

West Moors Group Practice

Quality Report

West Moors Group Practice
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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 

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection August 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at West Moors Group Practice on 9 January 2017 as part of our inspection programme.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the nurses offered home visits for frail patients, who were unable to attend appointments at the practice, to administer the flu vaccine.
- The practice used a text message system to engage patients with services that helped them to live healthier lives.
- There was a dedicated frailty lead at the practice, in post since September 2016. During this time, the practice has seen a 5% reduction in unplanned hospital admissions of patients aged over 65 year.
- The practice proactively identified and supported patients who were carers. For example, the practice had a dedicated carers lead and provided a carers group.

Summary of findings

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

- Review systems and risk assess the responsibilities and activities of staff to determine if they are eligible for a Disclosure and Barring Service check in line with current guidance.
- Review systems for all medicine near misses in the dispensary including how recorded and acted upon.
- Review governance procedures to maintain safety, for example by maintaining a system for receiving and acting on safety alerts.

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

West Moors Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC inspector and a member of the CQC medicines team.

Background to West Moors Group Practice

West Moors Group Practice is situated in West Moors, a village north of Bournemouth in Dorset.

The practice has an NHS primary medical services contract to provide health services to approximately 5,169 patients.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and Diagnostic and screening procedures and operate from the location known as Heathlands House and at the branch practice Rushmoor House:

Heathlands House

175 Station Road

West Moors, Ferndown

Dorset

BH22 0HX

Rushmoor House

67-71 Church Road

Three Legged Cross

Wimborne

Dorset

BH21 6RQ

www.wmgp.org.uk

The practice population is in the ninth least deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is higher than the national average.

The practice provides enhanced services which are above what is normally required. These include providing alcohol cessation, childhood vaccination, immunisation schemes and influenza and pneumococcal immunisations. Services also include providing extended hour's access, facilitating timely diagnosis and support for people with dementia and learning disabilities, and offering minor surgery. The practice also provides direct enhanced services including remote care monitoring for vulnerable patients and shingles and rotavirus vaccination.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a set 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). We found that a member of staff who regularly had contact with patients in an advisory capacity, had not had a DBS check. Staff told us this was because the staff member had been employed by the practice for a number of years. The practice, took action to produce an appropriate risk assessment and decided to apply for a DBS check.
- 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 all but one had received a DBS check. When we discussed this with the practice, an appropriate risk assessment was completed and application made to apply for DBS check for this staff member. A decision was made to cease their role as chaperone until the result of the DBS check had been received.

- 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. Clinicians knew how to identify and manage patients with severe infections, for example, 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 were sent in a timely way and 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, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.

Are services safe?

- 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.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice had signed up to the Dispensary Services Quality Scheme (DCQS) which rewards practices for providing high quality services to patients of their dispensary. The competency of dispensary staff was assessed through this scheme. The accountable GP regularly observed staff practical competencies but had not formally recorded them. The practice was in the process of embedding a new system which would formally record staff competencies.
- The Dispensary had a system to record learning from 'near misses' when checking and dispensing medicine. Dispensers used a scanner to double check all medicines that were ready to be dispensed. We found that not all potential errors that had been detected by the scanner, had been recorded as a 'near miss'. We discussed this with the practice who took immediate action to rectify this in order to increase the opportunity for staff to learn from all 'near miss' events.

When we inspected the practice in August 2015 we informed the practice that they should ensure the calibration of medical equipment in all GP's bags and include these in the schedule of medical equipment calibration. At this inspection we found that equipment kept in GP's bags had been calibrated and included on the record or equipment that had been calibrated at the practice in 2017.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to environmental safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice had documented 16 significant events in the last 12 months. On each occasion we saw that relevant actions had been taken to improve quality of care. Lessons learned had been discussed with relevant staff and during meetings. For example, following a verbal request for medicine, a patient had been issued with an incorrect medicine from their repeat prescription. The practice updated their repeat prescription request procedure to state that only written requests for repeat prescriptions would be accepted by the practice in order to reduce potential errors. We saw that this significant event had been discussed with relevant staff and all staff were informed of learning and actions via a weekly communication email sent by the practice manager. These actions included communicating that the procedure for repeat prescriptions had been updated.
- There was a system for receiving and sharing safety alerts with relevant staff. The practice learned from external safety events as well as patient and medicine safety alerts. We found that not all safety alerts had been shared with staff in a timely way. Staff demonstrated their understanding of the safety alerts procedure and described previous action taken in response to receiving a safety alert. However, the practice was not able to evidence what action had been taken. We discussed this with the practice who had subsequently updated their safety alerts policy and procedure to incorporate a system that would ensure all

Are services safe?

safety alerts were captured and disseminated. Staff told us that the updated procedure would include a record of what action had been taken by each relevant staff member, and this record would be regularly audited.

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' 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.
- The practice had a blood pressure monitoring machine and weighing scales available for patients to use in the waiting area. The practice also issued blood pressure monitoring guidance and templates for patients to monitor their blood pressure at home, in order to improve treatment and to support patients' independence.
- 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 medicine.
- The practice used the Electronic Frailty Index (EFI) for patients over 65 years to help identify and predict risks for older patients in primary care. Patients identified as living with severe frailty were directly supported by the nurse practitioner, who was the frailty lead, and the health care assistant who visited them at home to administer vaccines, take blood samples and facilitate health and wellbeing. The nursing team also identified community care needs for patients and engaged external services to implement community support needs.
- Patients identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs.

- There was a dedicated frailty lead at the practice, in post since September 2016. During this time, the practice has seen a 5% reduction in unplanned hospital admissions of patients aged over 65 year.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% in two out of four areas. The practice were below the target percentage of 90% for providing children Haemophilus influenza type b and Meningitis C booster vaccine and for providing children with the pneumococcal booster. We discussed this with the practice who believed that these statistics were an error in data collection. The practice told us that all children were invited for immunisations and telephoned by the practice if they had not attended an appointment. The practice also referred all children who had not received an immunisation to the health visitor.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 82%, which was in line with 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. For example, patients at the end of their life were reviewed as frequently as required including at Gold Standard Framework (GSF) monthly meetings attended by GPs, practice clinical staff, District Nurses and palliative care nurses.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Two receptionists had attended a domestic abuse course and were trained to support and sign-post patients after they had attended a GP appointment.
- The practice worked with a local food bank and distributed food vouchers. If patients had utilised food vouchers regularly, the practice ensured patients were signposted to other services.

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

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was better than the national average.
- The practice was a dementia friendly practice and all staff had completed dementia training.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the national average.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95% compared to the CCG average of 90% and the national average of 91%.

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. Staff told us that they had shared results of clinical audits with other local practices.

The most recent published Quality and Outcome Framework (QOF) results showed the practice had achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice). The overall exception reporting rate was 7% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. We saw the practice had undertaken clinical audits. We looked at one full cycle clinical audit at the time of inspection and another full cycle audit following the inspection. We saw evidence that care and treatment had been subsequently improved. For example, in May 2017 the practice undertook an audit to ensure that all patients who had received a memory assessment, had subsequently received a follow up appointment and offered a dementia care plan, if appropriate. The audit identified patients who were eligible for a dementia care plan, following a memory assessment and had not been offered or received one. As a result, the practice was able to demonstrate that all patients who had received a memory assessment had a dementia care plan in place if this was appropriate.

Are services effective?

(for example, treatment is effective)

- The practice was actively involved in quality improvement activity. The practice was a research practice and had contributed data to two national research projects in 2017.

Effective staffing

The practice had two partner GPs and two salaried GPs, one of whom were male and three were female. The practice was a training practice for doctors training to be GPs. The GPs were supported by an advanced nurse practitioner, a nurse practitioner (frailty lead), a senior practice nurse, a nurse assistant, a health care assistant and a phlebotomist. The practice also employed a dispensary manager, a dispensary assistant, a practice manager and additional administrative and secretarial staff.

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. For example, the practice held a full day of face to face training for all staff at the practice every three months.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, 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

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. For example, staff had access to the local tissue viability nurse and the specialised diabetes nurse if they required advice.
- 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.
- The practice used a text message system to engage patients with services to help them to live healthier lives. For example, staff told us that they were able to ask patients who had asthma, via text message, if their asthma had affected their day; if the patients replied 'yes' they would automatically be sent a text message advising to book an appointment at the practice.
- Staff discussed changes to care or treatment with patients and their carers as necessary. The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. For example, the practice offered patients an 'exercise on prescription' service that enabled patients to access a local gym and personal trainers at a reduced cost for 12 weeks.

Consent to care and treatment

Are services effective?

(for example, treatment is 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.

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.
- 19 of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 220 surveys were sent out and 119 were returned. This represented about 2% of the practice population. The practice was in line with the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 77% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.
- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.

- 86% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; 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):

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

The practice proactively identified patients who were carers. We saw information was available in the waiting room for carers and staff sign-posted carers to local services and external support. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (2% of the practice list).

- The practice provided a carers group, facilitated by practice staff. The group met regularly at the local village hall during practice hours and staff organised a Christmas party each year. Staff told us the group offered a variety of activities and respite from a patients role as carer, in a supportive environment.

Are services caring?

- A member of the nursing team was the carers lead.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services 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 extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, 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 had recently refurbished patient toilets to make them more accessible for patients who had dementia and to meet their needs more effectively.
- The practice used a text message system to remind patients of appointments.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments were available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

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

Timely access to the service

Are services responsive to people's needs?

(for example, to feedback?)

The Heathlands House Surgery was open from 8.30am to 6.15pm from Monday to Friday. Appointments were available between 8.30am and 6.15pm from Monday to Friday. Extended hours appointments were available every Monday evening between 6.30pm and 8.30pm, Tuesday evenings between 6.30pm and 7.30pm and every Tuesday and Thursday morning between 7.30am and 8.30am. The branch, Rushmoor House, was open between 8.30am and 12pm from Monday to Friday. Appointments were also available at Rushmoor House between 2.30pm and 5.30pm every Monday and Friday and from 1pm until 3pm every Thursday. When the practice was closed patients were directed to out of hours services by dialling the NHS 111service.

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.
- The appointment system was easy to use.

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

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 77% of patients who responded said they could get through easily to the practice by phone; CCG – 84%; national average - 81%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 90%; national average - 84%.

- 80% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 75% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 83%.
- 61% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; 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 complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed two 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, the practice received a complaint from a patient who had been informed of a diagnosis by a GP over the phone, whilst alone. The complaint was discussed at clinical meetings where it was agreed that, where possible, GPs should inform patients of a diagnosis face to face. However, due to the urgency that the patient required treatment, it was felt that the GP had taken appropriate action. We saw the practice had followed the complaints procedure and responded to the complainant appropriately.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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. The practice 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 stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion. 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 had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Are services well-led?

Good 

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

- The practice manager visited the branch to ensure governance arrangements were implemented and maintained. All staff members who worked at the branch also worked at the location.
- 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. We found that some systems did not evidence that action had been taken to reduce risk, for example, action taken in response to receipt of safety alerts had not been recorded.
- 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 were 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 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 failsafe 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. For example, the practice had purchased two accessible, high back armchairs, one for each waiting room, at the suggestion of patients.
- There was a virtual patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- Practice staff and patients had undertaken events to raise money for charity. For example, staff and patients had completed a charity walk together in 2017. Staff told us that this had promoted effective working relationships.

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.

Are services well-led?

Good 

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

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out every three months to review individual and team objectives, processes and performance.