

Redwood House Surgery

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?	Requires improvement	
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

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Redwood House Surgery

4

Detailed findings

5

Action we have told the provider to take

17

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

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 Redwood House Surgery on 5 December 2017. The current GP partnership was registered with CQC in

January 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Redwood House Surgery was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. Any data we refer to in this report is the most up to date available data which may refer to the previous provider but is applicable for many of the same staff and patient list.

At this inspection we found:

- The practice had some systems to manage safety. However, these were not always consistently applied and we found concerns with medicines management, staff recruitment files and identifying and managing risk.
- 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.
- The practice responded to patient feedback and complaints and made changes to services where possible.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

Summary of findings

- Ensure care and treatment is provided in a safe way to patients.

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

- Review training for non-clinical staff in relation to sepsis.

- Mental capacity act training should be offered to staff.
- Ensure staff health needs are identified, reviewed and recorded so reasonable adjustments can be made, where necessary.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Redwood House Surgery

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.

Background to Redwood House Surgery

Redwood House Surgery is located in a converted detached house in a small town in Berkshire. It holds a general medical services (GMS) contract to provide primary medical services to just over 6,400 registered patients. The practice is part of Windsor, Ascot and Maidenhead Clinical Commissioning Group.

All services and regulated activities are provided from:

Redwood House Surgery, Cannon Lane, Maidenhead, Berkshire, SL6 3PH

Online services can be accessed from the practice website:

www.redwoodhousesurgery.co.uk

According to data from the Office for National Statistics, this part of Berkshire has high levels of affluence and low levels of deprivation. However, there are pockets of high deprivation within the practice boundary which affects registered patients. The practice population has a predominantly higher proportion of patients aged 0 to 19 and 35 to 54 compared to national averages. The ethnic mix of patients is predominantly white with approximately 12% of registered patients belonging to black and other minority ethnic groups.

Are services safe?

Our findings

We rated the practice as requires improvement 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. We saw examples of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Some paperwork relating to recruitment was missing from the staff files we viewed. The practice was able to show us evidence of all the missing paperwork within two days of the inspection. We noted the practice did not carry out staff health assessments to review if there were any reasonable adjustments that were required to support staff in their roles. The practice reviewed this after the inspection and decided to implement staff health status checks on all new employees.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Only clinical staff acted as chaperones and had received a DBS check.

- There was an effective system to manage infection prevention and control. However, we noted there was no action plan from the infection control audit to identify staff responsibility and timescales for completion. For example, chairs that required replacing.
- 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. However, we found there was no system for alerting other staff to an emergency as the computer system alert button had been taken out of use. When asked how staff would raise the alarm we were told they would shout for help. Many of the clinical rooms were within hearing range, but the nurse treatment room on the ground floor was more isolated and there were two closed doors between the treatment room and the main reception desk which could reduce the sound of a call for help. There were emergency push buttons in the treatment room to alert staff to an emergency in that particular room and the practice undertook a risk assessment within two days of the inspection.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Staff had received training and there were charts on the walls of clinical rooms indicating the normal range of observations for different age groups. (Observations are a set of recordings of body systems such as temperature, heart rate and blood pressure. Sepsis is a life threatening condition that requires emergency medical treatment. Early recognition of symptoms can lead to better outcomes for patients). We received written feedback from three reception staff. One of them told us they had not received training on sepsis and the other two were able to list the concerning symptoms to be watchful for.

Are services safe?

- 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 systems for appropriate and safe handling of medicines. However, some arrangements were managed inconsistently.

- The systems for storing medicines was inconsistently applied. For example, we found the vaccine fridge temperature had not been documented on four separate days in November 2017. We were told there was no nurse on site during those days and no-one had been assigned to deputise. The practice had recently purchased a data logger, but these had not been integrated with the computer system to offer readings for the four missing days. The practice told us they would review the fridge checking arrangements and train other staff to undertake temperature checking so no further days would be missed due to nurse absence.
- The practice kept prescription stationery securely and monitored its use.
- Not all staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, we viewed seven patient group directions (PGDs) and found they had all been signed by both nurses but none had been authorised by an appropriate person. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- We saw evidence of risk assessments in relation to safety issues. However, there was no risk assessment for the ground floor treatment room, which was isolated from the rest of the building. The practice reviewed this within two days of the inspection.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a vaccine was given to a young patient who was receiving a medicine used for treating arthritis. The wrong route of vaccine was administered during the consultation. When this was raised by the parent of the young patient the practice discussed the incident with the clinical team, requested the opinion of a specialist doctor from the local hospital and made arrangements for the specialist to contact the parents directly. They also offered further training to their reception staff in booking appropriate appointments and created a laminated notice of contraindications to hand out to parents of children who were being offered the same vaccine. They also put a sign up in the waiting room. The practice shared the incident with other practices locally who have also printed laminated forms and posters for their staff to hand out to parents.

Are services safe?

- There was a system for receiving safety alerts, although there was no log of these and the practice could not evidence all alerts had been acted upon. The practice manager was the designated person who received the alerts and disseminated them to the GPs for review. There was no deputy to carry out this role if the practice manager was on leave which increased the risk of alerts being missed or not actioned within an appropriate timescale. Once this had been identified to the practice, they took immediate action to ensure all patient safety and medicines alerts had been identified, reviewed and logged.

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 provided us with their 2016/17 figures for prescribing which demonstrated they were in line with the clinical commissioning group prescribing thresholds.
- 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:

- The practice completed frailty scores for all patients aged over 75. Patients identified as frail or vulnerable received a full assessment of their physical, mental and social needs. These patients were also offered a clinical review including a review of medication.
- The practice did not offer routine over 75s health checks, but were planning to commence these in the near future.
- 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. For example, one of the nurses had received specialist

training to enable them to have the skills necessary to lead on diabetes care and management. They were also a nurse prescriber. The practice showed us patient feedback that praised the diabetes service.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- 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 81%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We saw evidence of comprehensive end of life care plans and regular multi-disciplinary team meetings were held to discuss end of life care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, carers and those with a learning disability.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.

Are services effective?

(for example, treatment is effective)

- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- 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 100%; Clinical Commissioning Group (CCG) 95%; national 91%); and the percentage of patients experiencing poor mental health who had a record of blood pressure in the preceding 12 months (practice 100%; CCG 94%; national 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, an audit of joint injections demonstrated a reduction in orthopaedic referrals by 28%. The audit also identified 100% consent documentation and no reported infections (around or near the injection site) within 30 days of the procedure.

Where appropriate, clinicians took part in local and national improvement initiatives, including CCG prescribing audits. The practice used information about care and treatment to make improvements. We saw an audit of diabetes medication reviews for patients with type two diabetes and known renal (kidney) impairment. The audit objective was to identify medicine dosage adjustments for specific anti-diabetic medicines. For the two cycles (April 2017 and November 2017) the practice achieved above the 90% standard for appropriate dosing and reduced the number of patients without a recorded measure of renal function by 25%.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the CCG average of 99% and national average of 96%. The overall exception reporting rate was 10% 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.) This data applies to the practice registered population and the clinical performance of the current practice team but is recorded against the previous provider.

Although overall exception reporting was in line with the national average, we noted some individual disease indicators had high exception rates. The GP specialist adviser with the inspection team reviewed examples of patient records and found there were low numbers of patients who had been appropriately excepted from the calculations which made the exceptions appear high. For example, three patients with a new diagnosis of dementia were eligible to receive blood tests within 6-12 months of the diagnosis. One of these was excepted from the calculations which returned a high exception rate. The practice was also aware of the computer system automatically excluding patients from data that had not been clinically excluded by GPs or nurses.

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. We noted there was no log of training as the practice manager kept training certificates in staff files. These were periodically reviewed to ensure staff were up to date. Staff were encouraged and given opportunities to develop.
- 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.

Coordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. Although knowledge was good amongst clinical staff we noted there was no mental capacity act training offered to staff.

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 20 Care Quality Commission comment cards on the day of inspection. Of these, 14 cards were positive about the service experienced. There were six negative comments about access to appointments and consultations overrunning. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The survey sent 259 questionnaires out and 101 were returned. This represented about 2% of the practice population. The practice satisfaction scores were below local or national averages for GPs and above average for nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time; CCG average - 85%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 77% 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%.

- 98% of patients who responded said the nurse was good at listening to them; CCG average - 91%; national average - 91%.
- 98% of patients who responded said the nurse gave them enough time; CCG average - 91%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 97%; national average - 97%.
- 97% 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%.
- 88% of patients who responded said they found the receptionists at the practice helpful; CCG average - 84%; national average - 87%.

We looked at the friends and family test (FFT) results for September 2017 to November 2017 which showed 84% of patients were likely or extremely likely to recommend the practice. We also viewed comments from the FFT and found satisfaction with GP and nurse care and treatment was high. Of the 8% of negative responses, most of the dissatisfaction expressed was regarding appointments and staff attitude. The practice had shared the results of the national GP survey and the FFT with the patient participation group and were reviewing the outcomes.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The practice had printed information to give to patients in different formats to identify communication needs and alerts were added to patient records where support or alternative communication needs had been identified.

Are services caring?

- 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 identified patients who were carers, though the registration process and information in the patient waiting area. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 71 patients as carers (1% of the practice list).

- Leaflets and information was available to help signpost carers to various services and all carers were offered an annual flu vaccine.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the 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 below local or national averages for GPs and above average for nurses:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 81%; national average - 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 90%; national average - 90%.
- 96% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice had informal processes for reviewing services to meet patients' needs. They took account of patient needs and preferences from complaints and feedback.

- The practice offered extended opening hours and online services such as repeat prescription requests and appointments
- The practice improved services where possible in response to identified unmet needs. The patient participation group had identified a lack of ramp access for patients who could not manage steps. The practice provided a ramp at the rear of the premises in response to this.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had one treatment room on the first floor and the only way to access this was up a flight of stairs. The practice identified patients with restricted mobility and offered them appointments in one of the ground floor consultation or treatment rooms.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- One of the nurses offered a bespoke diabetes service and had improved patient care and provision for this specific condition. The nurse identified patients who were vulnerable and undertook home visits to undertake reviews. We were shown evidence of a

patient who did not attend for their diabetes review was followed up at home and arrangements made for a community podiatrist to visit the patient. We were also shown a video recording of a patient who praised the diabetes care they had received at the practice.

- 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 were offered a same day appointment when necessary.
- One of the nurses offered an early immunisation clinic before school/work hours.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments. Patients could also access an extended hours hub for appointments up until 9pm. The hub appointment system could be accessed by the reception team.
- Telephone and web GP 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 reviewed and assessed end of life care plans to ensure they were accurate and contained relevant information. They had instigated a post death analysis template to review the end of life care and treatment for patients to identify any learning outcomes. Learning was shared with the team and reflected on.

Are services responsive to people's needs?

(for example, to feedback?)

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice had reviewed the appointments structure following patient feedback and their own in-house patient survey. They had decided to release all the days appointments in the morning so patients could phone in the morning for an afternoon appointment. They had also increased the number of same day appointments to accommodate an increase in demand. The new system commenced the day before the inspection.

- 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 had recently changed and was too early to gauge if it was easy to use or measure the impact.

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. There were 259 surveys sent out and 101 were returned. This represented about 2% of the practice population.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.

- 84% of patients who responded said they could get through easily to the practice by phone; CCG average – 71%; national average - 71%.
- 88% 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 - 86%; national average - 84%.
- 87% of patients who responded said their last appointment was convenient; CCG average - 83%; national average - 81%.
- 74% of patients who responded described their experience of making an appointment as good; CCG average – 73%; national average - 73%.
- 77% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 68%; national average - 64%.

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. Twelve 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 a patient complained that their records were being mixed up with their relative who resided in the same location and had similar names. The practice added additional identifiers onto the patient record with an alert on the computer system to flag the similarities. Reception staff were trained to request a date of birth as well as a name and address to identify patients.

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. For example, the practice was in discussion with the clinical commissioning group regarding funding, with a view to seeking new premises for the practice site in the future.
- 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 had started to plan 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff, who were eligible, received 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.
- 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, with the exception of medicines management, patient and medicine safety alerts and staff recruitment files.

- 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

Are services well-led?

Good 

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

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

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety, with the exception of the nurse treatment room on the ground floor which was isolated from the main building.
- 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 incidents, and complaints. The practice were able to show us they had improved the processes for monitoring MHRA alerts within two days of the inspection.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). We spoke with two members of the PPG who told us they met regularly, reviewed practice feedback and complaints and offered suggestions for improvements to services. The practice was responsive to ideas raised by the PPG and actioned them where possible. For example, the PPG had requested chairs with armrests to be made available in the waiting room and this was swiftly acted upon by the practice.
- 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. One of the GPs was a paediatric lead for another local CCG and had initiated improvements to clinical guidance for young patients, including an oral fluid challenge template for use in gastroenteritis (stomach upset).
- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Emergency procedures had not been reviewed or assessed to consider the risks associated with the nurse treatment room being isolated from the main building.• There were gaps in fridge temperature recording logs and no provision had been made to cover absence of staff responsible for checking and documenting the fridge temperatures.• Patient group directions had not been administered in line with legislation.• Patient safety and medicines alerts from the Medicines and Healthcare Regulatory Agency were inconsistently managed and there was no comprehensive log for future reference or to confirm actions taken. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>