Church View Surgery

Quality Report

239 Halesowen Road
Cradley Heath
West Midlands
B64 6JE
Tel: 01384 566929
Website: www.churchviewsurgerycradleyheath.co.uk

Date of inspection visit: 21 February 2018
Date of publication: 11/04/2018

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

Ratings

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

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 09 July 2015 –Rated Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Church View Surgery on 21 February 2018 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.
- There were systems in place to maintain health and safety.
- 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. For example, standard for an audit was based on NICE guidance.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice was able to demonstrate a governance framework which supported the delivery of the strategy and good quality care.
- There was evidence that the practice had sought feedback and implemented changes to improve.

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

- Ensure audits are complete to demonstrate quality improvement
- Consider accessibility of AED during clinic times.

Summary of findings

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

Church View Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Church View Surgery

Church View Surgery is a registered with the Care Quality Commission (CQC) to provide primary medical services. The surgery serves a population of approximately 6200 patients. The practice is located in Halesowen Road, Cradley Heath in the West Midlands (https://churchviewsurgerycradleyheath.co.uk).

The practice is open Mondays and Fridays from 8.00am to 6.30pm; Tuesdays and Thursdays from 7am to 8am. On Wednesdays it is open from 8am to 8pm and on Friday it is open from 8am to 6.30pm. The practice offered Saturday and Sunday morning opening at another site as part of as part of hub arrangements with other local services. The practice has opted out of providing out-of-hours services to their own patients. This is provided by an external out of hours service.

There are three GP partners (two male and one female). There are also two part time practice nurses, two healthcare assistants, a practice manager and a team of reception staff. The practice has a General Medical Services (GMS) contract and is part of Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area of deprivation at level three. Level one represents a most deprived area and level 10, the least deprived. The age distribution of the practice population broadly follows that of the national average.

Telephone consultations are available if patients requested them; home visits were also available for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by an external out of hours service provider and information about this is available on the practice.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. 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. We saw evidence of good practice where the GP lead had raised a concern with the local safeguarding authority.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff members told us that there was an extra staff member who had been trained in different administrative roles and could cover during planned and unplanned leave.
- There was an effective induction system for temporary staff tailored to their role. For example, there was a locum GP pack available.
- 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. There was guidance in the practice about sepsis. There was sick children and sick patient assessment that was available on the patient system to support identification and management of sepsis.

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 looked at care plans and relevant information was available and accessible.
- 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. Evidence we looked at confirmed this.

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.
- The practice had an Automated External Defibrillator (AED) which was kept in the treatment room. The treatment room was used by the nursing team to perform procedure such as cervical cytology and so the AED may not always be easily accessible during these times.
- 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. Data looked at showed that their prescribing was within the set limit by the CCG.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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. The practice used an electronic system to report and share learning from incidents with the CCG. The practice was proactive in identifying incidents and was the highest reporters of incidents to the CCG for two consecutive months. As a result they were mentioned in the CCG newsletter in November 2017 as reporter of the month.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared learning, identified themes and took action to improve safety in the practice. The practice carried out quarterly review of incidents to identify trends. Minutes of meeting we looked at showed that the practice grouped incidents by type and had discussed these. For example the practice identified nine out of 16 incidents related to medicine (pharmacy issues). The CCG had advised the practice to record any incidences where the local pharmacies were requesting medicines which were no longer required by patients. This was shared with the CCG and improvements were achieved.
- 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. There was a spreadsheet with alerts received and actions taken. We saw example of audits that were carried out as a response to alerts. Practice minutes of meetings looked at demonstrated that alerts were discussed.

Good

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. We saw that the practice had recently updated their asthma guidelines.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Data we looked at before the inspection and prescribing we looked at during the inspection showed that the practice was not an outlier for any medicines such as antibiotics.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used two way text messaging to remind patients of their appointments. Patients were able to cancel their appointment via the service if they no longer needed it.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

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. Over a 12 month period the practice had offered 696 patients a health check and 555 patients had taken up the offer.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The data clerk reviewed hospital letters for unplanned admissions and re-admissions and alerted nursing staff who followed up the patient.
- The practice took part in the enhanced scheme for flu vaccination and we saw that it had vaccinated 80% of the over 65 year olds (target 75%).

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.
- The practice held clinics with a diabetes specialist nurse and a consultant from the local hospital.

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 above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women with long-term medicines. For example, patients were offered appointment with a midwife who offered them appropriate vaccination.

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

- The practice's uptake for cervical screening was 85%, which was above the CCG average of 79% and the national average of 81%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice had sent out letters to all eligible 17-18 year olds (88) since the first of April 2017. Data showed that 36 had received the vaccine.
- The practice took part in the enhanced scheme for flu vaccination and we saw that it had vaccinated 65% of under 65 year olds (target 50%). We were told that the practice had stock of vaccines left over and due to this year's flu epidemic all patient groups were offered the vaccine including this group.
- 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:

Good

Are services effective?

(for example, treatment is effective)

- The practice took part in the enhanced scheme for learning disability patients. The practice had 20 patients on the list had had sent out letters to arrange relevant reviews with the nurse and the GP. All patients were booked to attend a review clinic for March 2018 over a three day period. A learning disability nurse had also been invited to attend the clinic and to provide any further advice to patients and staff.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients are registered on the CCG end of life care hub following consent from patient.
- The GPs carried out home visits to develop a palliative care management plan detailing pain and medicine needs as well any other special requests.
- The practice monthly multidisciplinary (MDT) meetings to discuss their needs. Minutes of meeting we looked at showed that these were attended by palliative care nurses and district care nurses. The practice also had a 'holding list' following assessment by the GPs where they thought that these patients may in the near future require palliative care. They are also discussed at monthly MDT meeting.

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):

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was slightly above the CCG average of 84% and the national average of 83%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the CCG average of 92% and the national average of 93%. The exception reporting was 13% compared to the CCG and national exception reporting of 10%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100%.tthis was above the CCG average of 92% and the national average of 91%. The exception reporting was 13% compared to the CCG average of 10% and the national average of 10%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 96%. This was comparable to the CCG average of 96% and the national average of 95%.

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. (Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 12% compared with 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.)

- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice offered an electrocardiogram (ECG) service and one of the GP partner was trained to interpret results. The practice had a buddy system with another local surgery to peer review and analyse each others readings once a year along with consultant from the hospital to identify any learning.
- The GPs also attended local commissioning group meetings organised by the GPs where peer reviews were undertaken.

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.

Good

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided 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, appraisals and support for revalidation.

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. We saw monthly MDT meetings were held to discuss patient needs.
- 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. Care plans we looked at showed that they contained appropriate information.
- The practice had good links with physiotherapists, tissue viability nurses and the diabetes specialist teams. Patients were referred appropriately to meet their needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. The practice had a dedicated nurse that visited all the housebound patients to ensure effective management of their needs such as long term conditions, vaccinations and other social care needs.
- The practice had a 'holding list' of those patients the GPs felt may require palliative care and their needs were also discussed at monthly MDT meetings.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, the practice signposted patients to stop smoking and lifestyle services.
- 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, Sandwell Mytime Active support worker held weekly clinics (organised by the CCG) to support adults and their families to get more active, eat better and lose weight.
- A cardiovascular nurse attended the practice weekly to carryout routine health checks and this was organised by the CCG.
- The practice had 197 patients who were identified as pre-diabetes and of those 80 had been referred to structured educational sessions.

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 through an audit for minor surgery.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Almost all of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- The practice had carried out a survey in May 2016 where patients were asked if they were treated with dignity and respect and 100% responses were positive.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 265 surveys were sent out, 90 were returned (34% completion rate). This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 95%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 80%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 87%; national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG - 87%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful; CCG - 82%; 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 those 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. Patients were also told about multi-lingual staff who might be able to support them on the practice website.
- 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. The practice had a carers corner in the waiting area proving further information and advice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (2% of the practice list). One of the practice nurses visited housebound patients and where relevant took details of any carers these patients had. One of the healthcare assistant was the lead for ensuring needs of the carers were being met. The practice had invited 102 carers for a health check and 15 had taken up the offer. Of the 101 patients that were invited for a flu vaccination, 78 had been vaccinated.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy

Good

Are services caring?

card. 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 78% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%.
- 69% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 75%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 86%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. For example, there were dedicated staff members who took telephone calls away from the reception desk to protect patient confidentiality.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. The practice participated in the CCGs Primary Care Commissioning Framework (PCCF). The PCCF was intended to help develop general practice, encourage partnership working and deliver improvements in clinical outcomes for local patients.
- For example, the practice told us that they were offering the diabetic clinics with a specialist nurse and a consultant (DiCE) as part of the PCCF agreement. However, the practice manager told us that the GP partners also used the primary care web tool to review data to review areas for improvement. We looked at the practice business plan which recorded that the diabetes morbidity and mortality data prompted the practice to also consider further this. The Primary Care Web Tool displays data on demographics and 'performance' indicators that range from QOF results, clinical outcomes and prescribing habits, to patient access and satisfaction ratings. This data on individual practices is compared to national and local averages.
- This included ensuring appropriate vaccinations were received and managing their long term conditions.
- 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, the practice had a self-calling system in reception but alerts and notes were put on the system by reception staff so that the GP could assist patient who had difficulty with their vision into the consultation room.
- There was a notice on front door to use intercom if patients needed assistance as the doors were not automated.
- 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 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 district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered and electrocardiogram (ECG) service and one of the GP partner was trained to interpret ECG result. This ensured that patients did not need to attend hospital and results were interpreted in-house within 48 hours.

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.
- Emergency appointments were available and all children under five were offered same appointment.

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 early and evening appointments were offered. The practice worked with other local services to offer Saturday and Sunday Morning appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had access to braille translation if required. However, it had not used the service so far.
- Large print information available where requested.
- The practice put alerts and notes on the patient record system to ensure they received relevant assistance from staff members.
- The practice improved services where possible in response to patient needs. For example, the practice told us that they had 105 housebound patients and often due to the unavailability of district nurses these patients did not receive their vaccination. As a response the practice had arranged for one of the practice nurses to visit these patients at home. We spoke with the nurse who told us that they visited five house bound patients on Wednesdays to ensure their needs were met. The practice nurse told us that because they had been doing this for the last three years they understood the needs of these patients and could contact any other agencies for any other health and social care needs.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had registered two patients that were homeless; however, one patient had recently left the practice.

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.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

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. The practice always offered appointments to under five year olds and those with complex needs. Emergency appointments were available for patients during the afternoon.
- Patients with the most urgent needs had their care and treatment prioritised. For example, when patients requested home visits, the GP prioritised these based on the review of information provided by patients.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally above CCG averages and comparable to national averages. We spoke with five patients and received 10 comment cards responses. Almost all the comments were positive about the practice and staff. Of the 265 surveys were sent out, 90 were returned (34% completion rate). This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 84% of patients who responded said they could get through easily to the practice by phone; CCG – 60%; national average - 71%.
- 76% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 76%; national average - 84%.
- 78% of patients who responded said their last appointment was convenient; CCG - 72%; national average - 81%.
- 68% of patients who responded described their experience of making an appointment as good; CCG - 63%; national average - 73%.
- 40% of patients who responded said they don't normally have to wait too long to be seen; CCG - 46%; national average - 58%.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. The practice had received 12 complaints in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. Quarterly meetings were held to discuss any themes arising from complaints.

Are services well-led?

Good

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the business plan addressed short, medium and long term challenges.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff members we spoke with were highly motivated and committed to providing the best care.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice was aware that within the next 5-10 years a GP partner was likely to retire and had developed plans to ensure this was addressed. The practice planned to introduce either a full time GP partner or two part time GP partners.

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. For example, the practice had a short term (12 month), medium term (5 year) and long term (10 year) plan.
- A short term plan was to enhance staff skills in specific areas to deliver an effective service that was in line with local priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. For example,
- 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. For example, the practice plan incorporated the NHS five year view. The practice planned its services to meet the needs of the practice population. For example, one of the practice strategies was to ensure all GPs were trained in all areas so that if a partner had left or retired continuity of care could be delivered.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Discussion with staff members demonstrated that they were motivated and felt that they were making a positive impact to patient lives.
- The practice focused on the needs of patients. For example, one of the practice nurses visited five house bound patients weekly to ensure their needs were being met.
- 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. For example, one staff member told us that they had fed back their opinion in regards to the process for GP home visits. As a result of the feedback the system for booking home visits was reviewed and amended.
- 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.
- All the staff members were considered valued members of the practice team and training was available to them to improve their skills and knowledge.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

Good

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

- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. We saw evidence of effective safeguarding processes.
- 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. The practice held regular clinical meetings which were not documented and where interesting cases were discussed. However, monthly multidisciplinary (MDT) meetings were held and where all issues of note were discussed. Practice leaders had oversight of MHRA alerts, incidents, and complaints. Minutes of meetings looked at showed that these were discussed.
- We saw evidence of two clinical audits which had identified areas for further improvements. However, they were single cycle audits.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. For example, QOF performance was monitored weekly by the practice manager and staff members were held accountable.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, the practice identified that providing satisfactory access to appointments was an area for improvement and planned to address this through reduction of missed appointments. The practice identified gaps in care for housebound patients and had addressed this.
- The practice used information technology systems to monitor and improve the quality of care. For example, one of the goals of the practice for the next 12 months as detailed in the business plan was to become proficient in the use of the electronic prescribing system. The practice also planned to improve its telephone system and upgrade equipment where necessary.
- The practice submitted data or notifications to external organisations as required. For example, the practice reported incidents and significant events with the CCG.
- 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.

- The practice had carried out a patient survey in May 2016 and had received responses from 258 patients. Analysis of the results showed that the practice had made improvements in many areas such as offering more same day appointments (improved from 11% to 16%).

Are services well-led?

Good

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

- The practice took part in the friends and family test (FFT) and responded to any comments where appropriate. Results we looked at showed that the practice received positive feedback. For example, the January 2018 results showed 23patients were extremely likely to recommend the service to their family, 21 patients were likely, three neither like or unlikely, four unlikely and five were extremely unlikely. ,
- Dec 2017 results showed eight patients were extremely likely to recommend the service, 30 likely, four neither like or unlikely and six extremely unlikely.
- The practice also responded to any comments that were received as part of the FFT and we saw one comment received had been responded to appropriately.
- The practice also had a comments box and encouraged patients to provide feedback. We saw evidence that the practice had responded appropriately to a comment. Minutes of meetings we looked at showed that it had been discussed with staff members.
- The practice had a PPG but we were told that they currently had only four members and were making a push to recruit more. We saw evidence of this as posters in the reception area encouraged patients to get involved with the PPG.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice aspired to become a teaching practice and one of the GP partners was exploring the possibility of this.
- Staff knew about improvement methods and had the skills to use them. For example, the practice held quarterly meetings to review complaints and incidents for any emerging themes and trends. Learning was shared with staff and external stakeholders where relevant to make improvement.