

Bowburn Medical Centre

Quality Report

Bow Street,
Bowburn,
Durham,
DH6 5AL

Tel: 0191 3772495

Website: www.bowburnmedicalcentre.co.uk

Date of inspection visit: 8 March 2018

Date of publication: 08/05/2018

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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Bowburn Medical Centre	5
Detailed findings	7

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection July 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

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 – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

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

People whose circumstances may make them vulnerable – Requires Improvement

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

The population groups are rated as requires improvement overall because we identified areas of concern in the caring and responsive key questions, which have an impact on all population groups. There were, however, examples of good practice.

We undertook an announced focused inspection on 5 October 2017. This inspection was carried out to check whether the provider had taken action to address shortfalls in relation to legal requirements which had been identified at our previous comprehensive inspection. We found that some improvements had been made.

We undertook this announced comprehensive inspection on 8 March 2018 to check that the practice had improved and to confirm they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bowburn Medical Centre on our website at www.cqc.org.uk.

At this inspection we found:

- The practice had made significant progress since the last inspection and had addressed all areas of concern.
- We found improvements in the overall governance arrangements, improved care and treatment for patients and better safety systems and processes
- There were clear systems to keep patients safe and safeguarded from abuse.

Summary of findings

- The practice had much improved 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 routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions.
- Results from the National GP Patient Survey showed satisfaction levels were below local and national averages, although recent feedback (from the Friends

and Family Test and CQC comment cards) contradicted those results. Managers at the practice were working with the patient participation group (PPG) to undertake their own in-house patient survey.

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

The area where the provider **should** make improvements is:

- Continue to review patient satisfaction and make improvements in relation to access and the wider patient experience.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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	Requires improvement 
People with long term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Bowburn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist advisor and a further CQC inspector.

Background to Bowburn Medical Centre

Bowburn Medical Centre provides care and treatment to around 4,000 patients in the town of Bowburn, County Durham. The practice is part of North Durham clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- Bow Street, Bowburn, Durham, DH6 5AL

The surgery is located in a purpose built single storey building. There is on-site parking, accessible parking, an accessible WC, wheelchair and step-free access.

Opening hours are between 8.30am and 1pm then 2pm to 6pm Monday, Tuesday, Wednesday and Friday then between 8.30am and 1pm on Thursdays. The practice has a contract with the local CCG to provide cover from 6pm. Patients can book appointments in person, on-line or by telephone.

Appointments with a GP or nurse practitioner are available at the following times:

- Monday - 8.30am to 11.40am; then from 2.50pm to 5.40pm

- Tuesday – 8.30am to 11.40am; then from 2.50pm to 5.40pm

- Wednesday – 8.30am to 11.40am; then from 2.50pm to 5.40pm

- Thursday – 8.30am to 11.40am

- Friday – 8.30am to 11.40am; then from 2.50pm to 5.50pm

A GP is available every Thursday afternoon until 6pm. Telephone calls are answered throughout the day, until 6pm each week day. At all other times an answer machine message directs patients to the NHS 111 service.

The practice is part of a local hub which provides extended opening hours for patients; appointments are available Monday to Friday between 6.30pm and 8.45pm and Saturdays and Sundays from 8am to 6pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and County Durham and Darlington NHS Foundation Trust.

The practice has:

- two GP partners (both male), although only one is active in the practice,
- two salaried GPs (both female),
- one nurse practitioner and two specialist nurses (all female),
- one practice nurse,
- a practice manager,
- an operations manager, and
- four staff who carry out reception and administrative duties.

The age profile of the practice population is broadly in line with the CCG averages, but there is a higher than average proportion of patients under the age of 18 (22.9% compared to the CCG average of 19.2%). Information taken

Detailed findings

from Public Health England placed the area in which the practice is located in the fifth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Are services safe?

Our findings

At our previous inspection on 13 July 2017, we rated the practice as inadequate for providing safe services as some arrangements including, staff recruitment, reporting and recording significant events and managing patient safety alerts were poor.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 8 March 2018. We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

When we last inspected the practice did not have effective systems in place; staff had not received training on infection control, recruitment procedures were not effective, there were no systems in place to monitor cleanliness, safeguarding policies did not contain appropriate contact details and some staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check. (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).

During this inspection we found the practice had made improvements and had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments and had a number of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. 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.

- 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 had received a DBS check. The practice manager was in the process of arranging for some external chaperone training for staff.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

When we carried out our previous inspection some staff had not completed basic life support training and the practice did not have a business continuity plan in place.

During this inspection we found improvements had been made. All staff had received appropriate training and there was a comprehensive business continuity plan available. 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.

- 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.

Are services safe?

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

When we previously inspected the practice we identified a number of concerns in relation to how the practice monitored risks. Fire and legionella risk assessments had been carried out but resulting recommendations had not been actioned.

During this inspection we found the practice had ensured that all actions from the risk assessments had been carried out. We also found:

- There were comprehensive risk assessments in relation to safety issues.

- Activity was monitored and reviewed. This helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

During our previous inspection we found evidence of issues which had been reported but not recorded as significant events. The arrangements for dealing with safety alerts were ineffective (safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice).

During this inspection we found significant improvements had been made. The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following one incident the processes for the scanning of patient information onto computerised records were reviewed and updated.
- There was a new and comprehensive system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 July 2017, we rated the practice as requires improvement for providing effective services as the arrangements in relation to checks for patients with learning disabilities, clinical audits and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 8 March 2018. We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were offered a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Within the past 12 months 202 patients aged over 75 (86%) had received various health checks, including blood pressure and blood tests for monitoring purposes.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were 100%, compared to the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 73.5%, which was above the national average of 72.1% but below the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 86.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 83.7% and the CCG average of 84.4%.

Are services effective?

(for example, treatment is effective)

- 95.5% 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 above the national average of 90.3% and the CCG average of 93%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption (CCG 93%; national 90.7%); and 98.1% of patients experiencing poor mental health had received discussion and advice about smoking cessation (CCG 96.3%; national 95.3%).

Monitoring care and treatment

The most recent published Quality and Outcomes Framework (QOF) results showed the practice achieved 99.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.6% and national average of 95.5%. The overall exception reporting rate was 11.4% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. We saw evidence of some completed clinical audits where improvements had been implemented and monitored.
- The practice was involved in quality improvement activity. They used benchmarking and performance information to identify areas and take action where they could improve. For example, they monitored prescribing data, referral rates and appointment availability and took action to improve where they identified they were not in line with comparators.

Effective staffing

When we last inspected we found that none of the administrative staff had received a recent appraisal and some staff had not received all training appropriate to their roles.

Improvements were made and during this inspection we found training was up to date and administrative staff had all received an appraisal.

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

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

Coordinating care and treatment

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

- 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.

- When we last inspected we found that patients with learning disabilities had not received health checks in the previous 12 months. The practice nurse had

Are services effective?

(for example, treatment is effective)

identified this and put plans in place to ensure all patients received a check. During this inspection we saw records which showed 10 out of 11 patients had had a check; the other patient had declined.

- 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 and tackling obesity campaigns.
- The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England from

2016/2017 showed that: 74.8% of females, 50-70, were screened for breast cancer in last 36 months, compared to the national average of 70.3% and 62.7% of patients aged between 60 and 69 had been screened for bowel cancer within the past 30 months compared to the national average of 54.5%.

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

At our previous inspection on 13 July 2017, we rated the practice as requires improvement for providing caring services as the results from the National GP Patient Survey were below average in many areas.

When we undertook a further inspection on 8 March 2018 we saw patient feedback gathered by the practice and on CQC comment cards was mainly positive. We rated the practice, and all of the population groups, as requires improvement 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.
- The vast majority of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the National GP Patient Survey, published in July 2017, showed patients were not always satisfied with how they were treated. 286 surveys were sent out and 103 were returned. This represented about 2.5% of the practice population. Satisfaction scores on consultations with GPs and nurses were below local and national averages. For example, of those who responded:

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 91% of patients said they had confidence and trust in the last GP they saw; CCG and national average - 96%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.

- 85% of patients said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 81% of patients said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 76% of patients 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, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They requested this information as part of the new patient registration process and during patient health checks and reviews. The practice's computer system alerted GPs if a patient was also a carer.

- The practice had identified 81 patients as carers (2% of the practice list).
- Carers were signposted to the local carers network to obtain specialist advice and support
- The practice offered health checks and influenza vaccinations for carers.

Are services caring?

Staff told us that if families had experienced bereavement, the lead GP or enhanced service nurse contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the July 2017 National GP Patient Survey we reviewed showed some patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally below local and national averages. Of those who responded:

- 69% of patients 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%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 78% of patients said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

The Survey results are the same as those we commented on in our previous inspection report as more up to date data had not been published.

However, since then patient feedback collected from other sources had been more positive. This included CQC comment cards completed by patients prior to the inspection and recent Friends and Family Test results (for example from August 2017 to January 2018, 99% of respondents (101), said they would be either likely or extremely likely to recommend the practice).

Managers told us they were working with the patient participation group and were about to undertake a more detailed patient survey.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 July 2017, we rated the practice as requires improvement for providing responsive services. This was because the arrangements in respect of recording, investigating and learning from complaints needed improving and the results from the National GP Patient Survey in relation to access were below average.

Some arrangements had not significantly improved when we undertook a follow up inspection on 8 March 2018. We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. Patient needs and preferences were taken into account.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. When we last inspected there was no way for patients who needed assistance to open the external door to summon support. A doorbell was subsequently installed so patients could alert staff.
- The practice made reasonable adjustments when patients found it hard to access services. There was no hearing loop installed but staff had made alternative arrangements to support patients with a hearing impairment.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice provided an enhanced nursing service; a nurse carried out daily visits to patients who lived at the

neighbouring care home. The nurse had dedicated access to a GP if they required assistance. Feedback from staff at the care home was that this was an excellent service. A satisfaction survey had been carried out and 16 members of staff from the care home completed questionnaires. All gave very positive feedback and said the visits had improved patient care and helped reduce hospital admissions.

- The enhanced service nurse also co-ordinated care for the frail elderly patients in the community. They carried out an initial assessment, with the patient and their family, where appropriate, then prepared a personalised care plan. The nurse was the named lead clinician and carried out regular reviews to ensure the plans were still relevant. At the time of the inspection the practice had 26 patients on the register; all had an up to date care plan in place.
- During a former scheme to help avoid unnecessary admissions to hospital the practice had reviewed elderly patients at risk and offered them more personalised support to help them better manage their health within a community setting. Although the scheme had finished the practice maintained an unplanned admissions register, provided those patients with appropriate support and gave them a dedicated telephone number to contact if they had any concerns.
- 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.

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.
- One of the practice nurses specialised in diabetes; foot screening checks and insulin initiation and monitoring were available at the practice; rather than patients having to attend further appointments elsewhere.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was part of a local hub which provided extended opening hours for patients; appointments were available Monday to Friday between 6.30pm and 8.45pm and Saturdays and Sundays from 8am to 6pm.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Information was available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Timely access to the service

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

- 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.

Observations on the day of the inspection and completed CQC comment cards showed patients were satisfied with how they could access the service. However, results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction was below local and national averages. Of those who responded:

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 80%.
- 57% of patients said they could get through easily to the practice by phone; CCG - 75%; national average - 71%.
- 65% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 77%; national average - 76%.
- 70% of patients said their last appointment was convenient; CCG - 83%; national average - 81%.
- 63% of patients described their experience of making an appointment as good; CCG - 75%; national average - 73%.
- 49% of patients said they don't normally have to wait too long to be seen; CCG - 64%; national average - 58%.

When we last inspected in July 2017 the Survey results had just been published. At the time no formal reviews of demand and capacity had been undertaken. However, since the last inspection an ongoing, daily audit of appointments was being carried out. The audit showed that each week a number of face-to-face appointments and telephone appointments had not been booked and would have been available for patients.

Patients also had had access to the local extended hour's service since April 2017. Practice staff could make appointments for patients every day; between 6.30pm and 8.45pm and at weekends between 8am and 6pm.

One of the issues from the previous comprehensive inspection was that the clinicians' roles were not always made clear to patients. A poster had been devised which set out the type of condition that each clinician was able to treat. For example, in many cases the nurse practitioner was able to treat many patients who would have otherwise needed an appointment with a GP.

Are services responsive to people's needs?

(for example, to feedback?)

The data for the National GP Patient Survey had been collected in January 2017 so did not reflect the most recent improvements. The practice was working with the Patient Participation Group (PPG) to develop a practice questionnaire to try to further understand the exact nature of patients' concerns about access. This was due to commence imminently.

Only one of the 33 completed CQC comment cards raised concerns about access. On the day of the inspection the next routine appointment with a GP was available for the following day; appointments with a nurse practitioner were available on the afternoon of the inspection day.

Listening and learning from concerns and complaints

When we inspected in July 2017 we identified a number of concerns about the way the practice dealt with complaints; in some cases there was no evidence that complaints had been responded to and it was not clear how lessons learned were shared with staff. During this inspection we found improvements had been made.

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Three complaints had been received in the last year. We reviewed those and found that they had been satisfactorily responded to and handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. Complaints were now discussed at clinical team meetings and with other staff as necessary. Improvements were made following complaints; for example, the procedures for carrying out home visits were reviewed and updated.

Are services well-led?

Good 

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

Our findings

At our previous comprehensive inspection on 13 July 2017, we rated the practice as inadequate for providing well-led services as there was a lack of good governance, the arrangements for managing risks were poor and there was no clear strategy or business plan in place.

We found arrangements had significantly improved when we undertook a follow up inspection on 8 March 2018. 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 high-quality, sustainable care.

- The provider is registered with CQC as a partnership of two GP partners. However, only one partner is active at the location; providing a clinical service and leadership with support from long-term salaried GPs.
- The active partner 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.
- Managers were visible and approachable.
- The practice had processes in place to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

At our previous inspection we found the practice did not have a clear vision or supporting business plans. During this inspection we found improvements had been made.

- Since the last inspection leaders had developed a clear vision and set of values. This was to deliver “high quality health care in a responsive, supportive, courteous and cost-effective manner”.
- Over the past year there had been some significant changes in how the partnership overseeing the practice operated; only one of the partners was currently working within the practice. As a consequence, the practice only had a short term supporting business plan in place for the next 12 months.

- Staff were aware of and understood the vision, values and strategy and their role in achieving
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice had been monitoring progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Managers were 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.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal 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.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

When we inspected the practice in July 2017 we identified significant concerns about the governance arrangements. The arrangements for identifying, recording and managing risks and the systems for reporting significant events and complaints were ineffective. The staffing structure was unclear and there was a lack of support for staff in relation to training and appraisals.

During this inspection we found the practice had made significant improvements and had taken action to address all of the issues raised.

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

Are services well-led?

Good 

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

- A new staff structure was in place with roles and responsibilities clearly set out.
- The systems for managing significant events and complaints had been updated to ensure appropriate action was taken and lessons learned shared with staff.
- Complaints were now effectively managed.
- Arrangements had been put into place to ensure that any actions that were required as a result of risk assessments were undertaken.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes in place 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.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

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 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 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.
- A patient participation group (PPG) had recently been established. We spoke with two members. They told us the practice listened to them and that they were working with practice managers to carry out a patient survey.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice employed an enhanced service nurse. Over the past six years they had undertaken a number of projects, including palliative care and support for frail elderly and dementia patients. The nurse had carried out several pilots on new ways of working in those areas. Their work had informed local and national policies. For example, the practice had been approached by the local clinical commissioning group (CCG) to ask them to support a pilot project on care for frail elderly patients. The nurse carried out the initial work and developed an approach which was then rolled out to other practices in the area.