Chiddingfold Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall. (Previous inspection October 2014, rating – Outstanding)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Requires improvement

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 – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced inspection at Chiddingfold Surgery on 2 November 2017. The inspection was carried out as part of our inspection programme

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had 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. However, these were not always effective.
- Staff were motivated and inspired to offer kind and compassionate care and respected the totality of their needs.

Summary of findings

- Data from the national GP patient survey published July 2017 showed patients rated the practice higher than others for some aspects of care.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was also active. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice provided an after school clinic for children one afternoon a week.
- The practice recognised that the patient's emotional and social needs were as important as their physical needs.
- The practice ensured that appropriate patients, those deemed to be at risk or especially frail, received a proactive anticipatory care plan in partnership with the patient and any carer. The practice ensured that all unplanned admissions were contacted within three days of being discharged to review any care required.
- One GP delivered an annual sex education talk to a local primary school whilst another GP delivered an annual talk to a local special needs school on how to access their services.
- The practice had systems to inform eligible patients to have the meningitis vaccine. To assist in the uptake of this vaccination the practice ran late afternoon/early evening clinics to fit in with students who would be at college throughout the day. The practice used these sessions to also discuss any sexual health needs of the patients.
- The practice hosted weekly counselling sessions to enable local access for patients.
- The practice was proactive in undertaking clinical audit to improve patient care.
- The practice had an effective infection control process in place and acted on issues found during audits.
- The practice ensured all recruitment checks were undertaken prior to staff starting employment.
- One GP provided training on traveller culture forregistrars completing their education at the practice.
- A GP, nurse and some reception staff had undertaken additional training in relation to learning disabilities to enhance the care that this patient group received.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Safe care and treatment must be provided in a safe way to patients, including the proper and safe management of medicines and acting on all safety alerts.
- That systems and processes are established and operated effectively to ensure good governance. Including the documenting of assessing, monitoring and improving the quality of service provided.

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

- The practice should review their complaints process to ensure patients are given information on how they can escalate the complaint if they remain dissatisfied.
- The practice should continue their work in improving the delivery of immunisations to children

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

Summary of findings

The six population groups and what we found

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

Chiddingfold Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Chiddingfold Surgery

Chiddingfold Surgery is located in purpose built premises in a semi-rural location. It provides general medical services to 4,684 registered patients. The practice has four GP partners and one GP trainee. Three of the GP partners are female. The team also comprises a practice manager, practice nurses, healthcare assistants, administration and reception staff, a dispensary manager

and dispensary staff. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The practice has a higher proportion of patients over the age of 65 years compared to the national average and serves a population that has lower deprivation levels affecting both adults and children than the national average. The practice has been accredited to provide training to GP trainees.

The practice is open from 8am to 6.30pm Monday to Friday with extended hours appointments available on a Monday evening from 6.30pm to 8.45pm.

The practice has opted out of providing Out-of-Hours services to its own patients and uses the services of a local Out of Hours service when it is closed.

We visited the practice location at Ridgley Road, Chiddingfold, Godalming, Surrey, GU8 4QP. Chiddingfold Surgery also operates a branch surgery at Dunsfold Surgery, 20 Griggs Meadow, Dunsfold, Surrey, GU8 4ND. We did not visit the branch surgery as part of our inspection.

Information relating to the practice can be found on their website, www.chiddsurg.co.uk

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because the arrangements in respect of medicines management required some improvements:

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.
- 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.
- The practice had a system in place to act on safety alerts but these were not always managed effectively. For example, following a recent alert from the Medicines & Healthcare products Regulatory Agency (MHRA) in relation to housebound patients using paraffin based products and the risk of fire. There was no evidence that this had been acted on.

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. Clinicians 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 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.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. However there were some areas in the management of medicines that required improvements.

- 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. However, on the day of inspection an opened, empty, vial of meningococcal vaccine was found, not properly disposed of, in a treatment room.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship including testing patients at the practice presenting with a chest infection to ascertain if they required antibiotics.
- 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.
- Arrangements for dispensing medicines at the practice kept patients safe. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertook continuing learning and development.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- The dispensary staff were able to offer weekly blister packs for patients who needed this type of support to take their medicines and we saw that they had a process for packing and checking. However, there were no descriptions of what each medicine looked like. This would make it difficult for patients or carers to identify the medicine, for example if a medicine needed to be omitted. A medicine information sheet was supplied when the patient first received their blister pack and information given when a medicine changed.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature. However, there had been 19 occasions, since 28 June 2017, where records showed that the temperature had been outside the required range, between 2 C and 8 , without the cause of this being recorded or documenting any actions taken to rectify the situation.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture 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. However, there was an incident where a patient had ended on the floor whilst attempting to get on a treatment couch and this was not entered into the accident book for the practice. Apologies were made following untoward incidents but evidence was seen that there were no notes made within the patient records to reflect the issue.
- There were 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, following a dispensing error where unlabelled medicines were

Requires improvement

Are services safe?

dispensed the practice changed its' process to ensure that checking and signing off of prescribed medicines was undertaken in a clear space and that only labelled items could be dispensed.

- We were informed that significant events and incidents were discussed at practice meetings but there were no minutes of these to enable an audit trail to be verified.
- There was a system for receiving and acting on safety alerts, however this was not always effective as some alerts had not been actioned. For example, following a recent alert in relation to paraffin based products and the risk of fire that was not recalled or information seen that action had been undertaken regarding this. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services although all population groups are rated as requires improvement as the practice was given this rating for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including 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 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:

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- Older patients who are 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Patients are contacted within three days of their discharge to ensure that their care plan is appropriate for their needs and discuss any assistance required.
- The practice ensured that appropriate patients, those deemed to be at risk or especially frail, received a proactive anticipatory care plan in partnership with the patient and this was then made available outside agencies via a software system.

People with long-term conditions:

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- 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.
- The practice held a bi-monthly dietician clinic.
- GPs were present during nurse run flu clinics to undertake opportunistic reviews of patients with chronic conditions.

Families, children and young people:

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- 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% in four areas for children aged between one and two years old. The practice had achieved 90% in one area and 85.7% in three others.
- For patients aged five years the practice achieved 91% and 84% for children receiving two MMR vaccines in comparison to the local CCG average of 85% and 76%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- One GP delivered an annual sex education talk to a local primary school whilst another GPdelivered an annual talk to a local special needs school on how to access their services.

Good

Are services effective?

(for example, treatment is effective)

- The practice had retained an in-house health visitor clinic which ensures that parents do not have to travel further afield to access this support.
- The practice offered shared antenatal care with a weekly midwife clinic which enabled GPs to administer flu and pertussis (also known as "whooping cough") immunisations.

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

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine. To assist in the uptake of this vaccination the practice ran late afternoon/early evening clinics to fit in with students who would be at college throughout the day. The practice used these sessions to also discuss any sexual health needs of the patients.
- The practice ran an extended hours service on a Monday evening between 6.30pm and 8.45pm to assist those who may find attending difficult during normal working hours.
- 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:

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- 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. The practice had a good relationship with the local traveller community following the outreach work they conducted during a previous measles outbreak. One GP delivers a training session to GP trainees at the practice on traveller culture.
- Staff at the practice had undertaken additional training in learning disabilities. Patients with learning disabilities are encouraged by the practice to complete a form detailing the additional support they require.

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

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%.
- The practice hosted weekly counselling sessions to enable local access for patients.
- 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 (practice 91%; CCG 91%; national 91%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF)from 2016-17 results were 99.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.1% and national average of 95.9%. The overall exception reporting rate was 4.2% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Good

Are services effective?

(for example, treatment is effective)

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. For example the practice undertook a clinical audit on inhaler use in relation to asthma patients. This reviewed the appropriateness of their prescription and how effectively patients were using their medicines. This enabled treatment plans to be adjusted where necessary to reflect best practice.

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 practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- 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.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their 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.

Outstanding ☆

Are services caring?

Our findings

We rated the practice outstanding for providing caring services overall although all population groups are rated as requires improvement as the practice was given this rating for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.

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.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 227 surveys were sent out and 113 were returned. This represented about 2.4% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 98% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 90%; national average - 86%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 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. Patients were also told about multi-lingual staff that might be able to support them where appropriate.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers (approximately 2% of the practice list).

- Information leaflets were available for carers to enable them to access appropriate services and carers were invited to receive a flu immunisation. Care plans were formulated in discussion with carers and patients where appropriate.
- Staff told us that if families had experienced bereavement, their usual GP visited them. This visit was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Outstanding ☆

Are services caring?

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 in line with local and national averages:

- 97% 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 89% 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; CCG - 86%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services although all population groups are rated as requires improvement as the practice was given this rating for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.

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, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- 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, a wheelchair ramp was obtained to assist patients to access the branch practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good for providing responsive care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

This population group was rated good for providing responsive care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- 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:

This population group was rated good for providing responsive care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- 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 implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice provided an after school clinic for children one afternoon a week.

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

This population group was rated good for providing responsive care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- 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 on Monday evenings.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- An advice and guidance service that enabled GPs to consult with local hospital consultants that may negate the need for patients to attend a hospital appointment.

People whose circumstances make them vulnerable:

This population group was rated good for providing responsive care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had computer alerts for patients that may need rapid access to appointments. For example patients with suicide ideation.

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

This population group was rated good for providing responsive care but requires improvement overall due to the rating for providing safe and well-led services. There were, however, examples of good practice. For example:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted weekly counselling sessions to enable patient's local access to this provision.
- The practice held bi-monthly meetings with a community psychiatric nurse to review patients.

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 comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone; CCG – 79%; national average - 71%.
- 94% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 90%; national average - 84%.
- 88% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 90% of patients who responded described their experience of making an appointment as good; CCG - 81%; national average - 73%.
- 83% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed these complaints and found that they were handled in a timely way. However, the final response letter from the practice omitted information that sign posted the complainant should they remain dissatisfied with the practice's response.
- 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.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because arrangements for managing good governance required improvement:

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. 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.

- There was a system in place for identifying, capturing and managing issues and risks. However, this was not always effective as there were alerts that had been released of which there was no evidence that these had been actioned. For example, we were informed that they had taken action following an alert on electrical socket inserts but there was no documentation to confirm this.
- The practice had a clear system of governance meetings in place but these were not always minuted to document exactly what was discussed and actions agreed.

Are services well-led?

Requires improvement

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

- 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.

Managing risks, issues and performance

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

- There was a process in place 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. The practice did react appropriately to most alerts but however, there were some alerts, that there was no evidence of active management.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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.
- There was an active patient participation group which undertook their own patient surveys and gave feedback and suggestions to the practice on areas of possible improvement.
- The service was transparent, collaborative and open with stakeholders about performance.

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had failed to ensure the medicine management systems were safe. The provider had failed to act on some safety alerts from external agencies. This was a breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 Regulated Activities) Regulations

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The practice could not demonstrate that they had an adequate governance system in place to manage the assessing, monitoring and mitigation of risks relating to the health, safety and welfare of service users and others who may be at risk due to not documenting these areas sufficiently. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.