

Broadway Medical Centre

Quality Report

Broadway Medical Centre, 164 Great North Road,
Gosforth, Newcastle Upon Tyne, NE3 5JP

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection December 2014 – 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 Broadway Medical Centre on 24 November 2017. This was as part of our on going inspection programme.

At this inspection we found:

- The practice had clear systems to keep patients safe and safeguarded from abuse.
- 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 reliable systems for appropriate and safe handling of medicines.
- 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.
- Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Although the majority of patients were satisfied with access to the service, some patients fed back concerns relating to the process for getting appointments and appointment availability.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice proactively used performance information to drive improvement.

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

- Ensure that all staff who act as chaperones are subject to a disclosure and barring service (DBS) check.

- Maintain an audit trail for prescription stationery, in line with best practice guidelines.
- Check that quality improvement activity has delivered the expected improvements, by carrying out the full audit cycle.
- Continue with the plan to carry out appraisals for all staff.

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

Broadway Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist advisor.

Background to Broadway Medical Centre

Care Quality Commission registered Broadway Medical Centre to provide primary care services.

The practice provides services to approximately 2,600 patients from one location, which we visited as part of this inspection:

- Broadway Medical Centre, 164 Great North Road, Gosforth, Newcastle upon Tyne, NE3 5JP.

Broadway Medical Centre is a small sized practice providing care and treatment to patients of all ages, based on a

Personal Medical Services (PMS) contract agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG). There is more information about the practice on their website at www.broadwaygosforth.nhs.uk.

The practice has two GP partners (one male and one female). They employ a practice manager, a business manager, three nurses and staff who undertake reception and administrative duties.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in the fourth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 80.5 years, compared to the national average of 79.4 years. Average female life expectancy at the practice is 85.1 years, compared to the national average of 83.1 years.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff, but the practice had not formally reviewed these on a regular basis. They did, however, clearly outline whom to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We discussed Disclosure and Barring Service (DBS) checks with the practice. (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). Although all clinicians had undergone DBS checks, not all non-clinical staff had. The practice told us they planned to review this decision to ensure they were following best practice in this area.
- 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. However, not all had received a DBS check. The practice managed this risk by using practice nurses, who had undergone a DBS check for all intimate examinations. However, they did not have a risk assessment in place to support this. The business manager told us they would carry out DBS checks for all practice staff going forward, including all those who carried out the role of chaperone.
- There was an effective system to manage infection prevention and control. The practice planned improvements in this area as part of their continual

development. This included the practice nurse taking on the lead for infection control, inviting the local clinical commissioning group lead nurse for infection control to review the practice's infection control procedures and introducing regular deep clean procedures.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities for managing emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely; however, they did not

Are services safe?

have processes in place to audit their use. The practice devised a template on the day of the inspection to support them to do this, and told us they planned to implement it immediately.

- 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.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. However, we noted a gap in the monitoring of patients prescribed a blood thinning medicine, warfarin. A third party commissioned health care provider monitored the needs of these patients, but there was no feedback loop between this service and the practice. The practice wrote to us after the inspection to say they had addressed this concern by implementing a check on results of blood tests prior to issuing prescriptions for warfarin.
- The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident when samples were left overnight because the courier did not attend as expected, the practice reminded staff of their responsibilities to ensure all essential tasks were completed before the end of surgery.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice had good arrangements in place to maintain low prescribing rates for antibiotics and hypnotics, in line with local and national guidelines.

- The practice was a low prescriber of hypnotic medicines. The average daily quantity of hypnotics prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU) was 0.54. This compared to a clinical commissioning group (CCG) average of 0.75 and a national average of 0.98.
- The practice was a low prescriber of antibiotics. The number of antibacterial prescription items prescribed per STAR PU was 0.9, compared to a CCG average of 1.12 and a national average of 1.01.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was 3.5%, which was lower than the CCG average of 5% and the national average of 4.7%. Good antimicrobial stewardship is for broad-spectrum antibiotics like quinolones and cephalosporins, to be reserved to treat resistant disease.

Older people:

- Older patients who were frail or may have been 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.
- The practice did not routinely invite patients aged over 75 for a health check. However, the majority of these patients received health checks as they had long-term conditions. Only 16 of the 173 patients over 75 did not

have a long-term condition. The practice told us they would invite these patients for a health check going forward. Following a health check, if necessary patients 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.

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 practice achieved high performance across all long-term conditions monitored through QOF, achieving 100% of the points available for all of the 19 clinical health domains. Examples of high performance, included, 90.5% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months, compared to a CCG average of 88.9% and a national average of 89.8%.

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.

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

- The practice's uptake for cervical screening was 71.7%, which was below the 80% coverage target for the national screening programme. However, it was in line with the CCG average of 71.9% and the national average of 72.8%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

(for example, treatment is effective)

- 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 to help them coordinate and provide appropriate medical support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

- For the practice, 90.9% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 88.9% and a national average of 90.3%.
- Patients at risk of dementia were identified and offered an assessment.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was higher than the national average at 93.8% (compared to a CCG average of 85.4% and a national average of 83.8%).
- 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 a recording of blood pressure within the preceding 12 months was 91.7%. This compared to a CCG average of 90.1% and a national average of 90.5%.

The percentage of patients experiencing poor mental health who had a record of alcohol consumption within the preceding 12 months was 100%. This compared to a CCG average of 91.4% and a national average of 90.7%.

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Monitoring care and treatment

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 95.5% and the local CCG average of 97.7%. (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice had achieved 100% of the points available for all of the 19 clinical and 6 public health domains within QOF.

The overall exception reporting rate was 11.7% compared with a CCG average of 10.1% and a national average of 9.9%. (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.) Our discussions with the lead GP and a review of a sample of records (where patients had been exception reported), showed appropriate processes had been followed.

This practice was not an outlier for any QOF (or other national) clinical targets.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used information about care and treatment to make improvements. The practice had undertaken three clinical audits within the last year. For example, an audit to identify those patients with diabetes at risk of hypoglycaemia (a deficiency of glucose in the bloodstream) had been carried out. The

Are services effective?

(for example, treatment is effective)

practice had identified improvement action as a result of these audits. However, they had yet to carry out a repeat audit cycle to determine if the identified actions had successfully improved patient care.

- The practice was actively involved in quality improvement activity. They used benchmarking and performance information to identify areas and take action where they could improve. For example, they monitored prescribing data, referral rates and appointment availability and took action to improve where they identified they were not in line with comparators.

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

- The practice was implementing the Year of Care initiative. This approach helps patients to manage their own long-term condition, with improved patient involvement and self-management.
- The practice was in the process of implementing the local CCG initiative of Primary Care Navigators, to support referral of patients with social, emotional or practical needs to a range of local, non-clinical services.
- The practice regularly participated in clinical research where it benefited their patients or the local health economy.

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. Records of skills, qualifications and training were maintained but were disorganised. The practice recognised there was a risk staff may miss required mandatory updates because of this, so were in the process of setting up a monitoring system.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, there had been a recent delay in undertaking annual appraisals. Managers were in process of addressing this.

- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision-making.
- 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.
- The practice was below average for the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway (in 2015/16). The practice referral rate was 29.4%, compared to a national average of 52%. The practice was not, however, noted as an outlier for this indicator. We spoke with the practice about this, who did not know the reason for their performance. However, they told us they would investigate this further to see if any improvement could be made to bring them in line with comparators.
- 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.

Are services effective?

(for example, treatment is effective)

- 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.
- There were positive comments on all 45 patient Care Quality Commission comment cards about how caring, respectful and compassionate staff were.
- The practice had not any received any completed NHS Friends and Family Test (FFT) responses in July, August or September 2017. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). The practice had identified patients were not being encouraged to complete the FFT, and were taking steps to address this.

Results from the National GP Patient Survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. There were 314 survey forms distributed for Broadway Medical Centre and 118 forms returned. This was a response rate of 38% and equated to approximately 4.5% of the practice population.

The practice was broadly in line with averages for its satisfaction scores on consultations with GPs and nurses. For example, of those who responded:

- 87% said the GP was good at listening to them; (clinical commissioning group (CCG) - 91%; national average - 89%).
- 87% said the GP gave them enough time; (CCG - 90%; national average - 86%).
- 97% said they had confidence and trust in the last GP they saw. (CCG - 97%; national average - 95%).

- 82% said the last GP they spoke to was good at treating them with care and concern; (CCG - 89%; national average - 86%).
- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%).
- 96% of patients who responded said the nurse gave them enough time; (CCG - 95%; national average - 92%).
- 97% said they had confidence and trust in the last nurse they saw; (CCG - 98%; national average - 97%).
- 93% said the last nurse they spoke to was good at treating them with care and concern; (CCG - 93%; national average - 91%).
- 90% said they found the receptionists at the practice helpful; (CCG - 88%; national average - 87%).

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. They requested this information as part of the new patient registration process. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (1.3% of the practice list).

- The practice referred carers to the local carer's organisation, and to local social prescribing initiatives such as the Ways to Wellness service and primary care navigators. (Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.) The practice also referred other

Are services caring?

patients to these services, where appropriate. The practice did not currently carry out annual health checks for carers, but this was something they planned to introduce shortly.

- 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. Patients told us GPs in the practice had been very helpful to them during periods of bereavement.

Results from the National GP Patient Survey we reviewed showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment and results when compared with local and national averages. For example, of those who responded:

- 83% said the last GP they saw was good at explaining tests and treatments; (CCG - 89%; national average - 86%).
- 79% said the last GP they saw was good at involving them in decisions about their care; (CCG - 86%; national average - 82%).

- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; (CCG - 92%; 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 - 89%; national average - 85%).

Overall, the 45 CQC comment cards we received were positive about the care and support patients received. In particular, a few cards specifically mentioned the support staff gave patients in managing long term and chronic conditions. One patient noted they felt they worked in partnership with the practice to manage their condition. The members of the patient participation group we spoke with also gave positive feedback about the support they had received. They told us they felt staff went above what they would normally expect, particularly when they or their loved ones were bereaved or had serious life threatening illnesses.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice nurse saw patients in the treatment room where their mobility made it difficult for appointments to take place in the smaller consultation room. They adhered to accessible information standards.
- 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.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice publicised the 'little orange book', to help parents and carers to recognise and then respond appropriately to acute illness in young children as well as signposting them to the most appropriate service or clinician should they need further support.

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 were available on a Monday evening.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

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 had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

(for example, to feedback?)

- 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.

Generally, the GP Patient Survey published in July 2017 showed patients were satisfied with the service they received. For the practice, 87% of patients who responded were satisfied with their overall experience of the GP surgery. This was the same as the local clinical commissioning group (CCG) average and higher than the England average of 85%. Results were generally in line with national and local CCG averages for how satisfied patients were with how they could access care and treatment. For example, of those who responded:

- 72% of patients were satisfied with opening hours. This compared with the CCG average of 81% and a national average of 76%.
- 85% found it easy to get through to this surgery by phone. This compared with the CCG average of 77% and a national average of 71%.
- 81% were able to get an appointment to see or speak to someone the last time they tried. This compared with the CCG average of 84% and a national average of 84%.
- 79% said the last appointment they got was convenient. This compared with the CCG average of 81% and a national average of 81%.
- 76% described their experience of making an appointment as good. This compared with the CCG average of 74% and a national average of 73%.
- 86% felt they don't normally have to wait too long to be seen. This compared with the CCG average of 60% and a national average of 58%.

We received 45 CQC comment cards. The majority of cards contained positive comments about how responsive the service was. However, seven cards had negative comments relating to process for getting appointments and appointment availability. Two had comments about feeling rushed, due to the 10-minute appointment slots and one raised concerns that there was no car parking on site.

The practice was closed on a Thursday afternoon from 1pm. In a reciprocal arrangement, another local practice provided on-call cover and would provide a service to patients that could not wait until the next working day; for example, palliative care.

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 complaints policy and procedures were in line with recognised guidance. The practice received five complaints in the last three year. We reviewed two complaints and found 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. They identified where an independent review of a complaint would help them learn and put in place arrangements to support this.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

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

Vision and strategy

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

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice was quick to apologise where

they identified failings, and were open to external review, where this was appropriate. 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. However, there had been a recent delay in undertaking annual appraisals. Managers were in process of addressing this. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between practice staff and managers.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

Good 

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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. We spoke with five members of the group during the inspection, and they all told us the practice was open and transparent with them and regularly shared information about practice performance. For example, they had extended the times patients were able to phone for repeat prescription requests. Practice staff told us the practice had responded and were open to suggestions for improvement.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice used information about their performance to drive 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.