

# Watlington Medical Centre

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
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

**This practice is rated as Good overall.** (Previous inspection 02/2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

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 Watlington Medical Centre on 2 November 2017.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen, although improvement was required. Risk assessments for the control of substances hazardous to health (COSHH) and a Disclosure and Barring Service (DBS) check for one nurse were not in place. However, when incidents happened, the practice learned from them and improved their processes.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The facilities and premises were appropriate for the services delivered.
- The practice had a robotic appliance installed in the dispensary to aid dispensing processes.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patient feedback on access to appointments was positive, this was supported by a review of the appointment system and data from the national GP Patient Survey.
- Staff had the skills, knowledge and experience to carry out their roles and there was a strong focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

- The practice was above average for its satisfaction scores on consultations with GPs and in line with the averages for nurses.
- The practice was a dementia friendly practice with a member of staff trained as a dementia champion and there was dementia friendly signage throughout the premises.
- 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.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.

We saw one area of **outstanding** practice:

- The practice had an award winning Yellow Card system in place, which identified very vulnerable patients with mental health problems. Those patients were able to obtain on the day appointments if they were in crisis,

without having to explain why they needed to be seen to the receptionists. This aided the removal of any obstructions for these patients in making appointments or having the ability to attend their appointment.

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

- Ensure care and treatment is provided in a safe way to patients

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

- Undertake an audit on infection rates for minor surgery interventions.
- Complete the hard wiring test of the premises.






**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Watlington 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 Watlington Medical Centre

Watlington Medical Centre is registered with the CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice is part of West Norfolk Clinical Commissioning Group (CCG). It is responsible for providing primary care services to approximately 6,700 patients.

It provides GP and dispensing services for patients living in Watlington and the surrounding rural areas of West Norfolk. The practice has three GP partners (two male one female), two salaried GPs (both female), a business manager, an administration manager, a dispensary team with manager, two nurse practitioners (of which one was advanced), three practice nurses, one healthcare assistant, administrative staff and cleaning staff.

The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice is open 8.30am to 1pm and 2pm to 6.30pm on Monday, Wednesday and Friday, Tuesday 8.30am to 12pm and Thursday 8.30am to 6.30pm. The practice is routinely closed on Tuesday afternoons for staff training. During these closures patients have access via the out of hours service provider (IC24) who pass the calls to a duty doctor in the practice who in turn contacts the patients to determine the best course of action, such as a home visit or be seen at the practice.

Patients can book appointments in person, via the phone and online. Appointments can be booked six weeks in advance for the doctors and 12 weeks ahead for the nursing clinics. When the practice was closed patients were directed to the out of hours service provided by IC24 via the NHS 111 service.

The most recent data available from Public Health England showed the practice has a considerably smaller number of patients aged nine and below and 20-44 compared with the national average. There are a higher than average number of patients aged 50 and over, with a considerably higher than average number of patients aged 65-74.

Income deprivation affecting children is 12%, which is lower than the CCG average of 18% and the national average of 20%. Income deprivation affecting older people is 12%, which is also lower than the CCG average of 14% and national average of 16%. Life expectancy for patients at the practice is 81 years for males and 84 years for females; this is above the national expectancy of 79 years and 83 years respectively.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff in paper and digital form. They outlined who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Children at risk were discussed on a weekly basis within the practice.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were generally undertaken where required although we found that for one nurse there was no DBS check in place despite DBS checking being raised at a previous inspection as a point for improvement. (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). The practice submitted applications for the outstanding check immediately after the inspection.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Nurses acted as chaperones and were trained for the role and, except for one nurse, had all received a DBS check. The practice advised that the affected nurse would not undertake chaperoning duties until the DBS was returned.
- There was an effective system to manage infection prevention and control.

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

### 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, when we reviewed the clinical induction programme we found this to be thorough and staff confirmed it was effective.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and made use of electronic templates to support their decision making. All clinical staff had recently undergone additional learning for this as well.
- Clinical triage, for when patients phoned the surgery, was undertaken by a duty GP.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice offered some minor surgery services to patients; consent was recorded and audited for this service but there had been no recent audit on infection rates for these interventions. The practice implemented this shortly after the inspection.

### 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. There were regular multi disciplinary meetings that provided an effective forum for information sharing. The practice explained they were well attended by a variety of local services.

# Are services safe?

- Referral letters included all of the necessary information. The practice undertook monthly referral reviews to ensure referrals were made appropriately.

## Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and there was evidence of actions taken to support good antimicrobial stewardship.
- The dispensary used a newly installed robotic system that combined prescription filling, labelling, and dispensing tablets and capsules. This system was designed to improve the accuracy of the process. Second and third checks were currently in place in order to reduce the risk of errors.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewarded practices for providing high quality services to patients of their dispensary. As part of this scheme the practice carried out face to face reviews of 10% of patients to assess compliance and understanding of the medicines being prescribed, known as DRUMS (Dispensing Review of the use of Medicines).
- There was a process in place for the prescribing and dispensing of high risk medicines and all prescriptions for these were kept in a separate area in the dispensary and given to the GPs prior to being dispensed.
- There were some risk assessments in relation to safety issues, for example a fire risk assessment. But there were no risk assessments that indicated risks related to the premises or legionella (a term for a particular bacterium which can contaminate water systems in buildings). The practice implemented a premises and legionella risk assessment immediately after our inspection but we were not provided with evidence that water testing for legionella had taken place. After our inspection the practice informed us this had been commenced and would take place at regular intervals. A premises' hard wiring test had not been undertaken timely (this needs to be undertaken every five years), but the practice informed us this had been booked prior to our inspection and was planned to be done imminently. There were no risk assessments in place to aid the control of substances hazardous to health (COSHH). After our inspection the practice informed us this had been implemented and available to staff.
- Due to the absence of some risk assessments the practice only partly monitored and reviewed activity. This helped it to understand risks but improvement was required to give a clear, accurate and current picture leading to safety improvements.
- A standard operating procedure was in place for the delivery of medicines to patients unable to attend the surgery and there was a process in place to ensure prescriptions were tracked between the delivery sites and the dispensary. The practice used an employed driver to deliver dispensed medicines and a DBS check had been carried out for them.

## 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. Appropriate records were maintained for significant events, actions taken and learning outcomes. For example, from January 2017 to October 2017 three significant events had been recorded in the dispensary, all of which related to the robotic equipment. As a result, an additional process of bar coding labels had been put into place.

## Track record on safety

The practice had a safety record but this required improvement.

- There was a health and safety policy and information was on display in a staff area.

## Are services safe?

- 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 a significant event related to an infection risk to patients, the practice had reviewed and amended its infection control procedures and raised awareness of the infection risk with all relevant staff.
- There was a system for receiving and acting on safety alerts. For example, all Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received by the pharmacist. MHRA alerts were actioned, signed, and dated by the pharmacist and filed for reference purposes. 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, and all of the population groups, as good for providing effective services.**

### Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice's performance for the prescribing of hypnotic medicines, antibacterial prescriptions and antibiotic items was comparable to other local practices and national averages.
- 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 a robotic appliance installed in the dispensary to aid dispensing processes.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those on new medicines had a clinical review including a review of medication by the practice pharmacist.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice reviewed unplanned and re-admissions for this group on a monthly basis. Improvements were made where necessary.

#### 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.

- Performance for diabetes related indicators was 100%; this was 6% above the CCG average and 9% above the England average. The exception reporting rate for diabetes indicators was 15%, which was just above the CCG (12%) and national (13%) averages. The prevalence of diabetes was 9% which was to the same as the CCG average and 2% above the national average.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given to under 12 month olds (71 eligible patients) during 2015/16 was 96% (excluding Hepatitis B, Meningitis C and PCV immunisation); vaccinations given to under 24 month olds (74 eligible patients) during 2015/16 ranged from 92% to 93% (excluding Hepatitis B, Meningitis C and PCV immunisation); and for five year olds (63 eligible patients) immunisation rates ranged from 81% to 91% (excluding Hepatitis B, Meningitis C and PCV immunisation).
- 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):

- 2016/17 data indicated the practice's uptake for the cervical screening programme was 91%, which was above the CCG average of 84% and the England average of 81%. Patients who did not attend for their cervical screening test were contacted to encourage attendance. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- 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. During 2016/17 the practice had offered 249 patients a health check and 207 of these checks had been carried out.

#### 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.

# Are services effective?

## (for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including military veterans and those with a learning disability.

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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 16% above the local average and 12% above the national average.
- 100% 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 9% above the local average and 10% above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 99% of patients with physical and/or mental health conditions had a smoking status recorded on their notes in the preceding 12 months. This was above the CCG and national averages of 95%.
- QOF performance for mental health related indicators was 100%. This was 2% above the CCG average and 6% above the England average. The exception reporting rate for mental health indicators was 19%, which was higher than the CCG (10%) and national (11%) averages. This was largely due to a low number of patients for one of these indicators. The prevalence of patients with recorded mental health conditions in the practice was less than 1%, which was equal to the CCG and national averages.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice's dementia champion had undertaken a review of all dementia patients to ascertain all patients received appropriate care. As a result the practice had identified an additional 11 patients to be living with dementia between June 2015 and October 2017.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, pre school age health checks for children.

The most recent published Quality Outcome Framework (QOF) results from 2016/17 were 100% of the total number

of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 11% compared with a local and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for clinical staff was thorough and staff commented positively on this process. The practice ensured the competence of staff employed in advanced roles by audits of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed 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

# Are services effective?

## (for example, treatment is effective)

personal care plans that were shared with relevant agencies. The GPs reviewed their referrals on a monthly basis, providing an opportunity to learn from incorrect referrals or to confirm process were effective.

- 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. Multidisciplinary case review meetings were held monthly when all patients on the palliative care register were discussed.

### 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 was 51%, which was in line with the local and national average of 50%.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national and local priorities and initiatives to improve the population's health, for example, pre school health checks for children, stop smoking campaigns and military veteran services.

### 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 and audited consent taking for minor surgery interventions.

# 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.
- 38 of the 39 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. 220 surveys were sent out and 122 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and in line with the averages for nurses. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%.
- 94% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 94% and the national average of 91%.
- 94% of patients who responded said the nurse gave them enough time; compared to the CCG average of 95% and the national average of 92%.

- 98% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 98% and the national average of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 93% and the national average of 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 89% and the national average of 87%.

### Involvement in decisions about care and treatment

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

- Interpretation services 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.
- The practice was a "dementia friendly" practice and had signs in place to help guide patients to the right rooms. All staff were trained on dementia matters and a member of staff was a dementia champion.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 193 patients as carers (3% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- The West Norfolk carers organisation visited the practice on a monthly basis, providing local access to carer's services and advice.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

## Are services caring?

was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared to the CCG average of 84% and the national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 92% and the national average of 90%.

- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 87% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice complied with the Data Protection Act 1998.
- The reception area was arranged so that phonecalls were not usually taken at the front desk and a partition separated the reception from the waiting area, where music was playing to aid confidentiality.

# 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 except for the people experiencing poor mental health (including people with dementia) population group which was rated outstanding.**

### 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 online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- 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, GPs explained that they were able to see patients after appointment times at the end of the day if deemed necessary. Patients confirmed this took place.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- 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.
- The practice considered any carer's needs when delivering care to older people, especially if the carer was also elderly.

#### 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 were on a safeguarding register were reviewed and discussed on a regular basis. 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 offered pre-school health checks for children from age three and a half.

#### 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.
- 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 homeless people, travellers and those with a learning disability.
- The practice was able to refer patients to specialist services for military veterans. This was signposted in the waiting area.
- The practice had 29 registered patients with learning disabilities, of whom 25 had received a review in 2016/17; two were too young for a review at the practice (below 14 years of age; these patients were reviewed by secondary care services) and two patients were newly registered.
- Patients with a communication difficulty were highlighted on the practice computer with guidance for staff as appropriate. The practice also had a hearing aid loop fitted in reception. They also used services to assist with British Sign Language for deaf patients.

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



# Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had 43 registered patients with dementia, of whom 41 had received a review in 2016/17.
- The practice had 37 registered patients with mental health conditions, of whom 32 had received a review in 2016/17; two had declined a review and three were not suitable for a review.
- The practice had an award winning Yellow Card system in place, which identified very vulnerable patients with mental health problems. Those patients were able to obtain on the day appointments if they were in crisis, without having to explain why they needed to be seen to the receptionists. This aided the removal of any obstructions for these patients in making appointments or having the ability to attend their appointment.
- The practice was a dementia friendly practice with a member of staff trained as dementia champion and dementia friendly signage throughout the premises.
- The practice's dementia champion had undertaken a review of all dementia patients to ascertain all patients received appropriate care. As a result the practice had identified an additional 11 patients to be living with dementia between June 2015 and October 2017.
- 78% of patients who responded were satisfied with the practice's opening hours; compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 95% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 78% and the national average of 71%.
- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 87% and the national average of 84%.
- 90% of patients who responded said their last appointment was convenient; compared to the CCG average of 85% and the national average of 81%.
- 88% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 79% and the national average of 73%.
- 71% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 64% and the national average of 58%.

Comments from the CQC comment cards we received and patients we spoke with confirmed that patients were experiencing good access to the practice.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 220 surveys were sent out and 122 were returned. This represented about 2% of the practice population.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 13 complaints were received since January 2017. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from an analysis of trends. It acted as a result to improve the quality of care. For example, following a trend in complaints relating to communication and attitude of staff, the practice had commenced record keeping when patients made specific requests to avoid certain clinicians.

# 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 safe services.**

### Leadership capacity and capability

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

- 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. There were various members of staff that had been appointed in lead positions, for example dementia champion. Clinical staff had been allocated individual clinical areas to lead on, for example diabetes care.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Leaders had the experience, capacity and skills to deliver the practice strategy but some improvement was required to address any risks to patients or staff. When we highlighted this to the practice they responded immediately and implemented additional risk assessments for legionella and premises related risks and submitted a DBS check for one nurse.

### 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. The practice vision included a heightened focus and awareness on confidentiality and quality of care.
- 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.

### 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 and adapted service delivery to these needs, for example via the Yellow Card system..
- We saw evidence that leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. An advanced nurse practitioner was nurse lead and supported the practice nurses.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

### 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 although there was



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improvement required surrounding the recording of risk assessments for legionella and control of substances hazardous to health (COSHH). The practice took responsive action after the inspection to address this.

- 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 but improvement was required.

- 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.
- Risk assessments for the control of substances hazardous to health (COSHH), premises related risks and legionella were not in place. Although these were addressed immediately after the inspection.

## 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 in the form of minutes or clinical notes.
- 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. For example, the dispensary used a newly installed robotic system that combined prescription filling, labelling, and dispensing tablets and capsules. This system was designed to improve the accuracy of the process.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice held regular meetings internally to discuss matters with staff and various numbers of staff held champion and lead roles, including admin and reception staff.
- There was an active patient participation group, in place since the 1990s. The group had six members that attended meetings with the practice every two months and ten virtual members.
- 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. Clinical staff informed us that training was available if deemed appropriate to their role. Various members of administration staff held champion positions (for example for carers or dementia) with the aim to improve services for patients.
- Staff knew about improvement methods and had the skills to use them.

## Are services well-led?

Good 

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- The practice made use of internal and external reviews of incidents, complaints and referrals. Learning was shared and used to make improvements.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Risks associated with the health and safety of service users were not sufficiently assessed.</b></p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• Risk assessments for the premises and COSHH (control of substances hazardous to health) had not been undertaken.</li><li>• Water temperature checks for legionella had not been undertaken.</li><li>• Checks with the Disclosure and Barring Service were not undertaken for one clinical member of staff.</li></ul>