Ilkley and Wharfedale Medical Practice

Quality Report

Springs Medical Centre
Springs Lane
Ilkley
LS29 8TQ
Tel: 01943 604455
Website: www.iwmp.co.uk

Date of inspection visit: 28 February 2018
Date of publication: 29/03/2018

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. The previous inspection, carried out on 24 November 2015 rated the practice as Good overall.

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 Ilkley and Wharfedale Medical Practice on 28 February 2018. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- There was an open and transparent approach to safety and clear systems were in place for recognising, reporting and learning from incidents.
- Staff were aware of current evidence based guidance. Staff had received appropriate training to provide them with the necessary skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey were consistently high. We saw that patient satisfaction in relation to access to appointments, and for receiving compassionate care was higher than local and national averages across all areas. We heard that people were respected and valued, empowered as partners in their care, and that a holistic personalised service was routinely provided for patients.
- Patients had access to a named GP. There was continuity of care, with urgent and non-urgent appointments available the same day.
- There was evidence of a cohesive team with a clear leadership structure in the practice. Staff were aware of their roles and responsibilities. Staff told us they felt supported in their roles.
- The practice performed well in relation to cervical, breast and bowel cancer screening. Childhood immunisation uptake stood at 100%.

Summary of findings

- The practice regularly reviewed the effectiveness and appropriateness of the care provided.
- We saw evidence that the practice performed consistently better than other practices in the Clinical Commissioning Group area in relation to non-elective hospital admissions and accident and emergency attendances.
- We observed staff treating patients with kindness and compassion. The practice had good facilities and was equipped to treat patients and meet their needs.

The area where the provider **should** make improvements is:

- Review and improve their responses to complaints so that they always include the details of the Parliamentary and Health Service Ombudsman.

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

Ilkley and Wharfedale Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ilkley and Wharfedale Medical Practice

Ilkley and Wharfedale Medical Practice is located at Springs Medical Centre, Springs Lane, Ilkley LS29 8TQ.

There are currently 4,639 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The practice is housed in purpose built premises which were built in 2001. The building is shared with another GP practice, and serves the population of Ilkley and the surrounding area. Car parking is available on site, with dedicated disabled spaces also allocated. There is lift access from the car park to the practice building. All the clinical rooms are located on the ground floor, and are accessible to patients with mobility problems, or those who use a wheelchair.

The Public Health General Practice Profile shows the majority of the practice population to be of white British origin, with approximately 2% of mixed or Asian ethnicities. The level of deprivation within the practice population is rated as ten, on a scale of one to ten. Level one represents the highest level of deprivation and level ten the lowest.

The age/sex profile of the practice shows a lower than average number of patients in the 15 to 39 year age group, with a higher than average number of patients in the 50 to 75 year age group. The average life expectancy for patients at the practice is 82 years for men and 85 years for women, compared to the national average of 79 years and 83 years respectively.

- The practice offers a range of enhanced services, including childhood vaccination and immunisation, facilitation of timely diagnosis and support for dementia, support for patients with learning disabilities and minor surgery.

The practice is a long established training practice. This means it provides training and support for qualified doctors wishing to specialise in general practice. At the time of our visit two registrars were working at the practice. The practice is also able to accommodate medical students and newly qualified doctors wishing to gain experience in general practice.

There are two GP partners, both male, and two salaried GPs, both female. The clinical team is completed by two female practice nurses. Supporting the clinicians is a practice manager, reception manager, and a range of administrative, secretarial and reception staff.

Out of hours care is provided by Local Care Direct and can be accessed by calling the surgery telephone number or by calling the NHS 111 service.

When we returned for this inspection we checked, and saw that the previously awarded ratings were displayed, as required, in the practice premises and on the practice website.

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.

- A comprehensive range of safety risk assessments had been undertaken by externally commissioned agents. These were regularly reviewed and updated as necessary. 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 collaboratively with other agencies to support patients and protect them from neglect and abuse. We saw that staff were aware of their responsibilities in relation to recognising patients at risk of abuse, neglect, harassment, discrimination or breaches of their dignity and respect. One of the GPs was the Clinical Commissioning Group lead for safeguarding, and provided advice and expertise at a local and practice level. We saw that the practice had clear, comprehensive safeguarding policies and procedures in place.
- 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 in all cases. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There was a clear rota for planning and monitoring the number and mix of staff needed. A duty doctor was available each day for morning and afternoon sessions.
- 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. A dedicated telephone line was available for patients presenting with medical emergencies.
- Staff told us they felt staffing levels were sufficiently high to maintain a safe level of care to patients.

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. We saw that the practice had received commendation for the role they had played following the result of a serious case review.
- Clinicians told us they made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Good

Are services safe?

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

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were clear systems for reviewing and investigating when things went wrong. The practice held regular audit meetings where they reviewed complaints and critical incidents. Where themes were identified they learned and shared lessons and took action to improve safety in the practice. For example, as a result of errors being made whilst booking patients in for appointments, staff were advised that the patient's date of birth needed to be checked to ascertain it was the correct patient, before booking an appointment.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

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.
- Prescribing rates for hypnotics were in line with national averages. Hypnotics are a range of medicines which work on the central nervous system to relieve anxiety, aid sleep and have a calming effect.
- Prescribing rates for antibacterial items were in line with national averages.
- Prescribing rates for Co-Amoxiclav, Cephalosporins or Quinolones stood at 9%, which was higher than the local average of 6% and the national average of 5%. These are 'broad spectrum' antibiotics which should only be used when other antibiotics have failed to prove effective in treating infection. We explored this during the inspection. The practice told us that their practice population had a higher than average number of elderly patients. As a result their incidence of patients developing urinary tract infections, which were resistant to many antibiotics, was higher than average. In addition a number of their patients had been seen in secondary care, and the hospital consultants recommended the prescribing of these antibiotics in some cases following discharge from hospital. The practice told us they intended to audit their prescribing patterns in this area.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice was proactive in encouraging patients to register for online access. We saw that 41% of their patient group had successfully registered for this service.
- 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 were assessed using a risk stratification tool. They received a full clinical review when appropriate.
- The practice followed up on older patients discharged from hospital in accordance with clinical need. Care plans and medications were updated as appropriate, to reflect any new or changed needs as a result of the hospital admission.
- Patients over 65 years were encouraged to take up an annual seasonal flu vaccination. We saw that 88% of eligible patients had received this vaccination in 2017/18. The national target was 75%.

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. The practice told us they were introducing a system where all long term conditions were reviewed at one appointment for patient convenience. The GPs worked with the local multidisciplinary teams to co-ordinate and plan care for those patients with more complex needs. A monthly collaborative care meeting was held which included social services as well as other relevant health professionals.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 59% of patients with diabetes, on the register had a blood pressure recorded which was within normal limits in the preceding 12 months. This was lower than the local average of 76% and the national average of 78%. We explored this during the inspection. The practice told us this could partially be accounted for as a number of their patients with hypertension had reached their maximum therapeutic dose in relation to managing their hypertension. They also told us they would review their exception reporting systems in this area.
- 80% of patients with atrial fibrillation had received treatment with anti-coagulant therapy in the preceding 12 months, which was comparable to the local average of 87% and the national average of 88%. Atrial fibrillation is a heart condition which causes an irregular and often abnormally fast heart rate. People with atrial fibrillation may be at higher risk of stroke or heart attack.

Good

Are services effective?

(for example, treatment is effective)

- 76% of patients with asthma, on the register, had a review completed in the preceding 12 months, which was comparable to the local average of 79% and the national average of 76%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given stood at 100% at the time of our inspection, which was higher than the target percentage of 90%.
- Close liaison with health visitors was maintained, as they were based in premises next door to the practice. Multidisciplinary team meetings included health visiting staff. This ensured that relevant information was shared, and care planning adjusted in order to meet the needs of children and families.
- 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 uptake for cervical screening was 93%, which was higher than the 80% coverage target for the national screening programme.
- 79% of eligible females had received screening for breast cancer in the preceding three years, which was higher than the local and national average of 70%.
- 66% of eligible patients had received screening for bowel cancer in the preceding 30 months, which was higher than the local average of 61% and the national average of 55%.
- 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 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice held 'protected' appointments early morning and late afternoon to accommodate working patients requiring an appointment.
- We saw that 1,895 (41%) patients had registered to access online appointment booking and prescription requests.
- Uptake of the seasonal flu vaccination for eligible people aged under 65 years was 66% in 2017/18. The national target was 55%.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice liaised with community nurses, community matron and social services to manage and plan care for this group of patients.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had identified 77 people (2% of their practice population) as carers. They were offered an annual seasonal flu vaccination, and could be signposted to local support services applicable to their needs.
- The practice had made use of funding provided by the Clinical Commissioning Group (CCG) as part of the Enhanced Primary Care Scheme, to develop the role of social prescriber. Social prescribers are able to support patients with needs other than medical needs which may affect well-being.

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the local average of 88% and the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the local average of 95% and 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 was 91% compared to the local average of 93% and the national average of 90%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 100% compared to the local average of 92% and the national average of 88%.

Good

Are services effective?

(for example, treatment is effective)

- Staff from the community mental health team attended the practice multidisciplinary team meetings to help co-ordinate and plan care and treatment for patients experiencing mental health difficulties.

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 they had reviewed their processes in relation to the prescribing of bisphosphonates. These are used to prevent the loss of bone density, and are used in treating osteoporosis and similar conditions. There may be delays in healing from dental treatments in patients taking these medicines; and therefore patients need to be signposted for dental review before commencing these as a treatment programme. As a result of this audit, referral pathways were improved to increase the incidence of this happening. Where appropriate, clinicians took part in local and national improvement initiatives. For example they had participated in the national cancer diagnosis audit. This looked at a number of key issues relating to, for example, patient demographics, cancer type, referrals, investigations and diagnosis. It provided insight into the patient journey following presentation to treatment of cancer.

The most recent published Quality and Outcomes Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 13% compared with a local average of 11% and national average of 9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. A minor surgery audit had been undertaken to review outcomes for patients who had received surgery for removal of lesions. Results from histology and further referrals were reviewed, to verify the appropriateness of treatment offered within the practice setting. Evaluation confirmed that appropriate investigations and treatments were being offered by the practice.

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.
- The practice provided staff with ongoing support. This included an induction process, 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.

- 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.
- The practice held monthly collaborative care multidisciplinary meetings which included community nursing staff, community mental health team members and social services.

Helping patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

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 had made use of financial support from the CCG to provide social prescribing services. This service provided additional support and advice for people to enable them to make the best use of support services locally by use of signposting and one to one support.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff were aware that the personal, cultural, social or religious needs of patients varied, and took account of these when delivering care and treatment.
- Practice staff responded in a timely way to provide support and information when it was requested. Staff were motivated to provide a caring and 'whole person' approach to the needs of their patients.
- A separate room was available adjacent to reception if patients requested or appeared to require privacy. A poster in the waiting area advised patients that this facility was available.
- Without exception, all of the 35 patient Care Quality Commission comment cards we received were very positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The practice showed us letters of thanks provided by secondary care physicians and NHS England in relation to the level of service provided to patients. Comments we received included "simply the best practice in the area", "kind doctors", "staff were very caring and considerate".

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 226 surveys sent out and 127 were returned. This represented 56% of the surveyed population, and 4% of the practice population. The practice was above average for all of its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%.
- 97% of patients who responded said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 96% of patients who responded said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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):

- Although the number of patients whose first language was not English was very low, staff told us that telephone interpreter services could be accessed if required.
- A notice in the waiting area advised patients that large print information was available for patients with visual impairment.
- A hearing loop was available for patients with hearing difficulties.
- Staff supported patients and their carers to find further information and access community and advocacy services when required. A comprehensive poster was on

display in the patient waiting area alerting patients to the features in their lives which would mean they were carers; and encouraged them to identify themselves to the practice.
- The views and concerns of patients and staff were encouraged, listened to, and acted upon to shape services and culture. Staff had been issued with name badges to aid clarity for patients.

The practice proactively identified patients who were carers. Patients who were registering at the practice were asked to disclose whether or not they acted in a caring role. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (2% of the practice list). Carers were offered an annual seasonal flu vaccination, and were signposted to relevant local support services. Other support was offered on a personalised basis, according to the needs and wishes of the patient and the person for whom they were caring.

- Staff told us that if families had experienced bereavement, their usual GP contacted them when appropriate and discussed any additional support or advice which was needed. Staff told us that due to the relatively small number of patients on the practice list, patients were known as individuals. This enabled the practice to offer bespoke support appropriate to families. Appointments were made available at a convenient time if families wished to discuss their needs in more detail. Information about local and national bereavement services was also available.

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

- 92% 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 88% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 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.
- A private room was available for patients who wished to discuss issues in confidence.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services overall and 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. Although extended hours opening was not offered, the practice 'protected' a proportion of early morning and late afternoon appointments for working age people.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Home visits were available for patients who were very sick or housebound.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice worked closely with the multidisciplinary team to co-ordinate and plan care for older people with additional health needs. We saw minutes from meetings, and saw that safeguarding and pressure sores were standing agenda items for these meetings.
- 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 practice had a higher than average number of patients aged 75 years and over (18% compared to the local average of 13% and national average of 10%). They provided medical care for a number of nursing and residential homes, and attended regularly when required.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet the individual needs of patients where possible.
- 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.
- The practice liaised regularly with health visitors and school nurses to discuss families where concerns or issues arose during consultations. Health visitors were based in premises adjacent to the practice premises.
- Children were always offered a same day appointment when requested.

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, the practice was proactive in promoting registration for online access. We saw that 41% of patients had registered for this service.
- A proportion of early morning and late afternoon appointments were 'protected' to enable working age people to access appointments at a time convenient to them.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients were encouraged to identify themselves as carers. We saw a poster in the patient waiting area highlighting this to patients. Carers were offered an annual seasonal flu vaccination and were able to access support from local carers' support services.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a dementia register, and utilised tools to help identify early signs of dementia.
- Community mental health team staff attended monthly multidisciplinary meetings to maintain regular liaison and care planning for patients experiencing mental health difficulties.

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. Patient feedback in relation to access to appointments was overwhelmingly positive.
- We saw evidence that the practice performed consistently better than other practices in the Clinical Commissioning Group area in relation to non-elective hospital admissions and accident and emergency attendances.

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

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 97% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 71%.
- 95% 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 compared to the CCG average of 89% and the national average of 84%.
- 94% of patients who responded said their last appointment was convenient compared to the CCG average of 85% and the national average of 81%.
- 93% of patients who responded described their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.
- 84% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way. We saw that not all response letters contained details of the Parliamentary and Health Service Ombudsman. The practice told us they would review this.
- 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 where complaints were received in relation to staff attitude all staff were reminded to remain calm and professional in all interactions with patients, both face to face and over the telephone.

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, and all of the population groups, 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 demonstrated an understanding of issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Clear succession planning processes were in place.
- GPs and practice management staff were visible and approachable. They worked collaboratively 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.

- The practice had a clear vision and set of values. They told us they prioritised personalised proactive care. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients and staff.
- 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 had made use of funding provided by the Clinical Commissioning Group (CCG) as part of the Enhanced Primary Care Scheme, to develop the role of social prescriber. Social prescribers are able to support patients with needs other than medical needs which may affect well-being.
- 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 prided itself on providing personalised care for patients.
- Where behaviours or performance were not in line with the practice vision and values the leadership team had policies and procedures in place to address these effectively.
- 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 noted that the Parliamentary and Health Services Ombudsman details were not included on all correspondence responding to patient complaints. The practice told us they would review this.
- 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 had received an appraisal in the preceding year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff we spoke with described how they had progressed within the practice, for example from part time receptionist to full time reception manager.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff we spoke with described positive relationships amongst GPs, colleagues and managers.

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. We saw minutes from meetings which showed that key quality and strategic issues were discussed and reviewed routinely.
- 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 emergencies.
- 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.

- The views and concerns of patients and staff were encouraged, listened to, and acted upon to shape services and culture. Staff had been issued with name badges to aid clarity for patients
- There was an active patient participation group. Members we spoke with over the telephone described a very positive and collaborative relationship with 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. A number of students were accommodated in the practice, including medical students, recently qualified doctors requiring an insight into GP practice, as well as more experienced doctors seeking to specialise in general practice.
- Staff had specialist skills. For example one of the GPs had a special interest in neurology and patients were able to benefit from this.

Are services well-led?

Good

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

- One of the GPs acted as safeguarding lead for the CCG, and provided a high level of support in safeguarding matters to practice staff.
- The practice made use of regular and comprehensive 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.