

South Norwood Hill Medical Centre

Quality Report

103 South Norwood Hill

South Norwood

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 01 Feb 2017 – rated Inadequate)

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

During the announced comprehensive inspection carried out on 5 May 2016 the practice was rated overall as

inadequate and was placed in special measures. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for South Norwood Hill Medical Centre on our website at www.cqc.org.uk.

Following the period of special measures we undertook an announced comprehensive inspection on 1 February 2017 to follow-up on the breaches of regulation and the practice remained rated as overall as inadequate. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for South Norwood Hill Medical Centre on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at South Norwood Hill Medical Centre on 15 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in the previous inspection on 1 February 2017. The provider had made significant improvements since the last inspection and addressed the concerns identified in the last inspection. The provider informed us that they had worked closely with the local Clinical Commissioning Group, NHS England and Royal College of General Practitioners to improve their services.

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.

Summary of findings

- 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 patients we spoke to during the inspection 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.

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

- Review the results of the national GP patient survey and continue to address low scoring areas to improve patient satisfaction.
- Consider improving access for patients with hearing impairments.

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

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	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	

South Norwood Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to South Norwood Hill Medical Centre

South Norwood Hill Medical Centre provides primary medical services in 103 South Norwood Hill, South Norwood, London SE25 6BY to approximately 6600 patients

and is one of 52 practices in Croydon Clinical Commissioning Group (CCG). The practice could be accessed by the following link <http://www.southnorwoodhillgp.org.uk/>.

The clinical team at the surgery is made up of one full-time male lead GP partner, one part-time female GP partner, one full-time and one part-time male salaried GP, one part-time female salaried GP and two part-time female practice nurses. The non-clinical practice team consists of a practice manager and nine administrative or reception staff members.

The practice population is in the fourth most deprived decile in England. The practice population of children is below the CCG and national averages; the practice population of working age people was in line with the CCG and above the national average; the practice population of older people is in line with the CCG and below the national average.

Are services safe?

Our findings

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

During the inspection carried out in 5 May 2016, we rated the practice as inadequate for providing safe services as the arrangements in place in relation to infection control, medicines management, staff checks, safeguarding training for staff and storage of patient records was not adequate.

Following this we carried out a second inspection on 1 February 2017 and the practice remained rated as inadequate for providing safe services as arrangements in relation to infection control, staff checks, and staff training had not been improved. Issues were also found in relation to arrangements for managing significant events, medicines and safety alerts and the lack of authorisation for the locum nurse to administer medicines and lack of medicines in place to deal with common medical emergencies.

At this inspection we found that the arrangements in place for the issues identified in the previous inspections had significantly improved.

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. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS

checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff including locum staff received up-to-date child and adult 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.
- The practice was visibly clean and there was an effective system to manage infection prevention and control. All staff had up-to date infection control training and they had undertaken regular infection control audits and acted on the recommendations. There was a detailed cleaning schedule and cleaning materials were securely stored. Following concerns identified from the previous CQC inspections the practice had completely refurbished one of the consulting rooms to meet infection control standards. The practice informed us that they were waiting for an improvement grant to commence refurbishment work in other consulting rooms.
- 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. The sharps bins were dated and disposed appropriately.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- 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. The provider informed us they had not discussed the latest update on evidence based guideline in the management of sepsis; however the practice had systems in place to ensure patients with sepsis were managed appropriately.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Are services safe?

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

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

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. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on

appropriately. The practice involved patients in regular reviews of their medicines. The practice ran a monthly search of patients on high risk medicines to ensure they were monitored appropriately.

Track record on safety

- There were 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 for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example following an incident with an abusive patient the practice discussed the use of panic alarms on computers and physical panic button in the reception area and consulting rooms to improve the safety of staff.
- There was a system for receiving and acting on medicines and safety alerts and we saw evidence that the practice had acted on alerts relevant to them. However the practice did not have a clear system to oversee the implementation of these alerts; on the day of inspection they put a system in place and sent us evidence to support this.

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.

During the inspection carried out in 5 May 2016 we rated the practice as requires improvement for providing effective services as the Quality and Outcomes Framework (QOF) outcomes for patients with diabetes and some mental health conditions were below average and written consent was not obtained for patients who underwent minor surgery. We found that these arrangements had significantly improved when we carried out an inspection on 1 February 2017 and the provider was rated as good.

During this inspection we found that the improvements made had been sustained.

Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who 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.
- 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.
- Longer appointments were offered for older people.

People with long-term conditions:

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

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

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

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were slightly below the target percentage of 90% in three out of four areas measured for children aged up to two years. The practice was aware of this and had taken the following steps to improve their childhood immunisation rates:
- Increased the use of interpreters to try and engage with patients whose first language was not English.
- Encourage new patients to bring their red books when they register to code immunisations for children.
- Carried out quarterly searches for children aged eighteen months to recall children for immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 74.9%, which was below the 80% coverage target for the national screening programme: however this was above the local (70.3%) and national averages (71.9%).

People whose circumstances make them vulnerable:

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

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

- 90.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to local and national averages.

Are services effective?

(for example, treatment is effective)

- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94.1%; CCG 90%; national 90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 97.9%; CCG 95.6%; national 95.2%).
- 79.1% (below average exception reporting of 4.4%) of patients with atrial fibrillation were treated with anticoagulation therapy compared to the CCG average of 83.7% and national average of 88.4%.
- Performance for mental health related indicators was in line with the CCG and national averages; 92.0% (below average exception reporting of 2.0%) of 50 patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 88.9% and national average of 90.3%.
- 90.9% (below average exception reporting of 0%) of patients with dementia had received annual reviews which was above the CCG average of 86.5% and national average of 83.7%.
- The national QOF data showed that 72.7% (below average exception reporting of 2.5%) of patients with asthma in the register had an annual review, compared to the CCG average of 76.4% and the national average of 76.4%.
- 82.1% (in line with average exception reporting of 9.3%) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 92.4% and national average of 90.4%.

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, a clinical audit was performed to improve their prevalence of patients with diabetes. In the first cycle the practice identified 317 patients with diabetes. In the second cycle after changes had been implemented the practice had identified 320 patients which showed improved prevalence. The practice performed a third cycle in which the practice identified 339 patients which showed further improvement.

The most recent published Quality Outcome Framework (QOF) results were 97.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.8% and national average of 95.5%. The overall exception reporting rate was 7.9% 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.)

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 78.3% (in line with average exception reporting of 10.7%) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74.2% and the national average of 79.4%. The practice had annual recall system to review pre-diabetic patients.

The practice was aware of the low scoring areas and was working towards improving outcomes for these patients.

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 including locum or temporary staff. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

(for example, treatment is effective)

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.
- The practice held regular clinical meetings and multidisciplinary team meetings. They were in the process of starting weekly multidisciplinary GP huddles organised by the local Clinical Commissioning Group (CCG).

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Are services caring?

Our findings

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

During the inspection carried out in 5 May 2016, we rated the practice as good for providing caring services, as the national GP patient survey data and evidence from the inspection showed that patients rated the practice higher than others for several aspects of care, although survey data was below average for some measures.

When we undertook a follow-up inspection on 1 February 2017, we found that the national GP patient survey data showed deterioration in some measures of patient satisfaction and therefore rated as requires improvement for providing caring service.

In this inspection we found that the national GP patient survey data indicated improvement in some areas and the local practice survey data provided by the practice also showed improvement.

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.
- We spoke with eight patients during the inspection and all were positive about the service.
- All of the 18 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.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventeen surveys were sent out and 97 were returned. This represented about 1.5% of the practice population. The practice was in-line with or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%. (This is deterioration from the results published in July 2016, when 84% said the GP was good at listening to them.)
- 85% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%. (This is an improvement from the results published in July 2016, when 83% said the GP gave them enough time.)
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%. (This is an improvement from the results published in July 2016, when 86% said they had confidence and trust in the last GP they saw.)
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%. (This is the same as the results published in July 2016.)
- 85% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 87% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 82% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%. (This is deterioration from the results published in July 2016, when 88% said the last nurse they spoke to was good at treating them with care and concern.)
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%. (This is an improvement from the results published in July 2016, when 86% they found the receptionists helpful.)

The practice performed its own patient survey in January 2018 (random sample of 97 patients) and the following are its satisfaction scores on consultations with GPs and nurses:

- 97% of patients indicated that the manner and attitude of GPs and nurses (e.g. putting them at ease, listening to them carefully and taking them seriously) was excellent, very good or good.

Are services caring?

- 97% of patients indicated overall satisfaction about the service and care they received from the practice.

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. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, 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's computer system alerted GPs if a patient was also a carer. The practice had identified 300 patients as carers (4.6% of the practice list).

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 or below local and national averages:

- 76% 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 85% and the national average of 86%. (This is deterioration from the results published in July 2016, when 79% said the last GP was good at explaining tests and treatments.)

- 69% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%. (This is an improvement from the results published in July 2016, when 67% said the last GP they saw was good at involving them in decisions about their care.)
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%. (This is an improvement from the results published in July 2016, when 74% said the last nurse they saw was good at involving them in decisions about their care.)

The practice performed its own patient survey in January 2018 (random sample of 97 patients) which showed patients responded positively to questions about their involvement in planning and making decisions about their care:

- 99% of patients indicated that the last GP they saw were good at explaining tests and treatments.
- 97% of patients indicated that the last GP they saw were good at involving them in the decisions about their care.
- 97% of patients indicated that the last GP or nurse they saw were excellent, very good or good at dealing with their problems or ongoing conditions (e.g. relevant questioning, examination, test or referral or giving them appropriate and relevant information).

Due to the below average national GP patient survey results the practice undertook the following actions to improve patient satisfaction:

- Discussed with GPs and nurses about involvement of patients in the decision making about their care and treatment.
- Performed their own patient survey to ascertain improvements.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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.

During the inspection carried out in 5 May 2016, we rated the practice as requires improvement for providing responsive services as the results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages, and patients told us that they were not always able to get an appointment when they needed them.

When we undertook a follow-up inspection on 1 February 2017, we found that the practice had made changes to the appointment system and results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment had improved in some areas. However, some results were still below average and we found that complaints had not been handled in line with national guidance hence remained rated as requires improvement.

In this inspection we found that the practice had made further changes to the appointment system and results from the national GP patient survey showed that patient satisfaction had improved in some areas and significantly declined in some areas. The local practice survey data provided by the practice also showed improvement and we found that complaints were handled in line with national guidance.

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 they offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments.
- The practice improved services where possible in response to patient feedback. For example, feedback from the Practice Participation Group (PPG) highlighted patients' desire to have the receptionists attend the bi-monthly meetings as well as the practice manager.

- The facilities and premises were appropriate for the services delivered. For example, there was an accessible toilet and baby changing facilities.
- A member of the PPG told us that 'feedback' was a standing item on the meeting agenda and that the practice was open and honest and shared mistakes and learning from complaints and incidents.
- The practice made reasonable adjustments when patients found it hard to access services. However the practice did not have a hearing loop; reception staff informed us they communicated with these patients by writing.
- 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 practice worked closely with three local nursing homes and saw patients as requested.
- The practice wrote to all of their over 75 patients to ensure they were aware of their own named GP.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had implemented a phlebotomy clinic to enable care to be provided more quickly for those with the most urgent needs.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice patients had access to antenatal care, pregnancy immunisations and post-natal mother and baby checks.

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- A walk-in phlebotomy service was offered at the practice.

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.
- The practice used electronic alerts on patient notes to highlight vulnerable patients. For example, patients who should not be left waiting due to their medical condition.
- All staff had received training in Safeguarding Adults and Children and demonstrated awareness in identifying vulnerable persons and how to escalate concerns.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients experiencing poor mental health including dementia were reviewed annually and had a documented care plan which was agreed with the patient.
- The practice worked with colleagues in mental health to ensure safe prescribing, including shared care prescribing.
- Information about local counselling services, including addictions and talking therapies was displayed in the waiting area.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The practice had a pre-bookable GP appointment available on the day of inspection.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. The practice had recently changed their appointment system which allowed patients to book an appointment with a GP 20 days in advance. The practice informed us that this had improved patient satisfaction; however this had increased their missed appointment rates which they informed was in line with the local average.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or below the local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and seventeen surveys were sent out and 97 were returned. This represented about 1.5% of the practice population.

- 62% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%. (This is deterioration from the results published in July 2016, when 71% said they were satisfied with the practice's opening hours.)
- 79% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average – 71%. (This is an improvement from the results published in July 2016, when 63% said they could get through easily to the practice by phone.)
- 81% 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 – 84%; national average – 84%.
- 79% of patients who responded said their last appointment was convenient; CCG – 80%; national average – 81%.
- 66% of patients who responded described their experience of making an appointment as good; CCG – 73%; national average – 73%.

Timely access to the service

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

Are services responsive to people's needs?

(for example, to feedback?)

- 36% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%. (This is an improvement from the results published in July 2016, when 56% said they don't normally have to wait too long to be seen.)

Due to the below average national GP patient survey results the practice undertook the following actions to improve patient satisfaction:

- Recruited an additional female GP to increase the number of female GP appointments.
- Reviewed reception cover between 12pm and 2pm where they had identified as having problems.
- Reviewed GP and nurse sessions and offered additional evening appointments.
- Discussed with GPs and nurses about involvement of patients in the decision making about their care and treatment.
- Performed their own patient survey to ascertain improvements.

The practice performed its own patient survey in January 2018 (random sample of 97 patients) which showed that patients' satisfaction with how they could access care and treatment:

- 93% of patients indicated they were satisfied with opening hours of the practice.
- 81% of patients indicated that they could easily get through the practice by phone.
- 81% of patients indicated that the system for providing a same day appointment with a GP for an urgent problem is good.
- 84% of patients indicated that their online appointment booking system as good.
- 77% of patients indicated that they waited less than 20 minutes to be seen.

Following the local patient survey the practice had devised the following action plan which they informed was to be consulted and agreed with staff and Patient Participation Group (PPG).

- Review telephone equipment needs and implement a new telephone system with call logging facility.
- Review same day urgent appointments process to improve patient awareness of the procedure.
- Promote online appointment access.
- Conduct a review of how long patients wait to be seen after the booked time for their consultation.
- Repeat their own patient survey to ascertain improvements.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way. We saw that the complainants received an acknowledgement and the response letters included details of who to contact if the patients are not satisfied with the outcome. A tracking system for complaints was in place.
- 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.
- Patients whom we spoke to confirmed that they knew how to make suggestions and complaints to the practice and on the occasions that they did they were pleased with the response from the practice.

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.

During the inspection carried out in 5 May 2016, we rated the practice as inadequate for providing a well-led service as there was no structure and processes in place to ensure an understanding of performance of the practice and able to deliver good quality care. The practice failed to act on the findings of national GP patient survey of deteriorating patient satisfaction.

We undertook a follow-up inspection on 1 February 2017, we found that the practice still had significant governance issues and the practice remained rated as inadequate.

In this inspection we found that the practice had made significant improvements in leadership and governance arrangements.

Leadership capacity and capability

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

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The provider were in the process of changing their partnership with the CQC. One of the salaried GPs had applied to the CQC to be added as a new partner and following this one of the GP partners were planning to leave the partnership and work as a salaried GP.

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.
- 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. 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 members were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice held regular governance meetings where they discussed practice issues, complaints and significant events.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- 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.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

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 the practice had appointed a female salaried GP and offered more GP and nurse evening appointments following patient feedback.
- There was an active patient participation group. During the inspection we spoke to three members of the PPG who were wholly positive about the care and support from the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice which is demonstrated by the practice addressing the issues identified in the previous inspection and making improvements.
- Following infection control concerns identified from the previous CQC inspections the practice had completely refurbished one of the consulting rooms to meet infection control standards.
- The practice took part in a NHS e-Referral Service (e-RS) pilot project which combined electronic booking with a choice of place, date and time for first hospital or clinic appointments. Patients could choose their initial hospital or clinic appointment; book it in the GP surgery at the point of referral, or later at home on the phone or online.
- The practice had plans to introduce group consultations for carers and for patients with long-term conditions