

The Bradford Moor Practice

Quality Report

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

Ratings

Overall rating for this service

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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

The practice had been previously inspected on 19 November 2014 when it was rated as Good overall.

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

We carried out an announced comprehensive inspection at The Bradford Moor Practice on 8 December 2017. The inspection was carried out 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 routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Levels of cervical screening amongst the practice population had been significantly improved by a targeted campaign.
- Prescribing levels of antibiotics had been significantly reduced in line with local and national targets.
- Staff across the whole team were kind and caring. Patients told us they were treated with compassion, dignity and respect.
- Results from the national GP patient survey showed that the provider was performing significantly lower than the national average in terms of access and for

Summary of findings

consultations with clinical staff. The provider had drawn up a detailed action plan in response to this, however at the time of the inspection the impact of the changes proposed or made had not been fully assessed.

- Patients who were receiving end of life care were identified by the provider and visited at home by the lead GP and practice nurse on a regular basis.
- Patients sometimes found it difficult to access routine appointments. However, they told us that they were able to access urgent care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Continue to improve the identification rates of carers from amongst the practice population.
- Continue to review, act on and improve patient satisfaction in accessing services at the provider and in their interactions with clinical staff. Patient satisfaction in these areas was significantly below local and national averages.

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 

The Bradford Moor Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist adviser.

Background to The Bradford Moor Practice

The Bradford Moor Practice is situated within a purpose built surgery located at The Daffodil Building, Barkerend Health Centre, Bradford, West Yorkshire, BD3 8QH. The practice provides services for approximately 3,700 patients and is part of the NHS Bradford District Clinical Commissioning Group (CCG).

The practice is a single storey building and fully accessible for those with a physical disability. There is parking available on the site for patients, and a privately operated pharmacy is located adjacent to the practice building.

The practice population age profile shows that it is above the CCG and England averages for those under 18 years old (30% compared to the CCG average of 24% and England average of 21%). Average life expectancy for the practice population is 74 years for males and 80 years for females (England average is 79 years for males and 83 years for females). Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population is mainly South Asian in composition.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. Services offered include those in relation to:

- Childhood vaccination and immunisation including Meningitis C
- Antenatal/Postnatal care
- Influenza, Pneumococcal, Rotavirus and Shingles immunisation
- Travel vaccinations
- Extended hours access
- Dementia support including nursing home visits
- Learning disability support
- Minor surgery
- Ear syringing
- Phlebotomy service
- Chronic disease management including spirometry and blood glucose monitoring
- Patient participation
- Palliative (End of Life) care

Close links are maintained with a team of community health professionals that includes health visitors, midwives and members of the district nursing team.

There is one full-time GP partner (male). He is supported by three long-term locums who each work part time (two male, one female). Together, the locums work the equivalent of one full-time GP. There is a practice nurse, a health care assistant (both female) and a practice pharmacist (male). Supporting these clinicians is a reception and administration team led by a practice manager who is also a non-clinical partner.

Detailed findings

The practice reception is open for enquiries daily from 8am to 6.30pm with consultations available during morning and afternoon sessions. Pre-booked appointments for late surgeries are available on Monday and Tuesday evening until 7.30pm. The practice also provided access to appointments from 7.30am, on request, for patients who could not access the surgery during the usual working day. The reception is staffed during late surgeries. The practice website at www.bradfordmoorpractice.co.uk offers online appointment booking and the ordering of repeat prescriptions.

Extended and out of hours services are provided by Local Care Direct and patients can access the provider via the practice telephone number.

The inspection rating relating to the previous inspection was on display within the building and was posted on the practice website.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a range 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. 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). However, we saw that locum doctors did not have written references in their personnel file. The provider immediately reviewed their procedures following the inspection and sent us evidence confirming that a process for obtaining written references had been embedded into their recruitment policy for current and future locum appointments.
- 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 (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure).

- There was an effective system to manage infection prevention and control. An audit had been completed within the last year and achieved a score of 97% indicating high levels of compliance with national guidance. Evidence was seen during the inspection that actions identified had been responded to.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. The GPs worked effectively as a team and the locum doctors actively supported the lead GP with providing additional clinical cover when needed.
- 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. We saw that the lead GP maintained oversight of all the pathology reports received by provider and that an effective system for managing these results was maintained.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw evidence that staff engaged with colleagues across health and social care in order to safeguard their patients.
- Referral letters were sent in a timely way and included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- 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. For example, the provider had reduced their prescribing rate of antibiotics to below the locally agreed target and were consequently rated by the CCG as performing higher than the local average.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately, including certain high risk medicines. The practice involved patients in regular reviews of their medicines and utilised the skills of their practice pharmacist effectively to do this.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the accidental loss of a prescription led to a review of the management of prescriptions for controlled drugs. Staff identified a more secure storage system for these types of prescription and added additional security checks for assuring that future prescriptions had been issued to the right person or their representative.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice showed better than average performance in relation to the prescribing of antibiotic items. Data from January to December 2017 showed that the provider prescribed an average of 133 antibiotic items per 1,000 registered patients. This was lower than the CCG average of 144 items per 1,000 registered patients and the England average of 136 items per 1,000 registered patients. Lower rates are seen as more positive as they reduce the risk of antibiotic resistance across the patient population. The provider also demonstrated significantly lower levels of broad spectrum antibiotic prescribing. Data from January to December 2017 showed that broad spectrum antibiotics were prescribed at a rate of 3%. This was lower than the CCG average of 5% and the England average of 9% over the same time period. The practice told us this had been achieved by improving awareness with clinicians and educating patients regarding the appropriate use of antibiotics.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology and equipment to improve treatment and to support patient's independence. For example, using near patient testing for patients living with diabetes so that they were able to receive immediate results and have their medicine dosage altered as required.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Patients were encouraged to request a home visit by 10.30am. Telephone consultations and same day urgent appointments were available for patients that needed them.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- 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.
- Patients were encouraged to receive a shingles vaccine and the annual flu vaccine. Housebound patients were offered a home visit to receive their vaccines if required.
- The practice followed up on older patients who were resident in local nursing homes, visiting as required.

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. For example, the practice nurse had completed enhanced training in the management of diabetes. The practice pharmacist undertook medicine reviews and offered appropriate advice to patients.
- Overall performance in relation to the treatment of patients with long term conditions was mixed. Data from 2016/17 showed that the number of patients living with diabetes who received a foot examination (which checks for potentially serious complications of diabetes) was 90%. This was 10% higher than the local and national average. However, patients living with diabetes who were able to maintain the optimum levels of HbA1c at levels of less than 59mmol (a blood test that measures how well controlled a patient's diabetes is) was 49%. This was 23% lower than the local and national average. The provider had responded to this by

Are services effective?

(for example, treatment is effective)

offering on site testing of HbA1 levels and was focussing on diabetes care with dedicated in house clinics and dietary advice. Diabetes is three times as prevalent in their practice population as the national average.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- There were effective relationships between the health visitor and clinical team.

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

- The practice's uptake for cervical screening from 2016/17 was 72%, which was lower than the 80% coverage target for the national screening programme. However, the practice population was a hard to reach demographic and we saw evidence that the provider had undertaken a targeted campaign to improve screening uptake. For example; by having a dedicated member of reception targeting eligible women and promoting a dialogue of the benefits of screening amongst the South Asian community. Consequently, the total number of eligible women screened (including those excluded through exception reporting) was 98%. This was 17% higher than the local and national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 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 and compassionate way which took into account the needs of those whose circumstances may make them vulnerable. The lead GP and practice nurse undertook regular visits to patients receiving end of life care. The lead GP told us that visits would take place as needed for these patients and could occur out of usual working hours and at weekends.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients with a learning disability, who found attending the surgery stressful, had their annual reviews undertaken at home.
- The provider had a small number of refugee patients and was able to arrange the appropriate interpretation services and support for this vulnerable group.

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

- 100% of eligible patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the local average of 85% and the national average of 84%.
- 100% of eligible patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the local average of 94% and the national average of 90%
- The practice specifically considered the mental health needs of their patients who were refugees. We were told that Post traumatic stress disorder (PTSD) was prevalent in this group and appropriate services were identified to support them.

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. We examined in detail four two-cycle clinical audits that had been carried out within the last year. We saw that these had led to either developments within the practice or assured the practice that operating standards were being met. For example, an audit into infection rates following minor surgical procedures found a zero infection rate. In another audit, the practice saw no significant improvement in the HbA1 levels of patients living with diabetes following focused intervention. The provider is reflecting as to how to further address this issue within the practice population. We saw that audits were shared across the practice.

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

Are services effective?

(for example, treatment is effective)

participated in both the Bradford Beating Diabetes and the Healthy Hearts programmes. The practice was also committed to The National Gold Standards Framework which promotes excellence in palliative (end of life) care.

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 88% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 7% compared with a local rate of 11% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. 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.

- 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, refugees 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 by supporting stop smoking campaigns and by advising patients how to tackle obesity problems.

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.

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately and publicised the availability of a chaperone service offered by trained staff.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- The practice was significantly below both local and national averages for its satisfaction scores on consultations with GPs and nurses. However, we received positive feedback from patients during our inspection.
- The practice had identified only a limited number of patients who were carers. However, the identification of carers was challenging amongst the practice population for cultural reasons.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 31 patient Care Quality Commission comment cards we received were positive about the clinical care provided. This was also confirmed by the two patients we spoke to. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. Surveys were sent out to 375 patients and 104 were returned. This was a completion rate of 28% This represented about 3% of the practice population. However, the practice was more than 10% below the national average for its satisfaction scores for the majority of questions relating to consultations with GPs and nurses. For example:

- 76% of patients who responded said the GP was good at listening to them compared with the local average of 88% and the national average of 89%.
- 74% of patients who responded said the GP gave them enough time; compared to the local average of 85% and the national average of 86%.
- 86% of patients who responded said they had confidence and trust in the last GP they saw; compared to the local and national average of 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the local and national average of 86%.
- 78% of patients who responded said the nurse was good at listening to them; compared to the local and national average of 91%.
- 77% of patients who responded said the nurse gave them enough time; compared to the local and national average of 92%.
- 88% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the local and national average of 97%.
- 78% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the local and national average of 91%.
- 62% of patients who responded said they found the receptionists at the practice helpful; compared to the local average of 85% and the national average of 87%.

The practice had reviewed the finding of the survey and were disappointed with the below average scores. Comment cards collected during the inspection described compassionate care from the clinical staff and the two patients we spoke were very positive in regard to the kindness and concern shown by the clinical team. The provider told us that their efforts to bring their antibiotic prescribing in line with national targets had caused some patients to be disappointed during consultations. The provider also encouraged patients to consider over the counter medicines from the pharmacy, rather than asking

Are services caring?

for a prescription. The practice accepted that they were attempting to modernise their approach and that this would not always be readily accepted amongst the patient population.

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 and a British Sign Language interpreter was offered to patients who required this. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand and reduce potential stress. For example, the practice told us they visited patients with a learning disability in their own home if attending the surgery caused anxiety.
- 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 had begun a process to identify patients who were carers. This was publicised within the practice and asked opportunistically. A receptionist had been appointed as a carer's champion. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers (less than 1% of the practice list).

Staff told us that if families had experienced bereavement, the practice would contact 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 national GP patient survey showed the majority of patients responded positively to questions

about their involvement in planning and making decisions about their care and treatment. Comments made by patients were very positive about the professionalism of the clinical staff. However, results were lower than local and national averages:

- 75% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the local average of 85% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the local average of 80% and the national average of 82%.
- 78% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the local and national average of 90%.
- 73% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the local and national average of 80%.

The practice told us that clinical staff had been made aware of the outcome of the survey and were mindful of the findings during their patient consultations. The provider told us that staff development within the nursing and pharmacy clinicians would aim to improve these scores in the next 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.
- Curtains and screens were provided to protect patient's dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups

The practice was rated as requires improvement for providing responsive services because:

- The practice was significantly below both local and national averages for its patient satisfaction scores on timely access to the service. We also received feedback on CQC comment cards from a significant proportion (eight of 33 cards completed) of patients who responded that supported this. The practice were aware of poor satisfaction rates within their patient group and an action plan had been drawn up to improve this. At the time of the inspection, the practice were not in a position to be able to demonstrate the actions taken to date had resulted in the significant improvements required in patient satisfaction in a number of key areas highlighted by the national GP patient survey.

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 the practice offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs. For example by identifying support services for refugees experiencing Post Traumatic Stress Disorder (PTSD).
- 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, by offering early morning appointments on request for patients unable to attend during the usual working day. Despite this, patient satisfaction on access to the service was significantly below national averages.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

All of the population groups were rated as requires improvement for responsive services as poor patient satisfaction on timely access to the service affected all patients.

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.

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 community nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with urgent 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, extended opening hours.

Are services responsive to people's needs?

(for example, to feedback?)

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including refugees 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.
- Patients with mental illness were invited to an annual review and staff ensured patients who missed an appointment were actively followed up.

Timely access to the service

Patients told us they were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and the provider attempted to manage appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. However feedback from patients suggested that access to the service was not always available in a timely manner.

The national GP patient survey results were published in July 2017. The results showed the practice was performing significantly lower than local and national averages. We collected 33 CQC patient comment cards during our inspection and noted that patients said they had experienced difficulty in accessing an appointment on eight responses. However, we also received three responses that said they were able to access a convenient appointment without difficulty which was echoed by the two patients we spoke to. Data from the national GP survey showed that 375 survey forms were distributed and 105 were returned. This was a completion rate of 28% and represented 3% of the practice's patient list.

- 66% of patients who responded were satisfied with the practice's opening hours compared with the local average of 73% and the national average of 76%.
- 28% of patients who responded said they could get through easily to the practice by phone; compared with the local average of 58% and the national average of 71%.
- 55% 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 local average of 79% and the national average of 84%.
- 49% of patients who responded said their last appointment was convenient; compared with the local average of 75% and the national average of 81%.
- 33% of patients who responded described their experience of making an appointment as good; compared with the local average of 64% and the national average of 73%.
- 24% of patients who responded said they don't normally have to wait too long to be seen; compared with the local average of 53% and the national average of 58%.

The practice told us that the national survey results had been very disappointing and an action plan had been drawn up to address the issues of poor satisfaction. The practice also told us that they had experienced significant difficulties with their telephone service provider throughout the year and we saw evidence confirming this. As a contingency, the provider had set up several mobile phone alternatives and had publicised these within the surgery and on the website. However, this did not meet the current demand from patients and had led to an exacerbation of the patient's poor experience. We saw that a comprehensive action plan included the provision of a new telephone system that would be installed in advance of the next national survey.

We also saw evidence that additional customer service training was being provided to reception staff. However, comment cards we saw affirmed that reception staff were welcoming, friendly and accommodating in supporting patients.

We reviewed the number of appointments available each week and saw that they were in line with expected demand. We saw that appointments were available to book online within two weeks of our visit and that on the day demand was accommodated by the practice with a

Are services responsive to people's needs?

(for example, to feedback?)

combination of book on the day and telephone appointments. Patients were able to book up to six weeks in advance for routine and follow up appointments. The practice told us that the way appointments were released to the public had been changed from September 2017. Appointment release was now staggered. We saw that actions arising from the survey results were due to be re-evaluated by the practice in March 2018 and that feedback from the Friend and Family test was being promoted by the practice to gauge monthly satisfaction levels, results for the most recent three months showed some improvement in overall satisfaction against the national GP survey results.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were being satisfactorily handled in a timely way, although they had not yet been concluded.

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 attempting to address them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

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

Culture

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

- Staff stated they felt respected, supported and valued. They were very proud to work in the practice.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The 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 were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. We saw that both the practice nurse and pharmacist had been encouraged to develop additional skills that would be of long term benefit to them professionally and also the patient population.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were highly positive relationships between staff and the management team.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, in improving the rates of cervical screening and the management of diabetes.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- 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, including patients' satisfaction with the services provided.
- 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. This was confirmed by the staff team who described how the practice manager had encouraged innovation and supported the team through a period of upheaval.
- The practice actively promoted the patient participation group and had effectively engaged with several patients to develop the group. The provider recognised that the patient population were difficult to engage locally and discussions were ongoing with other nearby providers. The aim was to establish a single group representing several local providers to generate interest in membership and establish shared interests and development ideas.
- The service was transparent, collaborative and open with stakeholders about performance. For example, we saw evidence that the provider actively sought and acted upon guidance and support from the local CCG.

Continuous improvement and innovation

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used in partnership with the performance team at the CCG 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.

Are services well-led?

Good 

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

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had worked closely with the CCG in reviewing their clinical performance. As a result they had improved the uptake of cervical screening and significantly reduced their antibiotic prescribing.
- 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. For example, following a disappointing national GP patient survey, the provider developed a detailed action plan that was being implemented across the service. At the time of the inspection, the impact of the actions planned or taken had not been fully assessed.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.