

# Charlton Medical Centre

## Quality Report

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Date of inspection visit: 20 November 2017

Date of publication: 12/01/2018

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** We previously inspected the service in July 2015 and rated the practice as Good overall with outstanding in providing a responsive service.

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 Charlton Medical Centre on 20 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 had clear systems to keep patients safe and safeguarded from abuse.
- There were systems in place for identifying, assessing and mitigating risks to the health and safety of patients and staff.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had purchased an ultrasound scanner to provide enhanced diagnostic facilities to their patients. The ultrasound scans were carried out by visiting sonographers employed by the local hospital trust.
- 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.

# Summary of findings

- Staff stated they felt respected, supported and valued.
- The practice listened and acted on issues raised by the patient participation group.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The practice had equipment that tested the C-reactive protein (CRP) in a patient's blood at the point of consultation. This was used when infection was clinically suspected. Measuring the CRP in a patient's blood in this way helped to differentiate between viral infections and more serious bacterial infections needing antibiotic prescribing.
- The practice had purchased a digital dermoscope (acts as an aid in the diagnosis of skin lesions). Images were reviewed weekly at the clinical meetings and referrals made to secondary care where needed, leading to timely intervention.

- The practice provided an enhanced service with a view of facilitating pre-diagnosis and support to people with dementia. The practice held a licence for the use of a tablet device application used to test for memory problems independent of language or educational attainment allowing diagnosis of early dementia. Due to this, the practice has seen an increase in the number of patients on the practice's dementia register from 61 to 92 over the last year.

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

- The practice should complete a written risk assessment to assess the need to stock medicines for the treatment of seizures as part of their emergency stock.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Charlton 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 advisor, and a practice manager advisor.

## Background to Charlton Medical Centre

Charlton Medical Centre is located in Telford, Shropshire and delivers regulated activities from Charlton Medical Centre only. It is part of the NHS Telford and Wrekin Clinical Commissioning Group.

The practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England and provides a number of enhanced services to include minor surgery. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice treats patients of all ages and provides a range of medical services. There are currently around 14,600 registered patients at the practice.

The practice local area is one of more deprivation when compared with the national average. The practice has 55% of patients with a long-standing health condition

compared to the CCG average of 57% and the national average of 53%. The practice has a slightly higher percentage of patients who are children between the age of 0 and 4 years when compared to the CCG and national average. The practice also has a slightly higher percentage of older patients when compared to the CCG average.

The practice staffing comprises of:

- Four full-time partners (males).
- Four salaried GPs (3 females and one male).
- Four practice nurses and a health care assistant.
- One practice manager, one reception manager and one administration manager.
- Fifteen members of administrative staff working a range of hours.

Opening hours are 8.30am till 1.00pm and 2pm until 6.00pm Monday to Friday. The practice doors open at 8.20am ready for morning consultations and at 1.40pm ready for afternoon consultations. GP morning appointments run each day from 8.30am to 12.00pm and from 2.00pm and 5.00pm.

The practice has opted out of providing out of hours cover for their patients. The Shropshire Doctors' Co-Operative Limited (SHROPDOC) provides the practice out of hour's service.

Additional information about the practice is available on their website: [www.charltonmedicalcentre.nhs.uk](http://www.charltonmedicalcentre.nhs.uk)

# 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 had 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. Policies were regularly reviewed and 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. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Notices were displayed in consultation and clinical rooms advising patients that chaperones were available if required. Patients spoken with were aware of this service provided.
- There was an effective system to manage infection prevention and control. There was a designated infection prevention and control (IPC) clinical lead in place. At our previous inspection in July 2015 we advised that the practice should complete an IPC audit. At this inspection, we found that an IPC audit had been carried out and an action plan had been developed to address the improvements identified. For example, the audit had identified the needs to replace the torn chairs

in the reception area. The practice was waiting on the delivery of these. A hand hygiene audit had also been carried out to assess staff compliance with the hand hygiene policy and observations and any concerns identified were documented and actioned.

- 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. Line managers had staff rotas for their teams.
- 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. Staff had an on computer alert, which all clinical staff knew how to use.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Sepsis guidelines were available in clinical rooms and an alert process appeared within their computer system. The practice had a standard minimum requirement for consultations to ensure that clinicians undertook patients' vital signs. The practice had adult and paediatric pulse oximeters in each clinical room. Staff told us that they had also received training to identify signs of sepsis. The practice had equipment that tested the C-reactive protein (CRP) in a patient's blood at the point of consultation. This was used when infection was clinically suspected. Measuring the CRP in a patient's blood in this way helped to differentiate between viral infections and more serious bacterial infections needing antibiotic prescribing.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, the practice had experienced a steady growth to its patient list and to help manage the increased workload, the practice had recruited an additional GP partner.

# Are services safe?

## Information to deliver safe care and treatment

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

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

## Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, at the time of the inspection not all of the recommended emergency medicines were held at the practice. The practice did not have medicine for the treatment of epileptic fit and a risk assessment had not been undertaken to identify the suitability for the practice to stock this medicine. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. Processes were in place for handling repeat prescriptions which include high risk medicines.
- 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.

## Track record on safety

The practice had a good safety record.

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

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and procedure for recording and acting on significant events and incidents. There was a standard recording form available on the practice's computer system. Staff we spoke with told us they were encouraged to raise concerns and report incidents and near misses and demonstrated an understanding of the procedure. Staff were able to share an example of a recent significant event, the action taken and learning shared. Staff told us they were supported by managers when raising significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had recorded 22 significant events in the last 12 months. Significant events were discussed at weekly clinical meetings and planned to include information relating to significant events within future monthly staff newsletters. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example following an incident in the open plan reception area, staff reviewed the incident and were concerned about the potential lack of privacy for patients. The practice purchased a screen that could be used to promote patient privacy should a similar incident happen in the future.
- There was an effective system in place to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety. Following an alert being received, the practice checked to ensure that patients were not affected by the medicines or equipment involved and took appropriate on going action where required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice's daily quantity of Hypnotics per Specific Therapeutic group prescribed was slightly lower than the CCG and national average. The regional and England averages were broadly 1% (for that therapeutic group) where the practice prescribed these drugs to 0.8% of patients within that therapeutic group.
- The practice was comparable to the Clinical Commissioning Group (CCG) and national averages for antibiotic prescribing. The number of items the practice prescribed was 0.87 compared with the CCG and national average of 1%.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had set up protocols on the computer system for managing a number of processes including the review and management of the urgent two week wait referral to secondary care.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- The practice used the frailty index to identify older patients who were frail or vulnerable. They received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check.

- 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.
- Patients over the age of 75 years had been identified had a named GP.
- There is a named GP for each care home.
- Sixty four percent of patients eligible for shingles vaccination had received their vaccination. The practice offered weekend, morning, afternoon and evening clinics for patients to receive the flu vaccination. GPs also offered home visits to housebound patients or patients living in nursing homes in order for them to receive the flu vaccination.

#### 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.
- Data available showed that the practice scored well for their management of long-term conditions. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 83%, which was higher than the CCG average and the national average of 78%. The practice exception reporting rate of 12% was in line with the CCG average of 12% and England average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 86% compared with the CCG average of 78% and the national average of 80%. The practice exception reporting rate of 16% was the same as the CCG average and higher than the England average of 12%.



# Are services effective?

## (for example, treatment is effective)

- 72% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma. This was slightly lower than the CCG average of 78% and the national average of 76%. The practice exception reporting rate of 4% was lower than the CCG average of 7% and England average of 8%.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were above the target percentage of 90% and the rate for five year olds ranged from 95% to 100%.
- Appointments were offered outside the school hours.
- Weekly antenatal clinics were held by appointment with the visiting community midwife. The flu vaccination was offered to pregnant women.

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

- The practice's uptake for cervical screening was 85%, which was higher than the national average of 81%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 62 registered patients with a learning disability of which 52% had received an annual review.
- The practice had identified (2%) of the patient list as carers and signposted them to local services offering support and guidance.

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

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was in line with the CCG average of 82% and the national average of 84%. The practice exception reporting rate of 20% was higher than the CCG average of 9% and England average of 7%.
- 97% 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 above the CCG average of 89% and the national average of 90%. The practice exception reporting rate of 3% was lower than the CCG average of 12% and England average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 93% compared with the CCG average of 92% and the national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 97% compared with the CCG average of 99% and the national average of 97%.

### 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. The practice had undertaken a number of audits to review practice. For example the practice undertook an audit of their minor surgery procedures. The findings showed very low levels of post-operative infection or other complications in the minor surgery clinic at the practice.

The most recent published Quality Outcome Framework (QOF) results showed that the practice achieved 100% of the total number of points available which was above the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 11%, which was in line with the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception



# Are services effective?

## (for example, treatment is effective)

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
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients told us they knew they could ask to speak to staff in private.
- All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us that all staff from reception to all staff and doctors showed care, respect and consideration at all times. They told us staff always helped where they could and always took time to listen and understand their needs.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and fifty nine surveys were sent out and 120 were returned. This represented about 1% of the practice population. The practice was mainly in line for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients who responded said the GP gave them enough time compared with the CCG average of 85% and the national average of 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average and national average of 95%.

- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 86%.
- 90% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 87% of patients who responded said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 84% 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 upon request. The practice information handbook encouraged patients to let the practice know if they required information in alternative formats such as braille, large print or easy read format. The practice website had been designed so that the style, format and colour of the font used could be changed to accommodate individual needs.

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 320 patients as carers (2% of the practice list). A member of

## Are services caring?

staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Information folders for carers were available in both waiting areas. The carers' champion received regular updates on new services available for Telford carers.

The practice had developed a policy and procedure to assist staff when a patient died. A notification was sent to all staff to notify them. A sympathy card was sent to the patient's family. This was followed by a GP contacting the family to offer support service. The practice website also signposted patients to information.

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 slightly higher than local and national averages:

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.

- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 85% 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.
- The practice complied with the Data Protection Act 1998.
- 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.
- A private area was available should a patient wish to discuss sensitive issues.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests, and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, routine telephone consultations could be booked in advance for patients unable to access the practice within normal opening times.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had purchased an ultrasound scanner to provide enhanced diagnostic facilities to their patients. The ultrasound scans were carried out by visiting sonographers from the local hospital trust.
- The practice had purchased a digital dermoscope (acts as an aid in the diagnosis of skin lesions. Images were reviewed weekly at the clinical meetings. An audit undertaken by the practice showed that during the first six months of 2016, 34 lesions were imaged during this period.
- The practice has experienced an almost 20% increase to their patients list within the last 12 months and changes in staffing. The practice had worked hard to ensure that this growth had not impacted on patient safety. However adjustments had to be made. For example previously the practice offered sleep apnoea testing but due to changes in staffing and skill set, the testing was

suspended at the time of our inspection. The practice also noted a reduction in the number of minor surgery procedures due to staffing issues, which led to reduced numbers of minor surgery clinics in the last 12 months.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice has facilities for disabled access to the building including a lift and a wheelchair available if required.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had in-house 24 hour electrocardiogram monitoring machines (ECG) (used for investigation of patients with palpitations and other cardiac symptoms). From January and July 2017, the practice had completed a total of 40 ECG recordings.

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.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The premises was suitable for children, babies and breastfeeding mothers. There was a childrens' play area in the waiting area.

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, a range of appointments were available each day including morning and afternoon appointments.
- Telephone consultations were available in the mornings and after 5.00pm, as well as an emergency sit and wait clinic.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability.
- The practice was proactive in identifying carers.
- The practice had a system in place for patients who were homeless or with no fixed abode. Appointments were available on the day for them and registration was available using the practice address.

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

- The practice provided an enhanced service with a view of facilitating timely diagnosis and support with people with dementia. The practice held a licence for the use of a tablet device application used to test for memory problems independent of language or educational attainment allowing diagnosis of early dementia. The practice has seen an increase in the number of patients on the practice's dementia register from 61 to 92 over the last year.
- Of the 92 patients with a diagnosis of dementia, 59 patients had been given a care plan.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

- Information relating to mental health awareness was available on the practice's website and within patient leaflets in the practice. The practice signposted patients to various services and support groups for information and support.

### Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and fifty nine surveys were sent out and 120 were returned. This represented about 1% of the practice population.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 68% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 64% and the national average of 71%.
- 67% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 78% and the national average of 84%.
- 73% of patients who responded said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 64% of patients who responded described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 71% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 64%.

## 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. There were signs up in the practice to advise patients how to raise concerns and information was within the practice leaflet. Reception staff had access to the complaints process and advised patients accordingly. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints had been received in the last year. We reviewed one complaint and found that a detailed log had been kept. The complaint was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice had recruited an additional partner to help with the increased list size.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with spoke highly of the support provided by the partners and practice manager. Staff had lead roles and were aware of their roles and responsibilities.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- The practice had a mission statement that had been developed in conjunction with staff. This was to strive for the highest possible standards of care in which the patient was treated with dignity, respect and in strict confidence. The principles of equality and non-discrimination was very important to the practice.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The mission statement was shared with patients within the practice leaflet and we saw the mission statement on display within clinical rooms.
- 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. Staff spoke with enthusiasm about their role in caring and supporting patients.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example staff had contacted patients regarding complaints discussion and resolution. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,



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understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Staff told us they knew how to access the practice's policies and procedures.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints. Weekly clinical meetings took place outside of clinical time to discuss any clinical issues which arose from the previous week. A written log was kept of discussions to facilitate learning.
- 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 shared their emergency policy with us.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had a newly established patient participation group which consisted of five members. They aimed to meet every two months. During the inspection we met with two members of the group. They told us they felt valued and that the practice listened and acted on issues they raised. For example, clinicians have changed the way in which they call patients from the waiting area on the intercom so that patients could better hear their name being called. The practice with the input of the PPG had changed the signage in the car park to advise that the car park was for the use of patients of the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

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## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently joined a research project led by the team who designed the tablet device application used for diagnosis or early dementia.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.