Eastfield House Surgery

Quality Report

Eastfield House Surgery
6 St Johns Road
Newbury
Berkshire
RG14 7LW
Tel: 01635 41495
Website: www.eastfieldhousesurgery.co.uk

Date of inspection visit: 20 March 2018
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection December 2015 – 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 Eastfield House Surgery on 20 March 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.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. For example, clinical staff received enhanced training to deal with a range of life threatening conditions that patients might encounter whilst at the practice.
- The practice ran a personalised list system to deliver continuity of care for patients.
- There was a focus on prevention of health problems arising. This included scanning for liver problems, pre diabetes assessments and dementia screening.
- There were effective systems in place to monitor usage of prescribed medicines. Data showed that 99% of patients taking four or more repeat medicines had received a review of their medicines in the last year.The practice employed practice matrons to support patients with complex needs and those whose

Summary of findings

condition made it difficult to attend the practice for appointments. For example, patients who had mental health problems and did not wish to attend the practice could be seen at their own home.

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

- Monitor the systems changes made on the day of inspection to evaluate their effectiveness and sustainability.
- Review the implementation of annual health checks for patients diagnosed with a learning disability.

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

Eastfield House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Eastfield House Surgery

Eastfield House Surgery is located near the town centre of Newbury. Approximately 13,300 patients are registered with the practice. The number of patients registered has increased in the last three years due to a number of new housing developments in the Newbury area. The practice premises were purpose built approximately 20 years ago. The building was recently expanded to provide new consultation rooms. Patients are registered from the town and local area. The practice population has patients in local care homes, schools and a homeless shelter. There is minimal deprivation according to national data. The proportion of patients with a long standing health condition is 38% compared to 54% nationally.

It is open from 8am to 6.30pm. Extended hours appointments are available two evenings a week and frequently on Saturday mornings.

Care and treatment is delivered by nine GPs, with two male and seven female GPs, four practice nurses, a health care assistant and two practice matrons. There is a management team, administration and reception staff.

The practice is a member of Newbury and District Clinical Commissioning Group. The practice has a General Medical Services (GMS) contract. GMS contracts are directly negotiated between the General Medical Council and the practice.

All services are provided from Eastfield House Surgery, 6 St Johns Road, Newbury, RG14 7LW. Further information about the practice is available on their website at: www.eastfieldhousesurgery.co.uk

The practice has opted out of providing out-of-hours services to its own patients. There are arrangements in place for patients to access care from an out-of-hours provider, Westcall, via NHS 111.

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 had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- 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. Our discussions with staff showed that they were able to identify various forms of abuse they might observe during the course of their duties. Staff we spoke with knew who to report their concerns to and were aware of the local safeguarding systems. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check. The practice had a policy that ensured only nursing staff and GPs acted as chaperones.
- 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).
- There was a system to manage infection prevention and control. However, we found small amounts of dust in some of the clinical rooms. We discussed this with the nursing team who made arrangements to contact the practice cleaners to have this resolved.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The arrangements included annual calibration of medical equipment. We noted that when one item of equipment failed the calibration test it was replaced immediately.

Risks to patients

There were adequate 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information. We noted that referrals for patients with suspected cancer were processed using the two week wait system. These referrals were recorded including the receipt by the hospital. However, the records did not include a check to confirm the patient had been seen

within two weeks. The practice added additional sections to their referral log and instituted a system to check patients had been seen. This action was taken before the inspection concluded.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. 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 reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- 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. We noted that 99% of patients receiving four or more repeat medicines had a medicine review in the last year. One of the GPs had an oversight of medicines management and encouraged their colleagues to carry out the reviews.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.32. This was better when compared national average (0.90) and CCG average (0.47). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.7. This was better when compared to the national average (0.90) and similar to the CCG average (0.84). Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was similar (9.9%) when compared to local (8.2%) and national averages (8.9%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy 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, a piece of clinical correspondence was scanned into the wrong patient's record. The staff undertaking scanning and transfer into records were re-trained and the importance of accuracy was emphasised to avoid the same thing happening again.
- 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. Within two days of inspection the practice reviewed their system for dealing with safety alerts. To enhance the sharing of action taken in response to safety alerts the practice added discussion of safety alerts as a standing agenda item to the clinical team meeting.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- 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. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. 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.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice employed suitably qualified and experienced staff as practice matrons. The practice matrons undertook follow up visits to older patients who had been discharged from hospital and needed support and monitoring.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

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 better than the target percentage of 90% or above. The uptake for four of the immunisations required by children aged two ranged from 91.8% to 94.7%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 71.3%, which was in line with the clinical commissioning group (CCG) average of 74.4% and national average of 72.1%.
- The practices' uptake for breast and bowel cancer screening was in line the national average. For example, 71.2% of women eligible for breast screening had been screened compared to the CCG average of 77% and national average of 70.3%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Good

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had 77 patients registered who had been diagnosed with a learning disability, data showed 89% of these patients had a consultation with their named GP in the last year. However, not all of these consultations had been recorded as an annual health review. The practice was aware of this and had invited the patients who had not had a care review to attend for this.

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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 9% above the national average.
- 93% 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 3% above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

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. For example, the practice identified that the care for diabetic patients could be improved. A virtual clinic was established with a local diabetic consultant to gain additional expertise in delivering care for diabetic patients who were not controlling their diabetes. Where appropriate, clinicians took part in local and national improvement initiatives. For example the practice was working with the local NHS Hospital Trust to provide a liver screening service. This involved the practice identifying patients that were most suitable for this screening and inviting them to attend. The hospital provided the scanning equipment and a technician to undertake the scans.

The most recent published QOF results were 98% of the total number of points available compared with the CCG average of 98% and national average of 96%. The overall exception reporting rate was 5% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. When the practice identified they were below average for completing face to face reviews for patients diagnosed with dementia they reinforced their recall system. The number of face to face reviews rose from 83% to 93% in a year.
- The practice was actively involved in quality improvement activity. There was a clear audit programme with a timetable to repeat audits to check whether changes had led to improvement. An audit was undertaken to check that prescribing guidelines were followed when patients were diagnosed with urinary tract infections. The first audit identified that guidelines were followed 88% of the time. The findings were shared with the clinical team and guidelines reinforced. When the audit was repeated six months later the guidelines were being followed for 91% of patients with this diagnosis.

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,

Good

Are services effective?

(for example, treatment is effective)

appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for health care 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.

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

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. The eight patients we spoke with were also positive about the care they received. Patients consistently described the staff as friendly, helpful and professional. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 226 surveys were sent out and 95 were returned. This represented about 0.7% of the practice population. The practice was similar to average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 95%; national average - 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average – 84%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; CCG average - 94%; national average - 91%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 98%; national average - 97%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was a carers information noticeboard and a form available from reception to register as a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 302 patients as carers (2.3% of the practice list).

- When people wished to register as new patients staff asked them to indicate if they had carer responsibilities.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy 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:

- 90% 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 90% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 87%; national average - 82%.

Good

Are services caring?

- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 98%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 91%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- 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, talking therapy services were available at the practice.
- 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, 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 GPs and practice matrons also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice worked with their patient participation group (PPG) to provide new higher seating in the waiting room for those who had difficulty lowering into and rising from low seats.

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. 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.
- Patients with long term conditions who had difficulty attending the practice were able to have their annual reviews at home. Practice matrons undertook this role with support from GPs.
- There was a counselling service on site that offered health coaching to patients with long term conditions.

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, carers or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The immunisation rates for children under the age of five were above national targets.

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 and Saturday 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:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients diagnosed with a learning disability who found it difficult to attend the practice were able to receive their annual health review at home.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients diagnosed with dementia or long term mental health problems received home visits from their GP or practice matron if they found it difficult to attend the practice.

Timely access to care and treatment

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 78% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 87% of patients who responded said they could get through easily to the practice by phone; CCG average – 87%; national average - 71%.
- 83% 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 average - 83%; national average - 84%.
- 80% of patients who responded said their last appointment was convenient; CCG average - 80%; national average - 81%.
- 78% of patients who responded described their experience of making an appointment as good; CCG average - 78%; national average - 73%.
- 51% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 51%; 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were not in line with recognised guidance when we commenced the inspection. The practice was not following the NHS constitution requiring acknowledgement of complaints within three working days. When we discussed this with the practice they took immediate action and the procedure was changed to include acknowledgement before we concluded the inspection. A total of eight complaints were received in the last year. We reviewed all eight complaints and found that they were satisfactorily responded to following investigation.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example in response to concerns relating to continuity of care the practice responded by reviewing which GPs were available to patients who could only attend on specific weekdays.

Are services well-led?

Good

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice had commenced working towards accreditation as a demential friendly practice.
- 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.

- There was a clear vision and set of values. The practice had a realistic strategy and had identified that there was capacity to accommodate the growing number of patients registering at the practice.
- 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.

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.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, an incident arose for a patient who had not received appropriate care and follow up at a local hospital. The practice pursued the issue to ensure it did not happen again and kept the patient informed of the action taken. 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.
- All staff were considered valued members of the practice team. Nursing staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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
- 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.

Are services well-led?

Good

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

- 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. Practice leaders had oversight of national and local safety 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.
- 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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. When any weaknesses in maintaining confidentiality were identified they were addressed and actions taken to reduce risk.

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. For example, some patients with learning disabilities and their carers told the practice that they found it difficult to attend for appointments. When this was the case the practice made arrangements for the practice matrons to visit these patients in their own homes.
- There was an active patient participation group (PPG). Our discussions with a member of the PPG and review of minutes of the last meeting in January 2018 showed the group was working closely with the practice. The PPG was actively involved in fund raising to provide additional seating in the waiting room for patients who found difficulty using low chairs without armrests. The PPG also held a coffee morning at a local voluntary agency event and this had resulted in more patients taking an interest in their work. The last PPG meeting had been attended by 15 patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of 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 worked with a local NHS Trust to provide screening for diseases of the liver. The service had been in place for just over six months. During that time the screening had enabled the identification of four patients who received early intervention or advice.
- 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.
- The practice employed practice matrons. These were experienced nurses who undertook home visits to patients with complex or long term conditions to support them in maintaining independence and their long term conditions. These staff also visited patients diagnosed with learning disabilities to undertake their annual health reviews. They were supported by GPs as and when required in undertaking joint home visits.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice undertook advanced training in resuscitation and life support for patients with

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conditions other than heart attacks. Clinical staff were therefore trained to deal with other life threatening conditions that patients might encounter whilst at the practice.