

# Clifton Road Surgery

## Quality Report

26-28 Clifton Road  
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Date of inspection visit: 1 March 2018  
Date of publication: 23/04/2018

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

### Ratings

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

# Key findings

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## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clifton Road Surgery on 1 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems, process and practices in place to protect people from abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads.
- The practice had systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice discussed these in meetings, learned from them and improved their processes.
- The systems for the management of fridge temperatures did not always promote the safety of patients. For example, the practice were not able to demonstrate that they had followed their process to investigate a fridge temperature that had appeared to be out of range.
- 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.
- The practice achieved 100% of the available points in the Quality and Outcomes Framework with an overall exception reporting rate of 7%.
- There was evidence of actions taken to support good antimicrobial stewardship.
- The practice had reviewed and increased its workforce and employed additional clinicians with a varied skill mix to help meet the health and social needs of patients and the demand for access to appointments.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff involved treated patients with compassion, kindness, dignity and respect and the National GP Patient survey results reflected this. In addition comment cards we received reported levels of satisfaction with the services at the practice and patients we spoke with provided positive feedback. For example, 94% of patients said the last time they saw or spoke to a GP, the GP was good or very good at listening to them.
- The practice had identified the needs of transgender patients and developed a policy to support their prescribing and psychosocial needs in line with shared care services.

# Summary of findings

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

- Establish an effective system to track, monitor and review the prescribing of high risk medicines.
- Review the recently strengthened system to record investigation of discrepancies in recorded fridge temperatures to ensure that patients are kept safe.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Good</b> 
<b>Are services effective?</b>	<b>Good</b> 
<b>Are services caring?</b>	<b>Good</b> 
<b>Are services responsive to people's needs?</b>	<b>Good</b> 
<b>Are services well-led?</b>	<b>Good</b> 

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Clifton Road 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 Clifton Road Surgery

Clifton Road Surgery is located to the east of Rugby town centre. The practice was formed at the start of the NHS in 1948 and moved to its current location at a later date. There are currently 13,459 patients registered at the practice.

The practice is in an area with some pockets of deprivation and a growing migrant population, especially from eastern Europe. Rugby is one of the fastest growing towns in England and the growth of the town's population has placed increased demands upon the practice. It is also based in a listed building which has planning restrictions. It is a longer term aim of the partner GPs and practice management to relocate the practice to more suitable facilities.

Clifton Road Surgery offers a range of NHS services including an antenatal clinic run by a community midwife and minor surgery. The practice offers a range of services including, family planning service, travel health, long term conditions, sports medicine, well man and well woman, and smoking cessation support. It is also a training practice and regularly hosts trainee GPs.

Parking is available on site and the practice has facilities for disabled patients.

The practice has six GP partners (a mix of male and female), two salaried GPs, three primary care practitioners (who are able to issue prescriptions), three practice nurses, two healthcare assistants and a paramedic. The clinical team are supported by a practice manager, a deputy practice manager, a team leader and a team of administrative and reception staff.

A chaperone service is available patients who request the service. This is advertised throughout the practice.

Clifton Road Surgery is open between 8am and 6.30pm Monday to Friday except for Tuesdays when it provides extended hours between 7am and 8am. Telephone lines are open until 6.30pm and a duty doctor is often available until 7pm each day. Saturday morning appointments are offered and telephone consultations are also available to suit the needs of the patient. The practice does not provide out of hours services to their own patients. Patients are provided with information about local out of hours services which they can access by using the NHS 111 phone number.

The practice website can be viewed at:  
[www.cliftonroadsurgery.co.uk](http://www.cliftonroadsurgery.co.uk)

## Why we carried out this inspection

We carried out an announced comprehensive inspection at Clifton Road Surgery on 1 March 2018 as part of our inspection programme.

# Are services safe?

## Our findings

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

- The practice had systems for monitoring high risk medicines, but they needed strengthening to review the effectiveness of actions taken. For example the monitoring of methotrexate with secondary services.
- When fridge thermometers showed discrepancies in an out of range temperature for 4 days during November 2017 the practice were unable to demonstrate that this event had been flagged or investigated further prior to our inspection.

### Safety systems and processes

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. Staff knew how to identify and report safeguarding concerns and had access to staff leads and contacts for external safeguarding agencies. Staff shared examples of reporting safeguarding concerns and worked with other agencies to support patients and protect them from neglect and abuse. GP safeguarding leads attended meetings with health visitors and midwives every six weeks.
- The practice had a range 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 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. Most had received a DBS check, however we found that in the absence of one check they had carried out a risk assessment to ensure that the person was suitable to carry out the specific role required of them.
- There was an effective system to manage infection prevention and control. There was a designated infection prevention and control (IPC) clinical lead in place. We saw the most recent IPC audit had been carried out in 2017.
- 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. All of the staff we spoke with told us that there were enough staff to cover the needs of the service. Staff were able to cover for each other when absent.
- There was an effective induction system for temporary staff tailored to their role. For example, we saw evidence of checks in place for a locum GP that included checks made against their registration status, qualification and a DBS check. Internal procedures, and workflow information were discussed as part of the induction process.
- 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. Non-clinical staff had received training on basic life support.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

## Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### 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 had carried out a risk assessment to support their decision about which medicines to stock.
- 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 had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. This was regularly discussed and reviewed against prescribing benchmarking.
- Management of high risk medicines was mostly managed effectively, however we found that the monitoring of methotrexate showed that out of 46 patients, nine had evidence of blood monitoring in a recommended timeframe. On the day of inspection, staff we spoke with explained that bloods carried out by secondary care services are always reviewed before repeat prescriptions were issued however this was not evident on the day of the inspection. Immediately following the inspection the practice sent documentary evidence of the last blood monitoring carried out for all of the 46 patients to confirm that this was regularly monitored.
- The practice had installed data loggers in the vaccine fridges to provide an ongoing electronic record of the fridge temperatures. However on the day of inspection

we found that visible checks showed discrepancies to the fridge thermometer log. The practice were subsequently able to demonstrate that the temperatures inside the fridge had not deviated from the acceptable temperature range but were not able to demonstrate that they followed their own procedure for investigating this type of incident.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, Control of Substances Hazardous to Health (COSHH) and fire risk assessments.
- 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. Most staff were able to share an example of a significant event and leaders and managers supported them when they did so. Twenty significant events were reported in 2017.
- 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. Significant event meetings were held quarterly and representatives from each team attended and fed back any lessons learnt. We saw evidence at which reception staff were reminded to check patients' names and dates of birth carefully to avoid errors, such as the wrong patient being booked in to a clinic.
- There was a system for receiving and acting on safety alerts. Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE). Searches were made to identify any patients affected by alerts and they were actioned and discussed in clinical meetings. However, whilst alerts had been actioned and discussed there

## Are services safe?

was no effective system to monitor and review actions taken. The practice learned from external safety events as well as patient and medicine safety alerts. We

checked a numbers of alerts including a recent alert for women of child bearing age who were prescribed a certain long term medicine and found that it had been actioned appropriately.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of hypnotics prescribed per Specific Therapeutic group was comparable to the CCG and national average.
- The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing data was comparable to the CCG and national average.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was comparable to the CCG average of 9% and national average of 8%.
- 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:

- The practice worked closely with the voluntary sector to refer patients for social prescribing services. For example, Connect Well who support patients to improve their health and wellbeing through activities and self-help groups. During our inspection the practice informed us that they were the highest referrer to the local voluntary service.
- 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 if necessary were referred to other services such as voluntary services and was supported by an appropriate care plan.

- The practice followed up older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Patients over the age of 75 years had a named GP.

### People with long-term conditions:

- The practice offered a number of clinics for patients with long-term conditions. Patients 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.
- GPs had lead roles for long term conditions for example, hypertension, diabetes and atrial fibrillation (heart condition). Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 95% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was comparable with the CCG average of 90% and the national average of 90%.
- The percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 83% compared with the CCG average of 80% and the national average of 79%. The practice exception rate of 10% was lower than the CCG average of 11% and the national average of 12% (Exception reporting is the removal of patients from Quality Outcome Framework 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.)
- Longer appointments and home visits were available if required.

### Families, children and young people:

- Childhood immunisations were offered by the practice and carried out in line with the national childhood

# Are services effective?

## (for example, treatment is effective)

vaccination programme. Patients who missed any of their immunisations were followed up and recalled. Uptake rates for the vaccines given were above the target percentage of 90%

- The practice held antenatal clinics with visiting community midwives. The practice provided health surveillance clinics where the mother and baby were reviewed.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Full contraception services were offered including implants and intrauterine contraceptive devices (IUD).
- There were appointments outside of school hours and any child who needed an appointment was seen on the same day.
- The practice held safeguarding meetings every six weeks with midwives and health visitors.
- The practice building was suitable for children and babies.

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

- Data showed that the practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme. However during inspection the practice provided evidence to demonstrate that their most recent unpublished data for cervical screening was 93%.
- 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. Over a 12 month period the practice had offered 195 patients a health check. 145 patients checks had been carried out.
- Telephone consultations were available for patients who did not need a face to face appointment.
- GP and healthcare assistant (HCAs) appointments were available from 7am on Tuesday's and Saturday morning appointments were offered.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice discussed palliative care patients at monthly multi-disciplinary meetings to ensure those who were approaching end of life have a more cohesive plan of care.
- The practice held registers of groups of patients living in vulnerable circumstances including carers and patients with a learning disability.
- The practice worked with voluntary services to refer patients for additional support. For example, social prescribing.

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

- Patients had access to Improving Access to Psychological Therapies (IAPT) counselling.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 96% compared with the CCG average of 91% and the national average of 90%.
- The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96% compared with the CCG average of 94% and the national average of 95%.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice carried out a full cycle audit on the management of osteoporosis to identify patients who should be on the register. The practice reviewed the risk of medicines for patients and implemented a new template to capture and monitor and treat patients effectively .

Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96%. The

# Are services effective?

(for example, treatment is effective)

overall exception reporting rate was 7% 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.)

## 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, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including 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.
- 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.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We spoke with five patients on the day of our inspection and received eight patient Care Quality Commission comment cards. All of the comment cards were highly positive about the care and treatment experienced, that clinicians always took the time to listen to them and that staff were friendly and helpful. This aligned 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. 225 surveys were sent out and 99 were returned. This represented about a 44% response rate and approximately 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 87% of patients who responded said the GP gave them enough time compared with the CCG average of 85% and the national average of 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.

- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.
- 96% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 94% of patients who responded said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 85% and the 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 and longer appointments could be provided for patients who did not have English as a first language. Notices were displayed in reception areas and information leaflets were on display in different languages.
- Staff communicated with patients in a way that they could understand, for example, staff printed off practice leaflets in large font if required.
- Staff helped patients and their carers to find further information and access community and advocacy services.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. There was a carers' identification protocol which detailed the practice's approach to

## Are services caring?

identifying and supporting carers. The practice had identified 101 patients as carers (approximately 1% of the practice list). A carers' pack had been compiled by the practice. The pack contained details of local carers' support organisations. Information about support services was also available on the practice website.

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

Results from the national GP patient survey showed patients 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:

- 92% 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 85% 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 with the CCG average of 80% and the national average of 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average and national averages 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 across all population groups.**

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments. Advice for minor illnesses and long term conditions were available on the practice's website.
- The practice improved services where possible in response to unmet needs. For example, purchasing an ankle brachial pressure index (ABPI) to monitor blood pressure for artery disease.
- The facilities and premises were appropriate for the services delivered. There was easy access for patients with limited mobility.
- The practice made reasonable adjustments when patients found it hard to access services. For example, a hearing loop was available at the practice. Telephone consultations were available with a duty GP and the advanced nurse practitioner for patients unable to access the practice. Home visits were provided for patients who were housebound or had enhanced needs. Saturday morning appointments were available to meet the needs of working people, families and children.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. For example, agreed care plans were in place and 'do not attempt cardiopulmonary resuscitation' (DNACPR) plans were reviewed regularly for patients nearing the end of their life.
- The practice had identified the needs of transgender patients and developed a policy to support their prescribing and psychosocial needs in line with shared care services. They had highlighted the awareness of patients with gender dysphoria with NHS England.

- The practice worked with slimming clubs and made referrals for patients with weight management needs.
- The practice ran joint injection clinics by a lead GP who specialised in sports medicine. Patients who required assessment and treatment for sports related injuries could be referred for treatment.

### Older people:

- All patients over 75 years 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.
- All patients identified as frail received an enhanced care record and an annual review including a fall assessment.
- 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 Primary Care Practitioner also accommodated home visits for those who were housebound.
- The practice made referrals to voluntary services for patients with social prescribing needs.

### People with long-term conditions:

- The long term condition registers were regularly updated and assessed annually and patients were reviewed on a regular basis. Patients with multiple conditions could be reviewed at one appointment and consultation times were flexible to meet each patient's specific needs.
- The practice held long term condition clinics. For example, asthma, dermatology, diabetes, chronic obstructive pulmonary disease (COPD), joint injections, heart and blood pressure clinics.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with long term conditions were offered flu vaccinations.
- The practice completed home visits to patients with complex needs and worked with other health and care professionals to deliver a coordinated package of care.

### Families, children and young people:

# Are services responsive to people's needs?

(for example, to feedback?)

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A midwife ran a regular antenatal clinic from the practice.
- A full range of contraception services were offered including implants and intrauterine contraceptive devices (IUD's).
- Congratulations cards were sent to new mothers with a 6-8 week check appointment.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered appointments at 7am and 8pm on Tuesdays and Saturday morning appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Students were eligible to register as temporary patients whilst away at university.
- The practice offered Well Woman and Well Man clinics for patient healthchecks.
- Patients attending the heart and blood pressure clinic had a follow up telephone review with a GP.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A register of carers were detailed on patient records and they were offered flu vaccinations.
- The practice completed flu vaccinations to housebound patients.

- 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 implemented a prescribing policy for transgender patients which supported shared care prescribing arrangements with secondary services to ensure continuity of care

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 held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- A psychologist provided weekly clinics at the practice to support patients experiencing poor mental health.
- The practice made referrals to specialist services to support patients and their carers who were diagnosed with dementia.

## 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.

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

# Are services responsive to people's needs? (for example, to feedback?)

- 59% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 71% and the national average of 71%.
- 89% 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 with the CCG average of 83% and the national average of 84%.
- 86% of patients who responded said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 74% of patients who responded described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 68% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

The practice was proactively working to improve access to appointments. They were aware of the lower results for telephone access and were looking at a new system to implement in the near future. Patients had access to online appointments bookings and sit and wait appointments. Staff had encouraged patients to book online to reduce the demands of telephone access. We saw evidence that 42% of appointments and prescriptions were made on-line.

## 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. A GP was the lead for managing complaints. The majority of patients we spoke with were not aware of how to make a complaint, however we saw evidence of complaint leaflets and posters in reception areas. Information was also available on the practice website. Ten complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, by offering longer appointments and flexibility to patient needs. Lessons learnt were shared with staff at regular practice meetings.

# 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.
- The practice demonstrated knowledge of the local area and issues and priorities relating to the future of services. They understood the challenges of providing services in an area of a growing population and were addressing them.
- Staff told us that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- All GPs had lead roles to manage clinical care and health needs of patients.
- 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 demonstrated knowledge of the local area and issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, providing advanced nurse prescribers (ANPs) and a paramedic to reduce the demand on GP appointments and to provide an alternative complementary source of primary healthcare alongside services traditionally provided by GPs.

- 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 worked well together and were proud to work in the practice. All staff we spoke with on the day of inspection told us they could discuss any issues with GP's and practice manager.
- 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. For example, the practice shared an example of when a patient was given a vaccination they had already been administered. The practice learned from this case and ensured that nurses always checked the immunisation record before giving a vaccination to a patient. 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. We saw an example where an admin member of staff was given the opportunity to develop their role and undertake further safeguarding training to become an additional safeguarding champion.

# Are services well-led?

Good 

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

- 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.

- 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.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The GP and nurses had lead roles in key areas. The practice held meetings staff to ensure learning was shared from significant events and all staff were aware of issues.
- 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. However when fridge thermometers showed discrepancies in an out of range temperature for 4 days during November 2017 the practice were unable to demonstrate that this event had been flagged or investigated further prior to our inspection.

## Managing risks, issues and performance

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

- There were processes 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 Medicines and Healthcare products Regulatory Agency (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. For example the practice reviewed the risk of medicines for patients with Osteoporosis and implemented a new template to capture, monitor and treat patients.
- The practice had plans in place and had trained staff for major incidents. For example, regular fire safety checks and drills.
- 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. For example the appointment of a paramedic.

## 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.

# Are services well-led?

Good 

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

- The practice used information technology systems to monitor and improve the quality of care. Recently, the practice had started to encourage a greater use of its on-line services and had seen an increase in the numbers of patients doing so each month.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice was looking at ways to improve the telephone access following their feedback from the patient survey results and PPG.
- Clinical staff held daily meetings and weekly practice meetings.

- There was an active patient participation group. A new chair had recently been appointed. The practice fed back to the PPG about any changes within the practice including updates on the telephone access.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had taken measures to capture patient feedback and we saw evidence of an action plan developed to address these.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had recognised the needs of transgender patients and implemented a policy to support their prescribing with secondary services.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.