

Dr Uday Kanitkar

Quality Report

Moss Side Medical Centre
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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



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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection June 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 Dr Uday Kanitkar's practice on 15 December 2017 as part of our inspection programme to inspect 10% of practices before April 2018 that were rated Good in our previous 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. We saw however that some incidents were not always recorded using the significant event reporting form. This meant that actions taken were not always reviewed as part of the significant event process.
- There were risk assessments in place to help manage risk although we noted that the premises risk assessment for legionella needed updating. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- Staff were supported in personal development and training and received regular appraisal.
- 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. We saw that clinical audit was carried out although there was no formal regular audit of non-medical prescribing.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Update the legionella risk assessment for the building to include the additional patient treatment rooms.
- Consider reviewing the criteria for reporting significant events.
- Look to implement a system for formal audit of non-medical prescribing.
- Continue to take steps to identify patients on the practice list who are also carers.
- Review hard copies of practice policies and procedures to ensure that they are all up-to-date.
- Consider formal documentation of clinical meetings in order to share learning.
- Review the practice complaint reporting procedure in order to ensure that the practice policy is followed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Dr Uday Kanitkar

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Uday Kanitkar

Dr. Uday Kanitkar's practice is situated in the Moss Side Medical Centre at 16 Moss Side Way in a residential area of Leyland at PR26 7XL and is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The surgery is housed in a modern, purpose-built building and offers access and facilities for disabled patients and visitors. The building has been recently extended to include two additional patient treatment rooms. All patient services are provided on the ground floor of the building. The practice website can be found at: www.mosssidemedicalcentre.co.uk

There are approximately 4419 registered patients. The practice population profile is similar to local and national profiles with fewer patients aged over 64 years of age (23% compared to 29.8% locally and 27.4% nationally). Public Health England (PHE) indicates that only 2.2% of the practice population are of non-white ethnicity. Information published by PHE, rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice opens from 8am to 6.30pm Monday to Fridays and extended surgery hours are available on Monday and Tuesday evenings from 6pm to 8pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning NHS 111.

The practice has a male principal GP and two male long-term locum GPs, a nurse practitioner, a practice nurse, a healthcare assistant, a practice manager and seven reception and administration staff.

The practice is a training practice for doctors who wish to gain experience as GPs and also provides teaching for medical students, although at the time of our inspection, there were only medical students working at the practice.

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 recently been extended to include two additional patient treatment rooms. We noted that a new legionella risk assessment was needed in order to implement the correct control measures to minimise the risks of legionella in the water system. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- 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 and contact numbers were displayed for staff on surgery walls.
- 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. There was regular, recorded discussion of patients with both health and social care services.
- 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. Only clinical staff acted as chaperones and were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The practice nurse was the IPC lead and conducted IPC audits for the practice.

Although these audits showed that the practice achieved the expected levels of compliance, there were areas that could be addressed to improve IPC further such as the provision of foot-operated bins for non-clinical waste. The practice told us that they would address this.

- 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 permanent and locum staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Nurses had trained in sepsis awareness and non-clinical staff were training as care navigators; a course designed to ensure that patients were offered the right support at the right time.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. At the time of our inspection, they were looking to recruit another permanent GP to reduce the use of locum GPs on a regular basis.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice used messages on patient records to alert staff to important information.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There were agreements in place to share patient information with the local hospital and the out-of-hours service.

Are services safe?

- Referral letters included all of the necessary information and urgent referrals were made in a timely fashion and monitored to ensure that patient appointments were made.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice together with a member of the clinical commissioning group (CCG) medicines management team had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and the practice told us that a new legionella risk assessment would be completed following recent completion of building work.

- 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 and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We saw that some events, although reported and acted on, were not always recorded using the significant event reporting form. This meant that actions taken were not always reviewed as part of the significant event process.
- 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, when a patient was booked inappropriately for an ear-syringing appointment, the practice produced a new questionnaire for patients requesting ear-syringing to ensure that staff only booked appointments for suitable patients.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

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. For example, the practice had developed protocols for the management of patients with long-term conditions.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Members of the local wellbeing service attended practice monthly meetings.
- Prescribing data for the practice for 01/07/2015 to 30/06/2016 showed that the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was comparable to local and national averages; 0.6, compared to 0.76 locally and 0.9 nationally. (This data is used nationally to analyse practice prescribing and Hypnotics are drugs primarily used to induce sleep.)
- Similar data for the prescribing of antibacterial prescription items showed that practice prescribing was comparable to local and national levels; 1.22 compared to 1.05 locally and 0.98 nationally.
- Data for the prescribing of antibacterial prescription items that were Cephalosporins or Quinolones showed that practice prescribing was comparable to local and national levels; 6.69% compared to 7.54% locally and 4.71% nationally.
- 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.

We reviewed evidence of practice performance against results from the national Quality and Outcomes Framework (QOF) for 2016/17 and looked at how the practice provided care and treatment for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.)

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. This review included a detailed assessment by a multi-disciplinary frailty team at a local community hospital to identify any unmet health and social care needs.
- Patients aged over 75 who attended the practice 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. Over a 12 month period the practice had carried out 15 of these checks.
- The practice followed up on older patients discharged from hospital. The practice healthcare assistant acted as the care co-ordinator who confirmed that all patients discharged from hospital after an unplanned admission were reviewed. This helped to ensure that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Blood measurements for diabetic patients (IFCC-HbA1c of 64 mmol/mol or less in the preceding 12 months) showed that 92% of patients had well controlled blood sugar levels compared with the clinical commissioning group (CCG) average of 82% and national average of 78%. Exception reporting for these patients was higher at 26% compared to 12% locally and nationally. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- The number of patients with hypertension (high blood pressure) in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 94% compared to the CCG average of 79% and the national average of 78%. Exception reporting for these patients was comparable to local and national averages.

Are services effective?

(for example, treatment is effective)

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 higher than the target percentage of 90% or above. The practice was above the target for children aged one year old at 97.6% and for children aged two years old at with an average of 97%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Staff were able to tell us how these patients were managed by the practice.

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

- The practice's uptake for cervical screening was 82%, which was higher than the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Meetings took place to discuss these patients every three months or as needed at regular monthly meetings.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the local average of 88% and the national average of 84% although exception reporting was also higher at 18% compared to 6% locally and nationally.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the

previous 12 months. This was comparable to the CCG average of 95% and national average of 90%. Exception reporting for these patients was zero compared to the local average of 17% and 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 96% of patients experiencing poor mental health had received discussion and advice about alcohol consumption (CCG average 96% and national average 91%). Exception reporting for these patients was lower at 2% compared to the local average of 16% and national average of 13%.

We saw that in cases where exception reporting was high, patients had been removed for justifiable reasons.

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, an audit of patients who were prescribed new blood-thinning medicines showed that clinical care and monitoring of these patients was good but that some improvement in documentation was needed. A further re-audit of this showed improvements in documentation had been achieved. Where appropriate, clinicians took part in local and national improvement initiatives. A member of the administration team was the practice medicines co-ordinator and worked with members of the CCG pharmacy team to ensure that practice prescribing was carried out in line with local and national recommended guidelines.

The most recent published QOF results were 100% of the total number of points available compared with the CCG average of 98% and national average of 96%. The overall exception reporting rate was 12.7% compared with a national average of 9.9%.

- The practice used information about care and treatment to make improvements. We were shown three audits that had taken place in the previous 12 months. One of these audits was of the service offered to 53 patients who had been diagnosed with dementia It showed a 100% compliance with best practice guidelines for their care and treatment.
- The practice was actively involved in quality improvement activity. The practice medicines

Are services effective?

(for example, treatment is effective)

co-ordinator carried out medicines audits to check practice prescribing and adherence to best practice guidelines. Where appropriate, clinicians took part in local and national improvement initiatives. The practice supported the local programme to improve patient care by training non-clinical staff to direct patients to the most appropriate care and treatment available to them.

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, the practice had approved the practice nurse attending training in contraception and sexual health which was to take place over a three month period in 2018.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate and the practice healthcare assistant was undertaking this training at the time of our inspection. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making; there was daily discussion of patients between the principal GP and the nurse practitioner and a weekly clinical meeting for peer review and discussion. The principal GP had acted as a mentor for the nurse practitioner during her training as a nurse prescriber, however, we noted that there was no formal ongoing audit of non-medical prescribing.
- 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, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. All these patients were given a dedicated telephone number to contact the practice directly.
- 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. There were palliative care meetings every three months to review patients receiving end of life care.

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. The practice was able to refer patients who had been identified as at risk of developing diabetes to a national diabetes-prevention programme.
- The practice encouraged patients to attend national cancer screening programmes. We saw that 61% of invited patients had undertaken bowel screening compared to the CCG average of 59% and 58% nationally.
- 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 and tackling obesity.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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.

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. All staff had trained in understanding equality and diversity.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Of these, four cards also mentioned that there could sometimes be a wait for an appointment, two criticised staff attitude and one the telephone system. Patients praised the caring nature of practice staff and said that they were friendly and professional. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 282 surveys were sent out and 111 were returned (39%). This represented about 2.5% of the practice population. The practice was comparable to or higher than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG average 89%; national average 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and national average of 95%.

- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average 88%; national average 86%.
- 99% of patients who responded said the nurse was good at listening to them; CCG average 94%; national average 91%.
- 99% of patients who responded said the nurse gave them enough time compared to the CCG average of 95% and national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average 99%; national average 97%.
- 100% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average 93% and national average 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 86% and national average of 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Staff were alerted to patients with visual or hearing difficulties by means of alerts on patient clinical records.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They asked new patients to identify whether they were providing or receiving care and had appointed a carers' lead to promote the needs of carers in the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as

Are services caring?

carers (0.6% of the practice list). This was an improvement on results from our last inspection which had only identified 13 patients as carers, but was low compared to national and local averages.

Staff told us that if families had experienced bereavement, their usual GP contacted them if it was appropriate. This contact was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 99% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average 94%; national average 90%.
- 96% 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 90% and the national average of 85%.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were offered on Monday and Tuesday evenings until 8pm, including appointments with the practice nurse. The practice was part of a local federation of practices and we saw that they were planning to offer patients extended services on every weekday from 8am to 8pm and on Saturday and Sunday mornings in collaboration with other local practices. There were online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs. They had conducted their own patient survey and had made improvements as a result. For example, they had installed a new telephone system, promoted the online patient services and increased telephone consultation appointments for patients.
- 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, the practice offered longer appointments to patients with complex needs and used interpretation services for patients for whom English was a second language.
- 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.

- Patients with complex needs were offered longer appointments.

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 staff from community services and social care agencies to discuss and manage the needs of patients with complex medical issues.
- The practice offered a service to diabetic patients that involved both the GP and the practice nurse at the same visit to the practice.

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 18 were offered a same day appointment when necessary. The practice ensured that appointments were always available after 3pm each day to accommodate children who had become ill while at school.
- If patients were unable to attend practice clinics for baby vaccinations and health checks, appointments were offered in normal surgery times.

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 with both the nurse and the GP.
- Patients could book appointments and order repeat prescriptions online.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with complex needs were offered longer appointments.
- There were monthly meetings with other health and social care professionals to discuss the care and treatment of vulnerable patients.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively signposted patients to support organisations for those with mental health needs and those who had recently suffered bereavement.
- Staff offered the services of the community matron to patients with mental health needs.

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. Although we were told that there could sometimes be a wait for a routine appointment with a particular GP, five of the patient comment cards we received said that appointments were timely and three said specifically that they always got an appointment in an emergency.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.

- 73% of patients who responded said they could get through easily to the practice by phone; CCG average 70%; national average 71%.
- 85% 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 88% and national average of 84%.
- 90% of patients who responded said their last appointment was convenient; CCG average 87% and national average 81%.
- 75% of patients who responded described their experience of making an appointment as good; CCG average 76%; national average 73%.
- 66% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 66% and national average of 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 available and staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We saw evidence that two written complaints were received in the last year. We reviewed them and found that they were satisfactorily handled in a timely way. We were also told that when patients made verbal complaints, the practice made every effort to handle them at the time of the complaint. If this did not resolve satisfactorily, patients were asked to put their complaint in writing so that it could be reviewed. The practice complaint procedure also allowed for verbal complaints to be recorded by the practice if necessary, however, we saw that this no longer happened.
- 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, when staff reported patient dissatisfaction with the telephone system, the practice changed it so that two lines were available when the surgery opened in the morning instead of one.

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, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. At the time of our inspection, the practice was advertising for a salaried GP to reduce the number of locum GPs employed and had employed a nurse practitioner to address patient service demands.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that managers had an “open door” policy.
- The practice had effective processes to develop leadership capacity and skills; the practice manager had undertaken a nationally recognised practice management course.

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. This vision was “We aim to provide a high quality of care to ALL our patients”. The practice leaders met regularly to discuss service strategy although there was no formal business plan in place.
- The practice had developed its vision and values jointly with staff.
- Staff were aware of and understood the vision and values 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. We were told that they planned to increase access to appointments

for patients from January 2018 by working with the local federation of practices and also to act as a hub for a new diabetic service that was to be offered jointly with a hospital consultant.

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 if there was a need to do so.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Patients were offered apologies wherever appropriate and were invited to the practice to discuss any outstanding concerns. 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. All surgery staff were able to train together at professional development sessions.
- 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 and it was a part of the new staff induction process. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

Good 

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

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.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We noted that these policies were held both in hard copy and online, although sometimes there were different versions of the same policy in existence where the hard copy had not been updated.

Managing risks, issues and performance

There were generally 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 and the practice told us that they would be obtaining a new legionella risk assessment for the building following the recently completed building work. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- 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 although this audit was not always formally documented. 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. We were told that clinical matters were discussed in weekly meetings with clinical staff and that GPs kept their own notes for reference, however, there were no formal minutes of these meetings.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice manager had started at the practice in 2015 and had reviewed many aspects of service delivery and encouraged staff to make suggestions for improvements. Staff told us about changes in reception that they had suggested and that had been implemented. They told us that they felt listened to.
- There was an active patient participation group who met regularly to consider future developments to services and ways to communicate with other patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Good 

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

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was committed to working with other practices in the local area to provide more and better services such as extended opening hours and to be a hub for a more specialised service for some diabetic patients.
- Staff knew about improvement methods and had the skills to use them.
- The principal GP was a trainer and mentor for GPs in training and medical students, and also a GP appraiser for the clinical commissioning group (CCG).
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.