Jubilee Surgery - Boohan

Quality Report

Whitton Corner Health and Social Care Centre
Percy Road
Twickenham
TW2 6JL
Tel: 020 3458 5400
Website: www.jubileesurgerywhitton.nhs.uk

Date of inspection visit: 27 November 2017
Date of publication: 31/01/2018

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. The practice had been rated as Good during the previous inspection on 29 October 2014.

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 Jubilee Surgery - Boohan on 27 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved patients in decisions about their care and treated them 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 areas where the provider **should** make improvements are:

- Keep a record of the action taken in response to medicines and safety alerts.

Summary of findings

- Keep an up to date record of evidence of professional registration and medical indemnity information for all staff, including locums.
- Develop a system for all staff to receive a formal annual appraisal and assessment of development needs.
- Set up a system to review the newly introduced prescription sheet log to check it is maintained.
- Introduce a Patient Participation Group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

The six population groups and what we found

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

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Jubilee Surgery - Boohan

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 and an expert by experience.

Background to Jubilee Surgery - Boohan

Jubilee Surgery provides primary medical services in Whitton to 5689 patients and is one of 31 practices in Richmond Clinical Commissioning Group (CCG). The practice is registered as a partnership.

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 9%, and for older people the practice value is 12%, which is higher than the CCG average of 11%. The age distribution of patients at the practice is broadly in line with the national average.

The practice operates from the first floor of a large purpose-built health centre, which also accommodates another GP practice and other health provision such as a physiotherapy service, district nurses and health visitors. A lift is available to take patients from street level to each floor in the building. A small amount of car parking is available at the practice, and there is space to park in the surrounding streets. The practice consists of a reception desk area and adjoining waiting area, administrative offices, four GP consultation rooms and two nurse consultation rooms.

The practice team at the surgery is made up of one part time and one full time female GPs who are partners, and one part time and one full time female salaried GPs. In total 27 GP sessions are available per week. The practice also employs two part time female nurses and a phlebotomist. The clinical team are supported by a practice manager, finance manager, two medical secretaries, a notes summariser and six reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception is open from 8:15am and 1pm and from 3pm to 6:30pm every weekday apart from Mondays when extended hours appointments are provided from 6:30pm to 8pm. When the practice is closed patients are directed to contact the local out of hours service. Patients at the practice can also book appointments to see a doctor between 8am and 8pm at the CCG's seven day opening hub.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury and family planning.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice 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 and 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; however, they had not kept an ongoing record of this information for one regularly-used locum GP. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice only used clinical staff to act as chaperones.
- 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 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; at the time of the inspection, records were kept of the receipt of prescription stationery, but the practice did not keep a log to monitor the use of prescription sheets within the practice. We received evidence that a log was put in place immediately following the inspection.
- 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 for urinary tract infections. There was evidence of actions taken to support good antimicrobial stewardship. The

Good

Are services safe?

practice's overall antimicrobial prescribing rate was in line with local and national averages, and their prescribing of broad spectrum antibiotics was below the local and national average.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events 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 good systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following a fire drill which had occurred whilst a patient who was a wheelchair user was on the premises, it came to the practice's attention that they did not have equipment available to aid a patient in leaving the building when the lifts were not in operation. Following this, the practice researched and purchased the necessary equipment and trained all staff in its use.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts and we saw evidence that following the receipt of medicine safety alerts, the necessary searches of patient records had been conducted in order to identify any patients who may have been affected; however, the practice did not have in place a log to record the action taken in response to each alert.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

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 used a text message system to remind patients about upcoming appointments and to invite patients to participate in health initiatives such as flu immunisation.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other 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.
- The practice's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was above local and national averages. For example, overall achievement for care of patients with diabetes was 100% (compared to a CCG average of 95% and national average of 91%); for asthma they had achieved 100% of the available points overall (CCG average 99%, national average 97%); and for Chronic Obstructive Pulmonary Disease they achieved 98% of the overall points available (CCG average 97%, national average 96%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given were higher than national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had exceeded the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.4 (compared to the national average of 9.1). The practice explained that in order to achieve a high uptake for childhood vaccinations, they had introduced a system of automatically booking an appointment for vaccinations to be given when they receive notification of a birth; details of the appointment were sent to the parents along with a card congratulating them on the birth.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 80% (with an exception reporting rate approximately half that of the local and national average), 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.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice provided a full range of travel vaccinations and was a registered yellow fever centre.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided care to patients residing in a number of supported accommodation facilities for patients with learning disabilities. They had a designated GP who was responsible for the care of patients with learning disabilities. There were 31 patients with learning disabilities registered at the practice and 30 of these patients had received a review by a GP in the past 12 months.
- The practice had conducted an audit of the care of patients with learning disabilities in order to ensure that these patients had received an annual health check and to identify patients with learning disabilities who also had other long-term conditions, in order to ensure that the care being provided for these conditions was optimised and delivered in an appropriate way.

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

- < > < >
  The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients at the practice with poor mental health who had received a review of their care in the past 12 months was 90% compared to a CCG average of 93% and national average of 90%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had conducted audits on the care of patients with learning disabilities to ensure that these patients were receiving appropriate care to address their physical wellbeing. The practice also provided evidence of having used audit to measure the potential impact on their patients of proposed local and national initiatives; for example, following a proposal to limit the NHS prescribing of gluten free food for patients with coeliac disease, the practice had conducted an audit of their prescribing of these items in order to ensure that they were prescribing within guidelines and to allow them to begin discussions with these patients should the proposed changes to the prescribing of these foods be implemented.

The practice's most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate for the practice was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice used information about care and treatment to make improvements. For example, in order to ensure that new babies were receiving their initial course of immunisations at 8 weeks of age, the practice had introduced a process of automatically booking an appointment on receipt of notification of the birth of a baby, and sending details of the appointment to the parents with a "congratulations" card. The practice reported that this had increased the uptake of childhood immunisations for new babies.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them; for example, the salaried GPs were given one session per week to carry-out activities to develop their skills and knowledge, and nursing staff told us that they were

Good

Are services effective?

(for example, treatment is effective)

given time for training and development when this was needed. The practice kept records of training and qualifications undertaken by staff. At the time of the inspection all staff were up to date with required training; however, the practice did not maintain a log which would alert them to the need for training to be updated.

- 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. Staff told us that they felt support was available to them when needed; however, nursing staff had not received a formal appraisal in the past year.
- 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. The practice was situated in a health centre, which also housed community matrons, district nurses and health visitors, and this allowed for daily communication about any patients where there were concerns.

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 40 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. Two hundred and thirty surveys were sent out and 115 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG average - 85%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average – 86%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; CCG average - 90%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG average - 92%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 98%; national average - 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 91%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG average - 87%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care; for example:

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

The practice proactively identified patients who were carers by asking about this at registration and opportunistically during consultations. The practice had identified that many of their patients who cared for family members were reluctant to label themselves as carers, and they gave examples of conversations they had had with some of these patients to make them aware of the resources and assistance available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients as carers (approximately 2% of the practice list).

Good

Are services caring?

- The practice had information for carers available in the waiting area for patients, and where appropriate, referred patients to the local Wellbeing Service for support.
- 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:

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 84%; national average - 82%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 89%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 83%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- From our observations during the inspection, there was evidence that the practice stored and used patient data in a way that maintained its security.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups except for "People whose circumstances make them vulnerable" population group which was rated outstanding for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, they provided extended opening hours, and online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs; for example, by training a member of non-clinical staff as a phlebotomist in order to provide a convenient service to patients.
- 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, they provided home visits for both urgent and routine appointments for patients who were unable to travel to the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home 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.

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.

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, they offered extended opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours. These consultations had previously been delivered during a one-hour slot in the morning; however, patients had fed back that due to work commitments, they were not always available during this time, and therefore, the practice had changed to providing these consultations throughout the day.

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 provided a designated GP who was responsible for the care of patients with learning disabilities, and the practice provided care to a number of patients who resided in supported accommodation due to their learning disability (23 patients out of a total of 31 patients with learning disabilities). We saw

Good

Are services responsive to people's needs?

(for example, to feedback?)

evidence that the practice tailored its service to meet the needs of these patients; for example, the practice used an "easy read" picture booklet to aid patients with learning disabilities to communicate how they were feeling. Patients with learning disabilities were given the option of being seen in their own home, to ensure that they felt comfortable. Nine patients (29%) had been visited at home to carry-out an annual review of their care in the past year.

- Vulnerable patients, such as those with a learning disability were routinely given a 20 minute appointment, and these patients were flagged on the system so that reception staff were aware of the need to book a double appointment.

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.
- There were systems in place to identify where patients' mental health was deteriorating and to follow-up these patients; for example, when a patient had attended A&E relating to their mental health.

Timely access to the service

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.
- Patients we spoke to said that they sometimes had to wait after their appointment time to be seen; however, they appreciated that this was because the GPs were committed to ensuring that all patients' issues were addressed, but felt that it would be helpful if more could be done to keep them updated about delays.
- 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.

Two hundred and thirty surveys were sent out and 115 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

- 68% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 77% of patients who responded said they could get through easily to the practice by phone; CCG average – 79%; national average - 71%.
- 93% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 88%; national average - 84%.
- 90% of patients who responded said their last appointment was convenient; CCG average - 84%; national average - 81%.
- 79% of patients who responded described their experience of making an appointment as good; CCG average - 75%; national average - 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 63%; 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. Eight 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, following complaints about the service

Good

Are services responsive to people's needs?

(for example, to feedback?)

provided by locum phlebotomists, the practice made the decision to train one of their non-clinical members of staff as a phlebotomist in order to ensure patients received a high quality and consistent service.

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.
- 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. For example, a patient complained that they had been told by their hospital consultant that a medicine the practice had prescribed had adversely affected the patient's long-standing medical condition. The practice apologised to the patient and informed them that they would immediately investigate why the patient records system had not flagged a contraindication when the medicine was prescribed for the patient. This was investigated and it was discovered that there had been an error in coding the patient's long-standing condition; however, the practice also identified that there was a lack of safety-netting systems for this condition, as neither their system nor the system used by local pharmacies flagged when the medicine concerned and medicines associated with the patient's long-standing condition were prescribed together. The practice notified local pharmacies of this issue, and the practice conducted an audit to check that no other patients were affected.
- 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. Most staff received regular annual appraisals; however, nursing staff had not received a formal appraisal in the past 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. In the case of salaried GPs, protected time was provided routinely as a set weekly session dedicated to learning activities; nursing staff were provided with protected time for learning and development, but this was given for specific learning activities when required.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

Good

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

- 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.
- 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.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints; however, at the time of the inspection, the practice did not keep a log of the action they had taken in response to MHRA alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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 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. For example, the practice had introduced a patient questionnaire, which was sent to patients by text message following consultations.
- The practice did not have an active patient participation group (PPG), but we saw evidence that they were responsive to issues raised by patients via other methods of feedback, such as the national GP Patient Survey, their own patient survey, and comments and complaints received. We saw examples of the practice making changes in response to feedback; for example, following the retirement of the practice's previous Healthcare Assistant, they had begun using locum phlebotomists, however, following several complaints from patients about these members of staff, the practice decided to train one of the reception staff to become a phlebotomist, in order to ensure that patients would receive a consistent and high quality service. We were told that the practice was in the process of recruiting patients to a formal PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

Good

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had introduced a text message service, which was used to remind patients about appointments and to ask patients for feedback about the service they received.
- 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.