases such as measles, mumps and rubella (MMR). This is particularly important to avoid transmission to vulnerable groups. Although members of the management team assured us that they were in the process of improveing their staff immunisation programme, no evidence was providing during or shortly after our inspection took place.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

**Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff knew how to identify and manage patients with severe infections, for example 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.

- 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 made 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.
- We reviewed referral letters and clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

**Safe and appropriate use of medicines**

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

Good

# Are services safe?

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice kept prescription stationery securely and and monitored its use.
- However, we found that the practice was not always following an effective system for managing uncollected prescriptions. During our inspection we identified three prescriptions which had been uncollected, some of these dated back to September 2017. On further investigation staff were able to assure us that patients had received their medicines and that the uncollected prescriptions were duplicates; we saw evidence to support this through the patient record system during our inspection. In response to this, members of the management team informed us that they were immediately going to adopt the system utilised in their dispensary as this involved tighter monitoring of uncollected prescriptions.
- We reviewed the records of patients who were prescribed medicines which required additional monitoring. All the records we looked at showed that patients were appropriately monitored before medicines were re-prescribed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Antibiotic prescribing was comparable to the clinical commissioning group and national averages.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Clinical pharmacists reviewed patients on multiple and complex medicines and reviewed the medicines of all patients who were discharged from hospital. They sought the advice of a GP if necessary, their work was supervised by a GP.
- Arrangements for dispensing medicines at the practice kept patients safe.

**Track record on safety**

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These included for example, fire, health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Regular checks were completed and documented in relation to these areas and the environment.
- 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 for recording and acting on significant events. 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. Significant events were marked as complete when identified actions had been completed and were given a risk rating on the likelihood of reoccurrence.
- The practice shared learning, identified themes and took action to improve safety in the practice. For example, we reviewed minutes of the clinical governance team meeting held in January 2018 and saw that the team had discussed repeat prescribing and a notification was sent to prescribers to be aware to update the repeat list when medicines were changed.
- There was a system for recording and acting on safety alerts. The practice learned from external safety events and patient safety alerts.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

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

**Effective needs assessment, care and treatment**

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We reviewed prescribing data for the practice and found they were comparable with other practices both locally and nationally. The number of antibacterial prescription items prescribed per Specific Therapeutic group was 0.96 units compared to the CCG average of 1.00 and the England average of 0.98. (It is important that antibiotics are used sparingly to avoid medicine resistant bacteria developing).
- The number of antibiotic items (Cephalosporins or Quinolones) prescribed was 7.7% compared to the CCG average of 8.5% and national average of 8.9%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Influenza, pneumonia and shingles vaccinations were offered to all older patients
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services, and the community matron. They were 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. Clinical pharmacists were involved in reviewing people with long term conditions, were supervised by GPs. 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.
- The practice had achieved 100% for Quality Outcomes Framework (QOF) data relating to long-term conditions including asthma, chronic obstructive pulmonary disease (COPD), atrial fibrillation. QOF is a system intended to improve the quality of general practice and reward good practice.
- QOF performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and slightly below the national averages. For example, the practice achieved 84% compared to the CCG average of 88% and the national average of 91%.

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 achieved an average of 98% which was above the national average of 91%.
- 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):

Good

# Are services effective?

## (for example, treatment is effective)

- The practice's uptake for cervical screening was 78%, which was in line with the 80% coverage target for the national screening programme. The achievement was above the CCG average of 74% and the national average of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Annual health checks were offered to patients with a learning disability. The practice had 69 patients on their learning disability register and 31 patients had received a health check in the preceding 12 months.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months as compared to the CCG average of 71% and national average of 72%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months which was comparable to the CCG average of 90% and national average of 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 84%, compared to the CCG average of 78% and national average of 81%.

**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. The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and the national average of 96%. The overall exception reporting rate was 8% which was 3% below the CCG and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice.

The practice was actively involved in quality improvement activity and regularly completed clinical and non-clinical audits. For example, six clinical audits had been completed in the previous two years that demonstrated quality improvement. Following an audit of patients prescribed prophylactic antibiotics for urinary tract infections, prescribers improved on how they prescribe these medicines and unnecessary prescriptions were stopped**.**

**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. The trainee doctor spoke positively regarding the support and training they had been given. All clinical pharmacists were supervised and their work was formally reviewed. The practice utilised their appointment system to ensure they provided supervision appointment slots for the clinical pharmacists and trainee doctors to discuss their consultations with a GP.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisal and mentoring, clinical supervision and support for revalidation.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Good

# Are services effective?

## (for example, treatment is effective)

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

**Coordinating care and treatment**

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

- We saw records that showed that all appropriate staff, including those in different teams, 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 to, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice could demonstrate that they held multi-disciplinary case review meetings where all patients on the palliative care register were discussed.

**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 health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

**Consent to care and treatment**

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

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

Requires improvement

# Are services caring?

## Our findings

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

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. On the day of our inspection we spoke with three patients one was a patient participation group (PPG) member, they spoke positively about the care and treatment provided at the practice.

Some results from the July 2017 annual national GP patient survey showed positive responses from patients when answering questions relating to being treated with compassion, dignity and respect. There were 223 surveys were sent out and 114 were returned, this was a 51% completion rate and represented 1% of the practices registered patient list. For example:

- 94% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG average of 95% and the national average of 95%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 98% and the national average of 97%.
- 88% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 88% and the national average of 87%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 92% and the national average of 91%.
- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- However, we noted that 71% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG average of 83% and the national average of 86%.

**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. The check-in screen in the reception areas was in various languages. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, we noticed that reception staff spoke quietly so that others could not overhear.
- Staff helped patients and their carers find further information and access community and advocacy services. Less than 1% of the practice's registered patients were identified as carers. However the practice had a carer's lead, there was a carer's noticeboard and carers were referred to other agencies for carers support services.
- 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.

Although responses in relation to patients being treated with compassion, dignity and respect were mostly positive on the national GP patient survey. We found that responses from patients to questions about their involvement in planning and making decisions about their care and treatment were mostly below average, for example:

Requires improvement

# Are services caring?

- 71% 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 84% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared to the CCG average of 79% and the national average of 82%.
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 91% and the national average of 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 87% and the national average of 85%.

The practice was in the early stages of trying to improve care and treatment by the introduction of 15 minutes GP appointment time as GPs would have enough time to involve their patients in planning and making decisions about their care and treatment and explain tests and treatment. However at the time of our inspection the practice was unable to evidence the improvement. The practice informed us that they had recruited three clinical pharmacists as well as a paramedic and two practice nurses to improve on the care and treatment of their patients.

**Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

**Responding to and meeting people's needs**

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice had an emergency assessment team (EAT) to cater for on the day urgent cases, they provided online services such as repeat prescription requests and advanced booking of appointments. Clinical pharmacists were involved in reviewing patients with minor illnesses and long term conditions.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were limited by the size of the building. The practice staff shared with us the steps they had taken to try to increase the size of the building but they had been unsuccessful so far.
- 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 trainee doctor and clinical pharmacists provided GP services to patients in the local care homes.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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.

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, the practice offered telephone consultations and an online service which allowed patients to ask non urgent questions. Information supplied by the practice showed that the online service prevented 453 visits to the practice with 185 appointments undertaken since August 2017.
- Online appointment booking and repeat prescription requests were available.
- Patients were able to receive health checks, travel advice, cervical smears and other services for working age people.

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.
- The practice could recognise and knew those patients that were frail or whose health was deteriorating.
- Home visits were available for this group of patients.
- The practice had identified 30 patients who were put on a tender loving care list who have extra health needs that may make them vulnerable, they notified all staff about them and if these patients needed extra support this would be quickly organised for them and if they needed an urgent appointment this would be arranged as soon as possible to ensure that their needs are quickly met.

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

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a link worker who was employed by the Clinical Commissioning Group (CCG) who held a weekly clinic for people experiencing poor mental health.

**Timely access to the service**

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.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed in comparison to local and national averages. For example:

- 62% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 58% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 75% and the national average of 71%.
- 83% 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; compared to the CCG average of 87% and the national average of 84%.
- 76% of patients who responded said their last appointment was convenient; compared to the CCG average of 82% and the national average of 81%.
- 58% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 73% and the national average of 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 56% and the national average of 58%.
- 74% of patients who responded said the GP gave them enough time; compared to the CCG average of 83% and the national average of 86%.
- 87% of patients who responded said the nurse gave them enough time; compared to the CCG average of 94% and the national average of 92%.
- 86% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 94% and the national average of 91%.

The practice was aware of these survey results, they reviewed how their appointment system worked by offering more on the day appointments and recruited three clinical pharmacists who did most of the medication reviews with patients. They had also increased the GP appointment time from 10 minutes to 15 minutes from the 8th of January 2018 so that GPs can spend more time with patients.

The practice involved their PPG to educate patients on the beneficial use of the clinical pharmacists. They had introduced the emergency assessment team (EATs) which comprised of a practice nurse, clinical pharmacist and a GP, to deal with all urgent cases on the day.

In addition, the practice had an internal survey about their new appointment system. We reviewed 28 responses, 24 respondents were happy about the new appointment system which started on 8 January 2018 and four were not sure. All 28 respondents were happy about the 15 minutes GP appointment time and all 28 respondents were happy with the emergency appointments available on the day seeing either a nurse or pharmacist with a doctor available should they require to see one.

They had also reviewed the telephone system and found a fault that meant some patients had difficulty accessing the practice. Contact had been made with the telephone provider who was in the process of rectifying this issue.

**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.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately. Those who complained were usually invited to join the patient participation group (PPG).
- The complaint policy and procedures were in line with recognised guidance. The practice had received 152 complaints in the last year which were split between appointments and 102 of these complaints were about a service the practice was going to stop offering. We reviewed three of the complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient was contacted by the practice following a prescription dosage error. Immediate action was taken and to avoid recurrence all clinicians were informed to be aware to update the repeat list when medicines were changed and to remove old medicines from the repeat list.

# Are services well-led?

Good

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

## Our findings

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

**Leadership capacity and capability**

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

**Vision and strategy**

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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. For example, conversations with a trainee doctor highlighted that they were not sure about becoming a GP prior to starting their training at the practice, but was now seriously considering this as a career because of their time at the surgery.
- 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.
- 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 annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including the nursing team, 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 were proactive and planned the rotas well in advance and told us that by inputting and agreeing key staff holidays, such as GPs, they ensured enough staff were on duty without relying on locum staff and as a result practice staff managed a good work life balance.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

**Governance arrangements**

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

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- Practice leaders had established proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. These were available on an electronic system which was easily accessible to all staff.
- There were regular team meetings to update staff on any governance changes. Meetings were held across all staff groups and minutes were produced after meetings and were circulated to all staff.

**Managing risks, issues and performance**

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

**Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Practice meetings were held regularly to keep staff updated. Minutes of these meetings were available for all staff, including staff that were unable to attend.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective 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.

- There were consistently high levels of constructive engagement with staff and people who use services, including all equality groups.
- 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 had been approached to take part in a video for the NHS on clinical pharmacists. The practice told us this may happen in the future.
- There was an active patient participation group (PPG). The group met quarterly with the practice and helped to promote and educate patients on using the pharmacists when needed. The practice implemented ideas from the group, including changing the appointment system. We met with a member of the group who informed us that meetings were held every three months and they said the practice was responsive to feedback, they spoke positively about the practice.
- The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.

**Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice was proactive in training GPs and equipping them with the skills for future employment.

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- Staff knew about improvement methods and had the skills to use them
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.