Milton Road Surgery

Inspection report

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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 location	Good
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Outstanding**

Overall summary

This practice is rated as good overall. (This is the practice's first inspection for this service)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Outstanding

We carried out an announced comprehensive inspection at Milton Road Surgery on 28 August 2018 as part of our inspection programme.

At this inspection we found:

- There were clear governance arrangements to manage all aspects of care. We found staff were aware of their responsibilities and carried out their roles with passion and motivation to improve patient outcomes.
- 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. Safety incidents were well reported and reviewed during practice meetings.
- The practice told us that verbal complaints were not always documented and could not ensure that themes could be identified. The practice responded to this by ensuring future verbal complaints would be documented.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines. We saw evidence of audits that drove improvements throughout all levels of care.
- We found there were established safeguarding processes for all staff to follow. Staff were encouraged to report safeguarding concerns which were investigated by an internal safeguarding team who fed back information. The information was regularly shared with other relevant agencies.
- Patients in care homes receiving palliative care were visited every two weeks by the GPs to ensure they had continuity of care and to reduce admissions into accident and emergency.
- The practice had a dedicated learning disability co-ordinator and team who were passionate and responsive to patient's needs. They had restructured the communication with patients with learning disabilities to make it easier for patients to communicate with them. The lead advance nurse practitioner had provided training to practices in the local area to improve the quality of health checks for patients with learning disabilities.
- The practice had employed a paramedic to carry out home visits, who also visited members of the travelling community known to the practice.
- The practice had appointed a clinical and non-clinical sepsis lead. Staff had appropriate training and equipment needed to diagnose sepsis was available.
- The practice had considered emergency medicines however; as they had been reviewing an older recommended list of emergency medicines they had not considered three nationally recommended medicines that had been added. Before the end of the inspection all three recommended medicines were stocked at the practice.
- We reviewed multiple examples of where staff had gone beyond their responsibilities to help patients.
- There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.
- Staff took part in teaching and training to ensure they could adapt to the wider health economy and its needs.
- Every staff member we spoke with during the inspection was passionate about their role and proud to highlight the improvements they had implemented into the practice.
- There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.
- Pop-up clinics had been organised by the practice at the local church and library to review patients who would did not usually engage directly with the practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There were mixed reviews regarding the appointment system. Some patients found the appointment system easy to use and reported that they were able to access care when they needed it, however some patients felt there were not enough appointments and it was difficult to access the surgery by telephone.

Overall summary

- There was a strong focus on continuous learning and improvement at all levels of the organisation. Learning was routinely shared amongst the other locations managed by the provider and at practice manager meetings in the local area. A number of staff members had the opportunity to develop their roles within the practice.

We saw one area of outstanding practice:

- The practice focused on communication for patients with learning disabilities in order to improve attendance for health reviews. They had redesigned their appointment letters sent to patients with learning disabilities to make it easier for them to understand. They had designed picture invites with very little writing as they found this helped patients engage. They had also redesigned their information leaflets to include pictures. Other important information was displayed in an easy-read format. The practice had shared their methods with other local practices to improve the quality of the checks they carried out. They found that as a result of this it had been easier to complete the health checks and at an improved quality.

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

- Strengthen the complaint process by documenting verbal complaints.
- Review and update any emergency medicines held to ensure appropriate medicines are available when needed.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Milton Road Surgery

Milton Road Surgery is managed by The College Practice that took over from the previous provider in October 2017. The practice is located in a residential area in Grays in Thurrock, Essex. The practice has a General Medical Services (GMS) contract with the NHS. Facilities at the practice include a small car park at the rear of the premises with a dedicated parking space for the disabled. A ramp and supporting hand rails are available at the rear entrance to support patients who are wheelchair users or those who have limited mobility.

- There are approximately 3,450 patients registered at the practice.
- The practice provides services from 12 Milton Road, Grays, Essex. Patients also have access to other primary care services such as minor surgery, family planning, urgent children's clinics at other College Health practices locally.
- The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures and Maternity and midwifery services.
- The practice is registered with the Care Quality Commission as a partnership of one female and one male GP partner. The practice employs two advance nurse practitioners, a paramedic and a physician associate. The clinical team are supported by a registered manager,practice manager, a team of receptionists and a team of managerial staff who are not on site.
- The practice is open from Monday to Friday between the hours of 8am and 6.30pm.
- The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.
- Weekend appointments are available via 'Thurrock Health Hubs,' a service set up by Thurrock Clinical Commissioning Group (CCG).
- National data indicates that people living in the area are in the fifth least deprived decile of the deprivation scoring in comparison to England.
- The practice has a comprehensive website providing a wealth of information for patients to understand and access services, including useful links to specialist support services.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse. They had a proactive approach to anticipating and managing risks to people who used services which was embedded and was recognised as the responsibility of all staff.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. The Practice had the support of a dedicated safeguarding team led by an appropriately trained safeguarding lead, deputy safeguarding lead and a safeguarding officer. All staff received online safeguarding adults and children's training as part of an induction as well as face to face training with their safeguarding co-ordinator. We found staff had kept up-to-date with safeguarding and safety training appropriate to their roles. Staff knew how to identify and report concerns and on the day of the inspection staff were able to provide us with examples of how concerns had been highlighted and the outcomes. Learning from safeguarding incidents was available to staff.
- All staff, including those who acted as chaperones, had received relevant training and an enhanced Disclosure and Barring Service (DBS) check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. The safeguarding co-ordinator had developed effective engagement with other agencies to ensure patients were highlighted appropriately and information was shared openly.
- The practice had undertaken a safeguarding audit to evaluate their processes and prioritise safeguarding within the practice. As a result of the audit, they identified an area of improvement which was implementing a rota which outlined every quarterly safeguarding meeting for the remainder of the year.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety. A proactive approach to anticipating and managing risks to people who use services was embedded and was recognised as the responsibility of all staff.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff and newly appointed staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice had considered the emergency medicines they held; however, they did not stock three recommended emergency medicines that they were not aware of. Before the end of the inspection the practice had all three emergency medicines stocked onsite.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. The practice had two sepsis champions, one member of the clinical team and one member from the administration team to ensure they had a greater chance of capturing patients who were at risk of sepsis. Both sepsis champions had received appropriate training to carry out their roles as well as all other members of staff.
- 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

Good

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Information was proactively shared during clinical and practice managers meetings with other locations managed by the same provider as well as other services within the local area.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance. The practice's clinical pharmacist carried out medicine reviews for patients including those living in care homes.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines and in some cases staff went out of their way to carry out these reviews.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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. All staff were encouraged to participate in learning to improve safety as much as possible, including working with others within the organisation and sharing information with other local practice manager meetings.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. Staff were able to give examples of where they had not discriminated against patients during their care and treatment.
- The practice had bought a blood pressure machine to allow patients to monitor their own levels.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice was aware of their Quality and Outcome Framework data for the period 2016/17 when another provider had been in place. They had worked at improving it across all indicators and unverified data for 2017/18 showed an upward trend in performance.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice reviewed unplanned accident and emergency admissions in order to reduce the risk of these happening again.
- Monthly meetings were held with other agencies to review patients receiving palliative care.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had worked closely with their care homes to ensure every patient they cared for was seen every week by a dedicated GP led care home team. Patients were also supported by a wider multi-disciplinary team.The practice found this had reduced their accident and emergency admissions and gave patients better continuity of care. However, we did not see any evidence to support this.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The practice had access to a specialist diabetic nurse for patients with complex or uncontrolled needs.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- Patients were signposted to supportive services such as dietary, lifestyle, pain and smoking cessation when required.
- Since registering as the provider in October 2017, unverified 2017/2018 data showed the practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Since registering as the provider in October 2017, the practice had sought to improve the child immunisation rate, which was below the target percentage. Unverified 2017/2018 data showed the immunisation rate had improved quarter by quarter and was now in line with the local and national average.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Good

Are services effective?

- The practice offered combined six-week baby reviews and post-natal checks for the mothers.

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

- Since registering as the provider in October 2017, the practice had sought to improve the uptake for cervical screening. Unverified 2017/2018 data showed the cervical screening rate had improved to 100% which was above the local and national average.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- 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. Every family or organisation dealing with patients at the end of life were given a direct contact number so patients had easy access to the service and patients were seen every two weeks or when required. The staff at the practice dedicated their efforts to keep patients comfortable in their own environment and to avoid accident and emergency admissions.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice was aware of the vulnerable patients they had registered and had provided care in a way that suited the patients. The practice had raised staff awareness of certain needs and accommodated for it.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF data referred to in the evidence table is not representative of the practice as the data includes months where the previous provider was registered. We reviewed unverified data for 2017/2018 which was achieved completely by the current provider and found that QOF outcomes were positive for all indictors, many reaching a 100% achievement rate.
- The practice actively worked to achieve good QOF outcomes, they had a member of the clinical team and one member of the administration team who were dedicated to monitoring their QOF performance. They had signed up to a public health initiative to improve quality outcomes for patients with long term conditions.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Good

Are services effective?

- 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- All GPs at the practice underwent a peer review from the clinical supervisor twice a year which involved analysing ten random patient records to ensure their documentations were at a high standard, learning outcomes were noted and reviewed at the next peer review.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Staff were supported to undertake work outside of the practice. One member of staff was released from her duties to carry out health support work in Ethiopia. The practice had also raised over a thousand pounds to provide new water tanks for people in Ethiopia.

Coordinating care and treatment

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

- Staff, teams and services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services.
- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 had evaluated their process for caring for patients at end of their life as a result of a significant event. They had introduced a mobile phone where families caring for a patient at the end of their lives could call the surgery for their needs. Each patient was visited by a doctor every two weeks or more frequently if required to ensure continuity of care.

Helping patients to live healthier lives

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

- Staff were consistent in supporting people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they use every contact with people to do so.
- 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 own health, for example through social prescribing schemes.
- 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

Good

Are services effective?

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.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people. We spoke with patients who said the staff at the practice had gone out of their way to provide them with a high quality of care.
- Staff understood patients' personal, cultural, social and religious needs. Staff were aware of the different cultures within their population and adapted their care to support each patient's needs. For example, they had cared for a patient who was no longer local to the surgery as they had built up a trusting relationship and broken barriers that were previously restricting the care given.
- The practice gave patients timely support and information. The practice worked closely with their social prescriber to offer support to patients that were not always in need of clinical support.
- The practices GP patient survey results published in July 2018 were in line with local and national averages for questions relating to kindness, respect and compassion. The practice had monitored their patient satisfaction via internal surveys. We found the practice had acted on the feedback they had received.
- CQC comment cards we received was positive about the respect and compassion patients had received.

Involvement in decisions about care and treatment

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

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. For example, the practice had organised pop-up clinics in the local church and library to review patients that would not usually engage with the surgery.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. The staff had redesigned their appointment letters sent to patients with learning disabilities to make it easier for them to understand. They had designed picture invites with very little writing as they found this helped patients with learning disabilities engage. They had also redesigned their information leaflets to include pictures. Other important information was displayed in an easy-read format.
- Translation services were available for patients, however, GPs at the practice spoke languages spoken by patients that visited the practice, so they were able to translate if appropriate and necessary.
- The practice had information leaflets printed in a number of different languages for patients whose first language was not English.
- Staff helped patients and their carers find further information and to access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice offered carers health checks, flu vaccinations and referral to supportive services if needed.
- The practice's results from the national GP patient survey published in July 2018, were in line with local and national averages for questions relating to involvement in decisions about care and treatment. Patients we spoke with on the day told us they felt involved in their care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Comments from patients expressed that staff were aware of their privacy and dignity and went out of their way to ensure it was always given.

Good

Are services caring?

- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available, which supported patients who were unable to attend the practice during normal working hours.
- 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 GP or paramedic would carry out home visits for patients who could not attend the practice.
- The practice organised pop-up nurse led clinics in the local church and library to carry out health checks and reviews for patients that did not regularly engage with the practice. As a result, the practice were able to identify two patients with underlying conditions who would otherwise have gone undiagnosed. The practice had also employed a paramedic who carried out home visits and health checks with oversight from the GP and advance nurse practitioners, for patients who could not attend the surgery.

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 paramedic also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Older patients within a care home setting are supported weekly by a dedicated care home team. This includes a GP, clinical pharmacist, paramedic, specialist diabetes nurse, healthcare assistant and care navigator.

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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. Regular multidisciplinary meetings took place to ensure patients were receiving appropriate care.
- The practice provides a dedicated diabetes team to manage patients with complex needs and support patients with diabetes who have learning disabilities or are pregnant.

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.
- The practice had access to a child's clinic every day from three to five in the afternoon as they found parents would often call for an appointment during these times.

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, having access to extended opening hours at another local college health site.

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 offered annual health checks to patients with a learning disability. The staff had redesigned their appointment letters sent to patients with learning disabilities to make it easier for them to understand.

Good

Are services responsive to people's needs?

They had designed picture invites with very little writing as they found this helped patients engage. They had also redesigned their information leaflets to include pictures. Other important information was displayed in an easy-read format. The practice had shared their methods with other local practices to improve the quality of the checks they carried out. They found that as a result of this it had been easier to complete the health checks and at a better quality.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice. For example, the practice's paramedic had visited a vulnerable patient who had moved out of the area to ensure they received timely and effective care.

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

- Staff interviewed had a clear understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The data from the national GP patient survey, published in July 2018, was in line with local and national averages for questions relating to access to care and treatment. However, two patient's comments had mixed reviews regarding access to the service.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The practice told us that although all complaints were responded to, some verbal complaints were not logged, as concerns were normally dealt with straightaway. Since the inspection the practice told us that all verbal complaints are to be documented in order to monitor trends.

Please refer to the evidence tables for further information.

Outstanding ☆

Are services well-led?

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

The practice has been rated as outstanding for providing well-led service as the leaders and staff within the practice had all shown commitment and dedication to their roles and responsibilities, they had demonstrated a number of initiative's that were designed to improve patient's outcomes and quality of care.

Leadership capacity and capability

- Leaders had the capacity, motivation and skills to deliver high-quality, sustainable care.
- Since registering with the Care Quality Commission in October 2017, having assumed responsibility from a previous provider, the leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders prioritised their work, yet were able to embed cultures that they were passionate about into the day to day workload.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Leaders carried out weekly meetings to ensure they prioritised challenges and addressed any concerns staff had.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. The practice regularly engaged with stakeholders to review and improve on plans.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff took part in teaching and training to ensure they could adapt to the wider health economy and its needs. For example, the lead nurse had given talks to nursing students at a local university on healthcare issues.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- The strategy was in line with health and social care 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. Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Every staff member we spoke with during the inspection was passionate about their role and proud to highlight the improvements they had implemented into the practice.
- There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. All staff were considered valuable and the practice had shown this value by encouraging staff at all levels to develop their roles. For example, the practice manager had worked with the provider as a receptionist previously and had received guidance and training to develop her role as a practice manager.
- 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 could 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 appraisals, individual performance meetings and career development conversations. All staff received regular annual appraisals in the last year. Staff highlighted areas

of development they wished to focus on and the leaders often encouraged them. For example, a receptionist had requested to carry out workforce training which was due to start soon and the practice paramedic had expressed the benefits of attending the prescribing course, which the practice was considering. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- There were positive relationships between staff and teams, the practice members were invited to summer balls and Christmas meals.

Governance arrangements

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

- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, sepsis and learning disability reviews.
- Practice leaders had established 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 a demonstrated commitment to best practice performance and risk management systems and processes.

- There was an effective process to identify, understand, monitor and address current and future risks, including risks to patient safety. The practice had demonstrated this by their proactive approach when gaining patients from another practice. They were aware that the practice list size was due to increase and some vulnerable patients would be joining their practice, for example, patients who were from the travelling community or homeless. The practice had reduced risk by engaging with stakeholders to gain relevant information on how to support these patients. Information was shared with the whole team to ensure all staff could support patients if required.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. Information was shared with the entire team to ensure learning was shared, in addition to sharing it with local practices.
- 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 organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

Outstanding ☆

Are services well-led?

- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had faced challenges to form a patient participation group (PPG). They had actively advertised for patients, but had difficultly encouraging them to join. They were considering a virtual PPG group and wanted members from all population groups to be involved.
- Innovative approaches were used to gather feedback from people who used services and the public, including people in different equality groups, and there was a demonstrated commitment to acting on feedback
- There were consistently high levels of constructive engagement with staff and people who used services, including all equality groups. Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- The practice was aware of whistleblowing legislation and had a proactive approach towards staff, patients and stakeholders sharing information. For example, they had created 'speak up slots' for patients, staff and stakeholders to book, if they wanted to discuss concerns with the practice manager. The practice told us they were able to take patient views into consideration as many of them had used the 'speak up slots' to voice their opinions. We found that this provided a forum for raising issues and concerns and assured us that the leaders at the practice were open to ideas and suggestions for improvement, in addition to taking action with areas of concern.
- The service was transparent, collaborative and open with stakeholders about performance. The service took a role in its local health community to identify and proactively address challenges and meet the needs of the population.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. For example, the practice had a dedicated learning disability team who were passionate and responsive to patient's needs. Staff were also involved with training physician associates and providing educational talk at a university.
- Improvement was seen as the way to deal with performance and for the organisation to learn. For example, all GPs at the practice underwent a peer review from the clinical supervisor twice a year to ensure their documentations were at a high standard.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. This was done via their 'speak up slots' for patients, staff and stakeholders to book, if they wanted to discuss concerns with the practice manager. Learning was shared and used to make improvements. For example, the practice manager attended meetings with other practice managers to cascade areas of good performance and lessons learnt from challenges they faced.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.