The Lawn Medical Centre

Quality Report

Guildford Avenue,
Lawn,
Swindon
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Website:

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. Previous inspection October 2014 – Good across all domains

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 Lawn Medical Centre on 1 November 2017, as part of our inspection programme.

At this inspection we found:

- The practice had good systems to manage risk so that safety incidents were less likely to happen. When they 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 people 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.
- 97% of patients who responded to the NHS national survey said the GP gave them enough time compared with the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- The patient participation group (PPG) was well engaged and represented a diverse range of ages and backgrounds. The PPG liaised closely with a Community Navigator, employed by Swindon Borough Council, to support people who attended their GP surgery but did not necessarily require medical care. Patients were supported with issues such as social

isolation and coping with caring responsibilities, and were connected to services and groups that could help improve their wellbeing and meet their wider needs. The PPG suggestions for changes to the practice management team had been acted upon and the group had raised awareness to patients about practice services generally.

- Staff had lead roles that improved outcomes for patients such as a carers' lead.
- 93% of patients who responded to the national GP survey said they could get through easily to the practice by phone (CCG average 69%, national average 71%).
- 91% of patients who responded said their last appointment was convenient (CCG average 76%, national average 81%).
- Daily GP triaging of patient calls reduced the number of unnecessary appointments booked and therefore enabled the greater available of on-the-day appointments. We saw documentary evidence that the number of calls triaged in one month, that did not lead to a visit to the practice, home visit or referral to another service, led to on-the-day appointments.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. Lawn Medical Centre identified patients at risk of developing diabetes who were not on the diabetes register, and implemented changes that could help to delay or prevent the progression of this health condition. Changes offered to patients included lifestyle interventions and annual blood testing. The practice routinely referred patients to the DESMOND service. DESMOND is the name for a group of self-management education modules, toolkits and care pathways for people with, or at risk of developing, Type II diabetes. In the last 12 months, the practice had 36 patients with a new diagnosis of diabetes, all of whom were referred to the DESMOND service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- The provider should continue to make efforts to identify a greater proportion of carers from its patient list, to better support the population it serves.

The Lawn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Lawn Medical Centre

The provider delivers all regulated activities from:

Lawn Medical Centre

Guildford Avenue,

Swindon,

Wiltshire

SN3 1JL

Website: www.lawnmedicalcentre.co.uk

Lawn Medical Centre is located in the south east of Swindon in Wiltshire. The practice has occupied its current, purpose-built facility since 2004 and is arranged over two floors. There are four GP consulting rooms and two treatment rooms on the ground floor; and nurses', management, meeting and training rooms on the first floor.

The practice has around 7,300 registered patients from an area immediately surrounding the practice and areas across Swindon. The practice age distribution is broadly in line with the national average, with most patients being of working age or older.

Lawn Medical Centre is a training facility for GPs and currently has an F2 (medical practitioner in the final year of their postgraduate medical training programme), and an ST3 (in the first year of general practice speciality training) at the practice.

The practice has a General Medical Services contract with NHS England to deliver primary care services to local communities. Services include acute treatment, chronic disease management, antenatal care and child health, cervical cytology and minor surgery. There are three GP partners and one salaried GP who are part of the practice team. The nursing team of four includes two nurses who are qualified in non-medical prescribing and diabetes care, and is completed by a Health Care Assistant (HCA). In addition to the practice manager there are nine administrative and reception staff who support the day-to-day running of the practice.

91% of the practice population describes itself as white British, and around 9% as having a Black, Asian and Minority Ethnic (BAME) background. A measure of deprivation in the local area recorded a score of 8, on a scale of 1-10. A higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas).

Lawn Medical Centre is open from 8.30am to 6pm, Monday to Friday, and the practice will take calls during these times. On-call cover is provided by the surgery between 8am and 8.30am, and between 6pm and 6.30pm. Routine GP appointments are generally available from 8.30am to 11am and from 2.30pm to 5.30pm, Monday to Friday. For three weeks per month, the practice provides extended hours appointments from 7am to 8am on Monday and

Detailed findings

Wednesday mornings, with a GP and nurse or HCA. On the fourth week the practice is also open on Saturday from 8.30am to 11.30am. All extended hours appointments can be pre-booked up to four weeks in advance.

The practice has opted out of providing Out-Of-Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111 and an Out-Of-Hours GP service is available. Information about the Out-Of-Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

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 people 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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. They knew how to identify and manage patients with severe infections i.e. sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

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

Track record on safety

The practice had a good safety record.

Good

Are services safe?

- 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 for recording and acting on significant events. 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 consultation with the practice patient participation group (PPG) the pavement immediately outside the practice premises was lowered, to facilitate safer wheelchair access.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used their computer systems to undertake searches of suitable patients for clinical audits to improve their health outcomes and to monitor performance against the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice.
- 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 initiated the use of a recognised clinical measure of fitness and frailty in older people to assess their health needs.
- 2% of patients aged over 75 had a care plan and although not invited for a formal health check, all patients aged over 75 were seen in the course of usual GP practice. If necessary, they were referred to other agencies such as voluntary services and supported by an appropriate care plan. We saw documentary evidence that over a 12 month period 755 patients had been offered at least one consultation with a GP, and 744 of these visits had been carried out.
- 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. 100% of patients with care plans had either a follow-up consultation, home visit or telephone conversation on discharge from hospital.

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 people with long term conditions had received specific training.
- 91% of patients with a record of high blood pressure received advice on monitoring and treatment management, compared with the CCG average of 84% and national average of 83%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given exceeded or were comparable with the national target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medication.

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

- The practice's uptake for cervical screening was 88%, which exceeded the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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, which exceeded the national average of 84%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which exceeded the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 93%, which exceeded the CCG average of 84% and compared with the national average of 89%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 98%, which compared with both the CCG average of 94% and national average of 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice undertook regular clinical audits to monitor the quality of care at the practice. We reviewed two cycles of a clinical audit where actions had been implemented and improvements monitored. For example, an audit of patients who had been fitted with a contraceptive coil was undertaken to ensure that these were fitted successfully and complications minimised. The audit undertaken in 2016 identified that 98% of coil fittings had been successful and with a low complication rate (2%). The practice reviewed and updated procedures to continue to ensure best practice. This included recording the refit date for all coils, and ensuring staff were suitably qualified to counsel patients prior to coil fitting. A re-audit for 2016-2017 showed that 52 (98%) of patients successfully had a coil fitted, with counselling offered in the one instance where complications arose.

The most recent published Quality and Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The practice overall exception reporting rate was 4% compared with the local CCG average of 6% and national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity. For example, a practice nurse has been involved in a wound care clinical audit for the past two years.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was part of NHS Swindon Clinical Commissioning Group's Medicines Optimisation Scheme, which aims to ensure that medicines are both clinically-effective and cost-effective.

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 one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Good

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.

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, and tackling obesity.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff 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 14 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 217 survey forms were sent out and 132 were returned. This return represented around 2% of the practice population. The practice generally exceeded clinical commissioning group and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 97% of patients who responded said the GP gave them enough time (CCG average of 84% and national average of 86%).
- 98% of patients who responded said they had confidence and trust in the last GP they saw, (CCG average of 95% and national average of 92%).
- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average of 84%, and national average of 86%).
- 98% of patients who responded said the nurse was good at listening to them, (CCG average of 91%, and national average of 91%).
- 96% of patients who responded said the nurse gave them enough time (CCG and national averages 92%).
- 100% of patients who responded said they had confidence and trust in the last nurse they saw, (CCG and national averages of 97%).
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 98% of patients who responded said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Involvement in decisions about care and treatment

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

- Staff told us interpreting and translation services could be made available for patients who did not have English as a first language. As well as a hearing loop, interpreting and translation services were also available for patients who were either deaf or had a hearing impairment. Practice leaflets could be made available in large print and Easy Read format, which makes information easier to access for patients with learning disabilities or visual impairments. We noted that the practice had installed an electronic booking-in system, to speed up the process and help maintain patient privacy. The booking-in screen displayed a range of national flags to guide patients to instructions in their own language, and the practice website had the functionality to translate information into around 90 different languages.
- 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, for example by asking the question on their website. The practice's computer system alerted GPs if a patient was also a carer. The practice identified 69 patients as carers (1% of the practice list) and supported carers by offering flexible appointment times and providing the option of phone

Good

Are services caring?

prescriptions. A member of staff acted as a carers' lead and liaised closely with the Community Navigator to help ensure that the various outside agencies supporting carers were coordinated and effective.

- The practice supported recently bereaved patients. For example, staff told us that if families had experienced bereavement, their usual GP or a duty doctor contacted them within two weeks and sent 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 July 2017 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results generally exceeded local and national averages.

- 97% 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%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG and national averages 90%).
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered extended opening hours, online repeat prescription requests, advanced booking and text reminders of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the patient car park had dedicated disabled parking spaces, there was a lift inside the building and an external ramp to facilitate access.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice provided medical support to 30 patients with dementia living in a local residential care home. GP visits took place weekly.
- A specialised home visiting service, provided by the local Clinical Commissioning Group (CCG) and supported by an advanced nurse practitioner, had been introduced for housebound patients, including older people.

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 routinely referred patients with, or at risk of developing, Type II diabetes to a range of initiatives to help monitor and improve their health, wellbeing and performance. Examples of this included a quarterly diabetic clinic with a local diabetic consultant, an education program and online software tools.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- All children on the practice safeguarding register were invited for an annual review and would also be seen as a priority if necessary.
- The practice held a register of patients aged 0 to14 years with learning difficulties, to raise awareness of this group with staff and partner agencies.

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. Examples included extended opening hours and Saturday appointments.
- Telephone and online GP consultations were available which supported patients who were unable to attend the practice during normal hours.
- The practice offered extended hours appointments on two mornings per week, with a GP and nurse, as well as Saturday appointments with a GP for one morning a month.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients were able to book appointments and order repeat prescriptions online.
- The practice offered text reminders for appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked closely with a Community Navigator, employed by Swindon Borough Council, and the patient participation group (PPG), to develop a drop-in service for isolated and vulnerable patients.
- 100% of patients aged 14 and over with a learning disability were offered an NHS health check.
- The practice had arrangements in place with local pharmacies for home delivery of medication.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held a GP-led dedicated monthly mental health and dementia clinic. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice hosted twice-weekly counselling sessions with a member of the primary care team. Appointments were by referral.

Timely access to the service

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

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

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were generally better than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 217 survey forms were sent out and 132 were returned, representing 2% of the practice population.

- 78% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and national average of 76%.
- 93% of patients who responded said they could get through easily to the practice by phone (CCG average 69%, national average 71%).
- 94% of patients who responded said the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 82%, national average 84%).
- 91% of patients who responded said their last appointment was convenient (CCG average 76%, national average 81%).
- 86% of patients who responded described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 52% of patients who responded said they don't normally have to wait too long to be seen (CCG average 52%, national average 58%).

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- 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, a patient received a surplus of medication due to a technical error that affected online repeat prescriptions. The practice spoke to the patient, issued a separate prescription and staff undertook further training on the new online system.

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 leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

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

Culture

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

- Staff 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, the practice was unaware that a patient with severe anxiety was still on medication and had continued to be seen by the mental health service whilst experiencing post-natal depression. The incident was discussed and although no harm came to the patient, the practice recognised the importance of multi-agency working. The practice emphasised to staff the importance of regular reviews with the Mental Health team, and to confirm medication checks with patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, 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.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- We saw written evidence that GP students rated the practice highly for quality of learning and fostering an inclusive team culture.

Governance arrangements

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

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

Are services well-led?

Good

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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- 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 practice used performance information which was reported and monitored and management and staff held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, the practice offered patients online software tools to help monitor and improve their health, wellbeing and performance.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services. A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG) and following feedback to the practice:

- there is now patient representation at local HealthWatch meetings. HealthWatch is a charity that promotes evidence-based medicine;
- the PPG writes a regular article for the practice newsletter, highlighting the services offered by a range of local groups.

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. For example, the practice developed a suitable letter and questionnaire for patients with learning difficulties, inviting them to consider and discuss any health issues.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.