Jacksdale Medical Centre

Quality Report

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

Ratings

Overall rating for this 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 inspection was carried out as part of our inspection programme to rate practices within 12 months of the date of registration.

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 Jacksdale Medical Centre on 13 and 20 December 2017. We carried out this inspection 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 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 areas where the provider **should** make improvements are:

- Emergency equipment and drugs check protocols should be clearer and checked more frequently. Fridge items should be stored correctly.

Summary of findings

- Ensure planned infection control training for non clinical staff is undertaken.
- Information about how to complain should be clearly displayed
- A more robust system should be introduced to track prescription security
- Gas safety checks should be undertaken yearly
- Infection control management should be improved by adding an action plan.

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

Summary of findings

The six population groups and what we found

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

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

Jacksdale Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Jacksdale Medical Centre

Jacksdale Medical Centre, Main Street, Jacksdale, Nottingham NG16 5JW is located in the village of Jacksdale, close to the Nottinghamshire / Derbyshire border. The practice provides services to people who live in Jacksdale and the surrounding villages.

- The practice is a single handed GP practice, run by a female GP with support from one regular long term locum GP (male). There are also two nurse practitioners, two health care assistants, a pharmacist, practice manager and reception / administration staff.
- There are 3924 patients registered with the practice. The practice is open from 8am until 6pm on Tuesday, Thursday and Friday, 7am to 6pm on Monday and 7am to 1pm on Wednesday. Patients can also access pre-bookable appointments through an initiative offered by a collaboration with other local practices on weekday evenings 6:30pm to 8:30pm and Saturday morning 9am to 12pm. The practice treats patients of all ages and provides a range of medical services. A second branch practice at 1 Hankin Avenue, Underwood, Nottingham NG16 5FU, is open on Wednesday from 8am to 6pm. Both locations were visited as part of this inspection.
- The practice holds a personal medical services (PMS) contract with NHS England. This is a contract for the practice to deliver enhanced primary care services to the local community over and above the General Medical Services (GMS) contract. Jacksdale Medical Centre has opted out of providing an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. The out of hours service is provided by PC24 via NHS 111.
- We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 25 to 44 years old compared with the national average. It has a larger number of patients aged 45 to 79 compared to the national average. Income deprivation levels affecting children is 17% lower than the CCG average of 24% and lower than the national average of 20%. Income deprivation affecting older people is 15% which is lower than the CCG average of 17% and lower than the national average of 16%. Life expectancy for patients at the practice is 80 years for males and 82 years for females; this is comparable to the national life expectancy which is 79 years and 83 years respectively.

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 suite of safety policies which were regularly reviewed and communicated to staff. We saw 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 and staff we spoke with confirmed this.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role and they knew how to identify and report concerns. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. GPs were trained to safeguarding level three. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a comprehensive audit to manage infection control but no action plan to drive and monitor improvements.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The main practice at Jacksdale Medical Centre had been refurbished in recent months and most equipment was less than one year old. There were systems for safely managing healthcare waste. There were no records of fire drills or weekly fire checks stored at the practice although these were obtained from the contractor on the day of the inspection. There was no COSHH (control of substances hazardous to health) record, however, the practice provided these within the inspection period. The gas safety installation certificate for the boiler was dated April 2016 and we were unable to see evidence of a safety check one year later.
- Some risk assessments lacked detail, for example for Legionella but policies such as hand washing, safe use of and disposal of sharps and clinical waste policies were reviewed and up to date. We saw schedules of cleaning, cleaning spot check records and that the practice communicated effectively with the cleaner. The practice used single use equipment and equipment was stored appropriately in a locked room.

Risks to patients

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

- 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 and worked closely together to manage this.
- There was an effective induction system for staff which orientated them to their role.
- 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.

Good

Are services safe?

- Referral letters included all of the necessary information and we saw they were followed up appropriately. Caseloads were clearly defined so staff knew their responsibilities.

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 mostly minimised risks. Although equipment was visibly clean there were limited records of equipment cleaning and no protocols. We saw there were cleaning records for the spirometer. Staff checked emergency equipment and drugs but there was no checklist showing all equipment. Records showed oxygen levels and the defibrillator were checked weekly when national guidance stated that daily checks should have been made. On the day of the inspection the practice added a child mask to the adult mask already stored with the oxygen. Although the practice adhered to the cold chain policy by checking and logging fridge temperatures daily, vaccines were stored too close to the edge of the fridge which prevented adequate air circulation. In order to promote safe storage, the practice immediately reviewed their storage arrangements. Although the practice logged boxes of prescription stationery on arrival, there was no system to track prescription forms and pads through the practice.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we saw significant events were reported, investigated and fed back to staff so learning could be shared. One example particularly demonstrated how the practice staff put patient care first and were adaptable and responsive to limit the impact on patients.
- There was a system for receiving and acting on safety alerts which informed relevant staff of any new alerts they must read and action.. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice were comparable to other practices both local and national for the prescribing of daily quantity of hypnotics.
- The practice were in line with local and national averages for the prescribing of antibiotic prescription items.
- The practice were slightly above local and national averages for the prescribing of antibiotic items prescribed that are co-amoxiclav, cephalosporins or quinolones.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who 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 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.
- The practice had introduced a visit protocol for patients who were housebound or whose health would be made worse by travelling.
- The practice had developed good relationships with patients and staff at local care homes and staff carried out visits three times per week.

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.
- 99% of patients with COPD had a review undertaken including an assessment of breathlessness in the last 12 months. This compared favourably with the CCG average of 88% and the national average of 90%.
- Families, children and young people:The practice had developed an under 5s protocol to ensure younger children and babies were seen on the same day, with under 2s being seen by a GP. 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%, which was in line with the 80% coverage target for the national screening programme and higher than the CCG and national averages of 77% and 72% respectively.
- 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.
- A nurse practitioner provided a minor injury service to encourage patients to be treated at the practice rather than hospital.

People whose circumstances make them vulnerable:

Good

Are services effective?

(for example, treatment is effective)

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

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 93%; CCG 90%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 96%; national 95%).

Monitoring care and treatment

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published Quality Outcome Framework (QOF) results (2016/17) were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 10% which was the same as the CCG and national averages. (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.)

- 100% of patients with rheumatoid arthritis had received a face-to-face review in the last 12 months (CCG 90%; national 87%). 100% of patients aged 50-74 years with a musculoskeletal condition had been treated with a bone-sparing agent (CCG 74%; national 82%).
- The practice used information about care and treatment to make improvements. The practice was actively involved in quality improvement activity such as audits. For example audits were carried out on diabetes patients who monitored their own blood sugar levels and which considered the impact of introducing the minor illness clinic on complaint levels. A one cycle audit of gynaecological referrals reviewed the reasons for referrals and considered outcomes. This showed the criteria for the two week wait were met, that further training would improve outcomes and other treatment options in house should be offered before some referrals. A further re-audit was recommended in 12 months but it was unclear whether this was carried out. A two cycle audit of antibiotic prescription in suspected tonsillitis patients demonstrated improved practice guidelines and awareness of over prescribing after one year. After two years, results showed prescribing levels had reduced and antibiotics were issued more appropriately.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Non-clinical staff had not received infection control training; this staff group were due to attend training in March 2018.
- 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 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. Staff we spoke with told us how the practice treated them as individuals and they were supported through difficult circumstances.

Coordinating care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- We saw records showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Professionals involved in patients' care met monthly and discussed how to meet the patients' needs. The community mental health nurse visited patients and followed up with a referral when required.
- 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 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. The practice held a register of those patients at risk of hospital admission and reviewed patient care and support to avoid unplanned admissions.
- 32% of new cancer cases were referred using the urgent two week wait referral pathway compared to the CCG average of 50% and the national average of 52%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. Smoking cessation sessions took place at Underwood. The Jaydex board displayed patient information to support patient choice.

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.
- 27 out of 29 of the Jacksdale Medical Centre patient Care Quality Commission comment cards we received were positive about the service experienced, with two mixed responses. 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. 265 surveys were sent out and 113 were returned. This represented about 4% of the practice population. The practice was comparable with CCG and national average 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 87% and the national average of 89%.
- 82% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 85%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

Involvement in decisions about care and treatment

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

- Staff communicated with patients in a way that they could understand, for example, by using translation services or by writing information down. 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's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers (1% of the practice list). A member of staff acted as a carers' coordinator to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us they had attended patients' funerals and would signpost the bereaved for further support and advice.

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:

Good

Are services caring?

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; 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

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

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. An appointments protocol had been introduced so staff understood how to manage patient contacts and priorities. The nurse practitioner carried out triage to ensure patients were directed to the appropriate practitioner. The appointments system had been reviewed with most appointments prebookable. Telephone appointments had been introduced and staff told us these were useful for discussions about results or medication. A small number of urgent care appointments were reserved for paramedic calls. Extended opening hours were offered from 6.30pm to 8.30pm weekdays and 9am to 12pm on Saturday at another local practice.
- The practice improved services where possible in response to unmet needs. Ultrasound was available at the practice every Friday for non-obstretic use which was open to all local practices. The nurse practitioner assisted patients with contraception services. A home visit protocol was set up to enable patients whose health would be endangered by travel, to be visited by practice staff. A nurse practitioner carried out a minor injury service and assessed patients who, for example, had suffered cuts, sprains and minor head injuries. Staff told us at the time of the inspection that the practice would be able to offer the NHS e-Referral Service within the next two weeks. This would offer patients greater choice in where they received treatment or specific services. A smoking cessation clinic was offered at the Underwood branch every Wednesday.
- The facilities and premises were appropriate for the services delivered. The main practice premises at Jacksdale were clean and tidy, had been refurbished and the reception area was welcoming and bright. The practice was accessible and on one level with wipe down seating. The premises at Underwood was open one day a week; the environment was functional as treatment was provided at Jacksdale only.
- 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 community mental health nurse visited elderly patients, assessed their needs and made referrals to appropriate agencies.
- 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. 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.
- The practice provided a room where mothers could breastfeed in private if preferred.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours to 8.30pm and Saturday moring appointments.
- 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.
- Staff told us they know these patients well and treat them opportunistically whenever possible. For example if they saw a patient passing they encouraged them to come in to talk and then checked if they would like to see a practitioner.

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

- The practice held a register of patients with mental health needs.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The GPs received an alert when a patient was seen at A&E after taking an overdose. They made contact with the patient and invited them in for a review or followed up with a phone call if the patient preferred not to come in to the surgery.

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.
- 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, although lower in some areas. Patients wanted more convenient appointment times and longer opening hours. However, completed comment cards and patient feedback on the day did not reflect this. 265 surveys were sent out and 113 were returned. This represented about 3% of the practice population.

- 81% of patients who responded said they could get through easily to the practice by phone; CCG – 63%; national average - 71%.
- 74% 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 - 82%; national average - 84%.
- 64% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 60% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG - 60%; national average - 58%.
- 55% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.

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.

- The complaint policy and procedures were in line with recognised guidance. We reviewed four complaints and found that they were satisfactorily handled in a timely way. Duty of candour formed part of the complaints policy and we saw the practice apologised to patients. Staff treated patients who made complaints compassionately. The complaints lead investigated complaints and responded within the policy timeframe to the issues raised.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It

Good

Are services responsive to people's needs?

(for example, to feedback?)

acted as a result to improve the quality of care. For example we saw how the practice had looked at a particular process and assessed whether a change should be made as a result of the complaint.

- Information about how to make a complaint or raise concerns was available on the website. Staff told us a poster showing how to make a complaint was usually displayed in reception although on the day of inspection it was not visible.

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 told us they felt respected, supported and valued. They were proud to work in the practice. There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams. The practice participated in the Best Practice Scheme and made improvements as a result. Staff told us they chose specific areas of work and the trainer assisted with the tools to target improvements. For example the team looked at the referral process and found ways to shorten the timeframe and increase efficiency.
- The practice focused on the needs of patients. Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw the practice responded appropriately to incidents, communicated well with patients, families and carers and apologised when things went wrong.
- 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. We saw the practice had introduced a 'Frustrations and Celebrations' event to encourage staff to engage and improve working relationships. Frustrations and celebrations events took place twice yearly and the practice had responded to staff feedback positively.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- 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.
- 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.

Governance arrangements

Are services well-led?

Good

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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. We saw evidence of minor surgery audits which looked at patient safety and outcome and reviewed the success rate of procedures. Some audits were first cycle with a documented intention to complete a second cycle but we also saw evidence of the completion of a two cycle audit on antibiotic prescription in suspected tonsillitis patients.
- 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 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. We saw a 'You Said We Did' display in reception which showed patient feedback and how the practice had reacted. One example showed how patients fed back there were not enough appointments and as a result the practice created more appointments by using a nurse practitioner.
- The practice were developing the engagement process with the patient participation group (PPG). Staff told us a virtual PPG would be trialled in the new year to strengthen participation levels. Last year the PPG and practice had worked together to conduct their own patient survey from December 2016 to March 2017. One

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hundred questionnaires were given out and 91 were completed. Responses were overwhelmingly positive particularly around being able to see a GP urgently on the same day (84%) and always/almost always being able to see your usual doctor (91%). All patients rated the doctors' listening skills as good, very good or excellent and over 80% valued how the doctor involved patients in their care and explained the problems and treatment.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice were looking at new ways to add services for patients in the future to improve the overall practice patient experience. Staff told us they welcomed the inspection as an opportunity to demonstrate how they were doing and to receive feedback.
- 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 to review individual and team objectives, processes and performance.