Primrose Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

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 Primrose Medical Practice on 14 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness 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.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There were systems in place to monitor and improve the quality of the service provided.

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

- Cleaning schedules should be put in place and checks of cleaning standards should be documented.
- In-house infection control audits should be carried out.

Summary of findings

- Written information about the role and remit of the advanced nurse practitioner should be publicised so that patients can make an informed choice about which clinician they request an appointment with.
- The system to review the consultations, prescribing and referrals of staff employed in advanced roles to ensure their competence should be recorded.

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

Summary of findings

The six population groups and what we found

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

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

Primrose Medical Practice

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 second CQC inspector.

Background to Primrose Medical Practice

Primrose Medical Practice is operated by Dr Sree Laxmi Choudarapu and Dr Nataraj Brahmadevara. The practice is situated in the Bluebell Centre, Bluebell Lane, Liverpool, L36 7XY. The website address is www.primrosemedicalpractice.co.uk

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as diabetes, asthma and hypertension.

The practice is responsible for providing primary care services to approximately 2519 patients. The practice is based in an area with higher levels of economic deprivation when compared to other practices nationally.

The staff team includes a partner GP, a locum GP, an advanced nurse clinician, a nurse practitioner, a practice nurse, a business manager, a practice manager and administration and reception staff. The GP partner, advanced nurse clinician and nursing staff are female and the locum GP is male.

Primrose Medical Practice is open from 8am to 6.30pm Monday to Friday. Patients are also directed to a local walk-in centre which is open every day Monday to Saturday 8am to 9pm and Sunday and bank holidays 10am to 9pm. Patients requiring a GP outside of these hours are advised to contact the GP out of hours service, by calling 111.

The practice is in a purpose built building that is shared with other GP practices and community health services such as health visiting and midwifery. The practice is situated on the first floor and has a lift to provide access to patients with a physical disability. A large car park is available for patients and staff.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including, learning disability health checks, childhood immunisations and vaccines and seasonal influenza and pneumococcal vaccines.

Good

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. It had safety policies which were 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. Safeguarding policies and procedures were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean. There were no cleaning schedules in place and although standards were reviewed by the practice manager these checks were not formally documented. A practice nurse was the infection prevention and control (IPC) clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There were IPC protocols and the staff had received training regarding the main principles of infection control and hand washing. External annual IPC audits were undertaken by the Clinical Commissioning Group IPC Team and action was taken to address any improvements identified as a result. In-house audits in between these audits were not carried out.
- Overall, the practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. There were systems for safely managing healthcare waste. The premises were leased by NHS Property Services and owned by Renova. Records showed that an electrical wiring inspection report in May 2015 indicated the wiring was unsatisfactory and remedial works were needed. We were informed that these works had been carried out and confirmation of this was provided following the inspection. The incomplete works related to another service within the building and this was being addressed by the landlord. The fire risk assessment for the premises was last reviewed in July 2016 and was scheduled to be reviewed again in July 2018.

Risks to patients

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

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

Information to deliver safe care and treatment

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

Good

Are services safe?

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Clinical staff told us they 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.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

- The practice monitored and reviewed activity such as significant events, patient safety alerts, referral and prescribing practices. This helped it to understand risks and gave a basis on which to make safety improvements.
- There were risk assessments in relation to safety issues.

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. We noted that the procedure for reporting significant events and incidents did not include examples of what may be relevant to report.
- 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 patient not attending a review due to their appointment letter not being delivered a system to make further checks to establish a patients' address had been put in place. This system had been communicated to the staff team. This event had also led to a more robust system of checking patients on specialist registers to ensure they were having their welfare and medication reviewed annually.
- There was a system in place for the management of patient safety alerts and we were given examples of the action taken.

Good

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.

- Our discussions with clinicians and review of patient records showed patients' needs were appropriately 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 told us that they advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or vulnerable received an assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- 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.
- The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles.
- The practice told us how they fostered good working relationships with its community nursing teams to support patients living in residential homes or who were in need of home visits.

People with long-term conditions:

- Patients with long-term conditions had an 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.

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 overall in line with the target percentage of 90% or above. The practice monitored childhood vaccination rates and was aware that they were below this target for some vaccines. They had identified that some patients were difficult to engage and as a result had taken action to improve immunisation uptake. For example, in addition to sending reminder letters, opportunistic vaccinations were offered for patients attending the practice for an unrelated matter and telephone calls were made to parents/guardians after a missed appointment.
- Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. The practice referred patients to a local nurse led service that supported first time mothers aged 20 and under.

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

- The practice's uptake for cervical screening was 72%, which was comparable to Clinical Commissioning Group (CCG) and national averages. The practice had identified that some patients were difficult to engage for routine screening and it was working to address this by promoting the importance of this screening, offering opportunistic screening and sending reminder letters.
- The practice had systems to inform eligible patients to have the meningitis vaccine, patients aged 17-18 were invited to attend the practice for this vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The clinicians told us how they followed-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. A phlebotomy service was located in the same building which was convenient for patients.

Good

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

- Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate support. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them.
  The practice referred patients to local health and social care services for support and access to specialist help, such as drug and alcohol services, benefit advice and food banks.

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

- The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 85% and the national average of 84%.
- 88% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had a record of alcohol consumption (practice 81%; CCG 93%; national 92%); and the percentage of patients experiencing poor mental health who had received a blood pressure test in the preceding 12 months (practice 85%; CCG 92%; national 90%) were comparable to local and national averages.

Monitoring care and treatment

The practice undertook quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, we saw that audits of clinical practice were undertaken. Examples of audits included audits of medication to ensure appropriate prescribing and to ensure changes were made if necessary. Audits of vaccines and cytology. The audits showed and we discussed with both GPs the changes that had been made to practice where this was appropriate.

The most recent published Quality Outcome Framework (QOF) results were 98.3% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.8% and national average of 95.5. The overall exception reporting rate was 5% compared with the CCG average of 9.5% and the 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.)

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

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 had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure all employed staff had an annual appraisal. The long-term locum GP had an external appraisal. The long-term locum advanced nurse practitioner had not had an in-house appraisal however this was planned.
- Doctors had support for their revalidation. The provider told us they assessed the skills, qualifications and experience of the locum GP and advanced nurse practitioner to carry out their roles. They also told us they ensured the competence of staff employed in advanced roles by reviewing their consultations, prescribing and referrals. A recorded audit was not maintained.

Good

Are services effective?

(for example, treatment is effective)

- 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.
- There were procedures in place 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 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 had recognised that there was a low take up of bowel and breast screening. The latest results indicated 36% patients had received screening for bowel cancer (CCG average 50% and national average 58%) and 47% of patients had received screening for breast cancer (CCG average 65% and national average 73%). In order to improve bowel screening uptake the practice was working with the Patient Participation Group (PPG) to gather ideas on how to promote and encourage this amongst the eligible patient population. A bowel screening specialist had attended a PPG and staff meeting to provide information on the importance of this screening. Letters and telephone calls were made to patients who did not attend for bowel and breast screening. Patients were also reminded of the importance of this screening during consultations for unrelated matters and on repeat prescription requests. The practice had also liaised with the cancer screening co-ordinator to help raise awareness and was planning to introduce a pilot telephone call and text system to encourage uptake.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and 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 told us they recorded a patient's mental capacity to make a decision.

Good

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.
- All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy six surveys were sent out and 65 were returned. This represented about 2.6% of the practice population. The practice was above average for its satisfaction scores on helpfulness of reception staff.

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 100% of patients who responded 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. We saw notices in the reception areas informing patients this service was available.
- A hearing loop was available at reception and patient information was made available in large print where possible.
- 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.

The practice proactively identified patients who were carers. Written information was available to direct carers to the various avenues of support available to them. Carers were provided with information about support groups and organisations. Alerts were placed on their records to ensure appropriate support was offered in the event of their illness and an annual influenza immunisation was offered. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (4.2% of the practice list).

Good

Are services caring?

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, they were contacted and sent a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 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%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 90% 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%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of treating patients with dignity and respect.
- The practice protected patient confidentiality by providing staff training in information governance and confidentiality and having procedures to support this training.

Good

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 there were online services such as repeat prescription requests and advanced booking of appointments, reception staff sign-posted patients who did not necessarily need to see a GP and the practice publicised advice for common ailments.
- The practice improved services where possible in response to unmet needs. For example, the practice had identified a low uptake of childhood immunisations and cervical cytology and had taken action to improve outcomes for patients.
- 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, home visits were made to patients who were housebound or too ill to attend the practice.
- Records indicated and staff, including the community matron, told us how 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with other agencies and health providers to provide support and access specialist help when needed. For example, we met with the community matron who told us how they worked closely with the practice to identify patients at risk of hospital admissions and with complex needs to support their care at home.

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.
- A number of chronic disease clinics were held every week including chronic obstructive pulmonary disease (COPD), hypertension, diabetes and asthma.
- The practice held regular meetings with the local community nursing teams 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The nurse practitioner ran a sexual health service and the reception staff had completed 'Brief Intervention' training to support the nurse practitioner with opportunistic chlamydia screening. This service was developed by Knowsley Public Health as a result of the high chlamydia rate in the area and has seen an increasing number of young patients attending.

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, following patient feedback the practice now offered pre-bookable appointments between 5.30pm and 6pm to meet the needs of working patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations, on-line appointment booking and repeat prescription ordering were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- A flexible appointment system was in place to meet the needs of patients with a learning disability and a system to ensure these patients received an annual health check.
- An alert system was in place to identify patients who were visually or hearing impaired so that their needs could be appropriately responded to.
- The practice pre-booked appointments for vulnerable patients and telephoned them on the day to remind them.

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

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- The practice told us how they worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK and the Alzheimer's Society.

Timely access to the service

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

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

Either a GP or an advanced nurse practitioner was available Monday to Friday. We identified that the role and remit of the advanced nurse practitioner was not publicised so that patients could make an informed choice about who they requested an appointment with. A flexible system was in operation whereby they would provide additional sessions if all appointment slots had been filled and there were no appointments available at the local walk-in centre run by the CCG.

Telephone appointments and home visits were offered. We checked when the next available GP, advanced nurse practitioner and nurse appointments were available and found there were appointments available on the same day and for later in the week.

The practice monitored patient access to the service. For example, to reduce the number of appointments being missed book on the day appointments were introduced and pre-bookable appointments were restricted to specific patients, such as vulnerable and working patients. Nurse appointments were pre-bookable and the receptionist telephoned patients to confirm they were attending to reduce missed appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and seventy six surveys were sent out and 65 were returned. This represented about 2.6% of the practice population.

- 88% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 73% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average - 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 83%; national average - 84%.
- 83% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients who responded described their experience of making an appointment as good; CCG - 75%; national average - 73%.
- 69% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

The practice reviewed patient feedback received through the national patient survey, family and friends test results and from a Healthwatch survey carried out in the last 12 months. They took action to identify any shortfalls identified. For example, in response to patients saying the telephone line could be busy early in the morning the practice was promoting on-line access, ensured a further member of staff was available to answer telephones during this busy time and had requested a call queuing facility from the CCG.

We received 43 comment cards and spoke to seven patients. Feedback from patients indicated that they were satisfied with access to appointments, opening hours, the management of repeat prescriptions, test results and referrals.

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 on the practice website and in the reception area.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also reviewed complaints to identify trends. It acted as a result to improve the quality of care.

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 well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver good quality 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 were visible and approachable. They worked closely with staff and others to make sure they prioritised inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values. The practice developed its vision, values and strategy jointly with patients and staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice told us how they worked with the CCG to ensure their 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 good quality sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- There were policies and procedures to enable leaders and managers to act on behaviour and performance inconsistent with the vision and values.
- 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 staff with the development they need. This included appraisal and career development conversations. The majority of staff had received an appraisal in the last year. The locum advanced nurse practitioner was due to have an appraisal and an external appraisal was provided to the locum GP. 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.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. We spoke to a community matron and pharmacist who supported this.

Governance arrangements

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

- There were clear systems to enable staff to report any issues and concerns.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice leaders told us and a sample of records reviewed confirmed that they had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was a system in place to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

Good

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could not be demonstrated through a recorded audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff. This was discussed at staff meetings to familiarise staff with the plan.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice monitored how it performed in relation to local and national practice performance. There were plans to address any identified weaknesses.
- Quality and sustainability were discussed in relevant meetings.
- The practice used information technology systems to monitor and improve the quality of care.
- There were policies, procedures and staff training for 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 encouraged and valued feedback from patients, staff and external partners.

- The views and concerns of patients', staff and external partners' were encouraged and acted on to shape services and culture. For example, the practice gathered feedback from staff through staff meetings and informal discussion. The practice had a system for the management of complaints. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT)is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from March to September 2017 showed there had been 22 responses completed and 100% of the respondents were either extremely likely or likely to recommend the practice.
- There was an active patient participation group (PPG). We met with representatives of the PPG who told us they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients. They said they felt they were listened to and changes had been made to the practice as a consequence. Patient feedback had influenced the move to the new premises. The PPG had helped to establish a support group for patients with alcohol dependency and they were currently working with the practice to improve bowel screening uptake.
- The service was collaborative with stakeholders about improving 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. For example, staff were encouraged to undertake training to enhance their skills and knowledge to meet the needs of patients. A practice nurse was currently training to become a nurse prescriber.
- The practice reviewed incidents and complaints. Learning was shared and used to make improvements.
- Regular staff meetings were held to discuss the operation of the service and where improvements could be made.
- The practice was aware of the challenges it faced such as workforce, finance and workload challenges and it had introduced solutions to address them. For example, by providing signposting training to staff for patients who may not need to see a GP and introducing new technology such as text messaging to reduce missed appointments. The practice had plans to work as part of a CCG wide federation of local practices.