

# Wellfield Medical Centre

## Quality Report

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Website: [www.wellfieldmedicalcentre.com](http://www.wellfieldmedicalcentre.com)

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection July 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Wellfield Medical Centre on 20 March 2018.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had a comprehensive understanding of the performance of the practice and how it was maintained.
- 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 had visible clinical and managerial leadership and governance arrangements in place.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

We saw one area of outstanding practice:

The practice provided an in house weekly sexually transmitted diseases clinic (STD). Patients were given the choice of a male or female GP and were provided with a double appointment. We saw evidence of 109 patients treated between, 2016-2017. We also saw evidence of these clinics being fully audited on a regular basis.

The areas where the provider should make improvements are:

- Improve the infection control policy so it contains up to date information.

# Summary of findings

- Improve clarity around the management of risk. Staff who act as chaperones should be trained and have individual risk assessments in place.
- Improve role specific job description information within staff folders.
- Continue to review the Patient Participation Group (PPG) and new ways of engagement.
- Add the full address of the Parliamentary and Health Service Ombudsman(PHSO) in the complaints policy.

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

# Wellfield Medical Centre

## 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 Wellfield Medical Centre

Wellfield Medical Centre is the registered provider and provides primary care services to its registered list of 10,100 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Manchester Health and Care Commissioning (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated

activities of diagnostic and screening procedures; maternity and midwifery services; treatment of disease, disorder and injury; surgical procedures and family planning.

Regulated activities are delivered to the patient population from the following address:

55 Crescent Road

Crumpsall

Manchester

M8 9JT

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

[www.wellfieldmedicalcentre.com](http://www.wellfieldmedicalcentre.com)

The practice is situated in an area at number one on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services.

# Are services safe?

## Our findings

**We rated the practice as good for providing safe services.**

### Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Clinical staff took an active role in following up children at risk who did not attend set clinics. These follow ups were initially by sending a letter and then a home visit to ensure the child's safety.
- Some staff who acted as chaperones were trained, however some staff had not received training and were carrying out the role of a chaperone. All staff who had not received the training stopped performing this role until training was completed. There had been no Disclosure and Barring Service (DBS) checks on any of the chaperones; however the practice had completed a generic risk assessment covering all staff in one document. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, we identified some of the questions on the practice application form needed to be reviewed and restructured, to ensure they were fair and consistent.
- There was an effective system to manage infection prevention and control. There had been several audits in place, including minor surgery. However, the infection control policy had references to Primary Care Trusts (PCT) which are no longer in place.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

However, the window blinds in the surgery did not meet safety requirements and were potentially hazardous due to them having a loop system in place. During the inspection we were shown evidence that quotes had already been sourced to replace all the blinds.

- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, due to the increase in patient population and increased appointments the practice employed another GP partner into the practice, to deal with the growing capacity.

### Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols; these were reviewed daily to ensure none were missed and that all appropriate actions or responses had taken place.

# Are services safe?

## Appropriate and safe use of medicines

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

- The practice reviewed overdue repeat medicines on a weekly basis. Each doctor was assigned a percentage of these patients, where they performed a review of the patient's medicines as a whole, whilst ensuring these were linked to a problem.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. For example, all medicines requested by a patient were scanned into the system and looked at by the doctors in the first instance. Any new or changed medicines were done solely by a GP. We observed that two audits per month were taking place to ensure consistency.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

## Track record on safety

The practice had a good track record on safety.

- We found some risk assessments within the practice had not taken place. For example, we observed window blinds cords within the practice had not been risk assessed. During the inspection we were shown quotes were in place to replace these throughout the practice.
- There were comprehensive risk assessments in relation to safety issues. For example, the GP managing partner and practice manager performed a weekly walk around the premises, to ensure cleaning and safety standards were maintained.
- The practice closely monitored and reviewed activity weekly. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were robust 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' immediate and on-going 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.
- The average daily quantity of hypnotics prescribed by the practice was 1 unit which was comparable to other practices in the CCG (1 unit) and nationally (1 unit).
- The number of antibacterial prescription prescribed by the practice was 1 unit which was comparable to other practices in the CCG (1 unit) and nationally (1 unit).
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (practice 4%) was comparable to other practices in the CCG and nationally.

### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- The practice had developed a bespoke frailty template which auto generated a practice template and practice protocol. The template then coded and prompted the clinicians to follow the in-house process.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients receiving appropriate interventions with asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 81% (CCG 77%, National 76%).
- The percentage of patients receiving appropriate interventions for diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 72% (CCG 78%, National 78%).
- The percentage of patients receiving appropriate interventions with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was five mmol/l or less was 82% (CCG 81%, National 80%).
- The percentage of patients receiving appropriate interventions with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 95% (CCG 91%, National 90%).
- The percentage of patients receiving appropriate interventions with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 82% (CCG 82%, National 83%).
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.



# Are services effective?

## (for example, treatment is effective)

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 83%, which was above the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was in line with the CCG average of 84% and the national average of 84%.
- 83% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 90% and the national average of 90%.
- 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 91%. The CCG average was 91% and the national average was 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

### Monitoring care and treatment

The most recently published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 97%. The overall exception reporting rate was 14% 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.) The practice was not an outlier for any indicators.



# Are services effective?

## (for example, treatment is effective)

- The practice held a weekly sexually transmitted disease (STD) clinic, run by both a female and male clinician. Patients were given double appointments and we saw evidence that 109 patients had been treated between 2016-2017. All clinics were fully audited on a regular basis.
- Trainee doctors were assigned their own clinical lead. We saw evidence of meetings between the GP leads taking place with any incidents or events dealt with immediately and learning discussion was then documented. These discussions were then shared with the wider clinical team. We were told during the inspection that feedback sessions from the GP leads could be more frequent.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice used information about care and treatment to make improvements. For example the practice has 16 electronic tablets with separate SIM cards used to access the clinical IT system and to ensure all data was entered directly into the system on home visits.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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, whilst also being trained to mentor students in cervical screening.
- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).
- 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 on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

### Coordinating care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- The practice developed bespoke computer templates linked to national and local current guidance, also linking to the development needs and process of work within the practice to ensure high quality care. For example, all newly registered adults were offered HIV testing in accordance with guidelines. However, on the day of the inspection, one patient told us they found this question to be quite offensive to them.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had developed an in house process to ensure all referrals were actioned on the same day by a clinician and had a robust system to monitor all two week referrals to avoid any losses or delays that may have occurred

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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

# Are services effective?

(for example, treatment is effective)

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.

- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (practice 53%) was comparable with other practices in the CCG (54%) and the national averages (50%).
- Staff discussed changes to care or treatment with patients and their carers as necessary.

## 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 as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed on the day of the inspection about the way staff treat people. One patient told us they felt the waiting times were not good and they felt certain questions asked in consultation were not appropriate, for example their HIV status.
- Staff understood patients' personal, cultural, social and religious needs and acted on them.
- The practice gave patients timely support and information.
- Six of the seven patient Care Quality Commission comment cards we received were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 384 surveys were sent out and 106 were returned. This represented about 1% of the practice population. The practice was mostly in line for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; CCG - 91%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.

- 94% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

### Involvement in decisions about care and treatment

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

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:

- 85% 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 86% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice provided their own extended hours for patients daily between 6.30pm and 7.30pm also offering Saturday appointments to patients.
- The practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. They had two hoists, one manual and one electrical to support patients' needs.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the 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:

- 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:

- 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.
- The practice provided an in-house phlebotomy (taking blood) service.
- The practice initiated insulin in the community for patients with diabetes.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

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

- Patients living with depression or anxiety were followed up every four weeks and no medicines were given on repeat prescription to ensure regular communication and follow ups of patients were taking place regularly.
- The practice held a dedicated weekly GP led dementia clinic. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

### Timely access to care and treatment

# Are services responsive to people's needs?

## (for example, to feedback?)

Patients told us that access and time to be seen by a GP was not acceptable if you were not an emergency. Patients told us they could wait up to four hours to be seen on the day. The practice explained they had a policy to never refuse a patient and that the process and waiting time is clearly explained to all patients prior to attending the practice. This system had been in place for four years.

- The practice had a protocol in place for the 2% of the practice population, who were registered for being at risk of unplanned admissions into hospital.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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. 384 surveys were sent out and 106 were returned. This represented about 1% of the practice population.

- 77% 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%.
- 52% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%. This was now reviewed and monitored closely by the practice. The practice had a system to monitor all incoming calls and number of rings before each call was answered. These were reviewed each morning to ensure targets were met and to identify any need to increase support to staff.

- 78% 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 - 72%; national average - 76%.
- 68% of patients who responded said their last appointment was convenient; CCG - 72%; national average - 81%.
- 68% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 81%.
- 28% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%. The practice explained they had a policy to never refuse a patient an appointment on the day which impacted on waiting times for some. The process including the waiting time was clearly explained to all patients prior to attending the practice. The practice held daily review meetings, where they analysed the data from the previous day/ week of all appointments and incoming calls.

### 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 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.
- The full address of the Parliamentary and Health Service Ombudsman( PHSO) was not included in the policy or practice information leaflet.

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

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

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

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region and nationally. 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.
- There was a regular meeting agenda for all staff throughout the month, with clear objectives and learning shared.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, regular audits of the GPs consultations and their use of the internal processes were monitored and discussed on a regular basis.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had developed 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 needed. 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 were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- The practice had clinical and non-clinical leads and systems in place to effectively manage significant events, safeguarding, education and quality for the practice. For example we saw evidence of the GP governance lead taking an active role to ensure regular audits, meetings, training and communication were in place.
- 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



# Are services well-led?

Good 

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

and co-ordinated person-centred care. For example, a very detailed template had been developed named the “outstanding administration tasks spreadsheet” which was reviewed daily by the GP managing partner, deputy manager and office supervisor. The aim was to review appointments, monitor calls and appointments into the practice, whilst checking all referrals and letters had to be actioned. Any problems identified, would be sent directly to the clinician via a task, to action and sign off digitally as completed.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- All clinician’s rooms had two IT screens to allow hospital letters or referrals to be viewed together with the clinical IT system.
- Practice leaders had established robust policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, we identified that within the staff personnel folders, there was no job specification rather a basic generic description.

## Managing risks, issues and performance

There was clear and effective clarity around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had multiple processes and policies which had been adapted and implemented from clinical reviews and meetings. This ensured that all relevant guidelines were reflected, from care and risk assessments, care plans, medical records and investigation and test results.
- Multiple clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change working practice in order to improve quality.
- The practice had plans in place and had trained staff for major incidents.

- The practice implemented service developments and clinicians were involved when making efficiency changes because they understood the impact on the quality of care. For example, close monitoring of practice performance identified a need to increase clinical capacity and resulted in the addition of a GP partner.
- The practice implemented service developments and where efficiency changes were

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to the full capacity in technology and to ensure and improve the practices performance.
- Quality and sustainability were discussed in multiple 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 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.



# Are services well-led?

Good 

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- The practice had recently sent out 600 emails to patients to join the Patient Participation Group (PPG) and received no replies. The practice manager explained they were struggling to engage patients to join the PPG.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The clinical nursing staff had a monthly learning session with a clinician. For example, they submitted topics they felt they would like to know more about and these would be discussed.
- There was a focus on continuous learning and improvement.
- 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.