

# Eldene Surgery

## Quality Report

Colingsmead  
Swindon  
Wiltshire  
SN3 3TQ  
Tel: 01793522710  
Website: [www.eldenesurgery.com](http://www.eldenesurgery.com)

Date of inspection visit: 20 March 2018  
Date of publication: 24/04/2018

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	

# Key findings

## Contents

### Key findings of this inspection

	Page
Letter from the Chief Inspector of General Practice	2
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Eldene Surgery	5
Detailed findings	6

## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection 15 September and 3 October 2017 Requires Improvement )

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 Eldene Surgery on 20 March 2018. When we undertook a comprehensive inspection of Eldene Surgery in

September 2017 we found areas of concern. The practice was rated as Good for Caring, and Requires Improvement for Safe, Effective, Responsive and Well led. The practice had submitted an action plan detailing the actions they were taking to meet legal requirements. All reports for the practice can be found by selecting the 'all reports' link for Eldene Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This report covers the comprehensive inspection we carried out at Eldene Surgery on 20 March 2018 to check whether the practice had completed the actions they told us they would take to comply with all regulations.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen.
- When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. The practice had a comprehensive programme of clinical audit which drove quality improvements.
- The practice had initiated a process whereby nurses attended peer review sessions with nurses from nearby practices. This enabled reflection and sharing of good practice to improve patient care.
- Comment cards received and patients spoken with, reflected that staff involved and treated patients with compassion, kindness, dignity and respect.

# Summary of findings

- The practice had taken actions to improve patient access, for example introducing additional telephone lines and employing additional staff.
- Review systems and processes so that governance is consistently embedded and effective.

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

**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.

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

# Eldene 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 CQC Inspection Manager, a GP specialist adviser and a practice manager specialist adviser.

## Background to Eldene Surgery

Eldene Surgery [www.eldenesurgery.com](http://www.eldenesurgery.com) is an urban GP practice providing primary care services to patients resident in Swindon. The provider is registered to deliver services from Colingsmead

Swindon Wiltshire SN3 3TQ. It is one of the practices within the NHS Swindon Clinical Commissioning Group and has approximately 7,800 patients. Data from Public Health England shows that the practice has a similar to local and national figures for all age groups. This data also shows that 8% of the population within the area are of unemployed status compared to a local figure of 4% and a national figure of 5%. The practice has a relatively high proportion (10%) of patients who have English as a second language.

The practice is managed by four GP partners, three male and one female. Within the last 12 months a partnership

has been entered into with Integrated Medical Holdings (IMH) where two GPs have joined the partnership. They are not based at the practice and do not do clinical work in the practice, but offer managerial and clinical leadership. The practice also employs a female salaried GP. In order to try and meet patient needs, locum nurses and GPs are regularly employed. The partners are supported by a nurse specialising in respiratory problems, and two health care assistants. The nursing team are led by a nurse employed by IMH who attends the practice three times a week. The administrative team is led by an assistant practice manager on a daily basis and a practice manager employed by IMH who attends the practice twice a week. The practice is a teaching and training practice for doctors wishing to specialise in general practice.

The practice premises are open between 8.30am and 12.30pm and from 1.30pm to 6pm Monday to Friday. Between 8am to 8.30am, 12.30pm to 1.30pm and 6pm to 6.30pm the practice's telephone lines are closed. An answerphone message instructs patients to call a mobile telephone number which is held by the duty doctor. Outside of these hours and when the practice is closed patients are directed via an answerphone to contact NHS111. Out of hours services are provided by Medvivo.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between Swindon Clinical Commissioning group and the practice for the provision of medical services.

# Are services safe?

## Our findings

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

At our previous inspection on 15 September and 3 October 2017 we found that the provider was not providing safe services. We issued requirement notices in relation to safe care and treatment and good governance as we found:

- Infection prevention control systems had not been appropriately implemented.
- Blank prescriptions were not securely stored.
- Appropriate actions had not been taken in relation to medicine alerts received.
- Systems were not in place to assure themselves that clinical equipment and emergency drugs were safe to use.

At the previous inspection we also told the provider that they should:

- Ensure patient group directives for the safe provision of immunisations were correctly adopted.

At this inspection on 20 March 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing safe services in accordance with the relevant regulations.

### Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. In addition to all staff

completing online training, the practice had received safeguarding training from the local safeguarding lead where staff were able to embed learning by discussing potential scenarios. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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).
- There was an effective system to manage infection prevention and control (IPC). The lead for IPC had received appropriate training to enable the role to be carried out effectively. Audits had been undertaken and actions identified as a result had been implemented. For example the replacement of certain taps that were not in line with guidance.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. There were now systems in place to ensure that emergency medicines and equipment were safe to use and there was documentation that demonstrated checks were being carried out on a regular basis.

## Are services safe?

- Clinicians knew how to identify and manage patients with severe infections including sepsis. Non clinical staff had access to a flow chart to assist them in triaging patients appropriately. However they had received no instruction or training from colleagues with clinical expertise in order for them to better understand the flow chart and appropriate triage. Post inspection we were told that the flow chart had been removed and that staff would receive training prior to the introduction of a new flow chart.

### 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. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use. We saw that doors to rooms that contained blank prescriptions were now always locked when empty. However prescriptions remained in the printers overnight when personnel not directly employed by the practice had access to the rooms and this had not been risk assessed. Post inspection we received evidence of an updated policy that stated that all prescriptions would be removed from printers at the end of each day, put into a named file, and stored in the administration

room in a locked cabinet overnight (and during periods that the particular room was not in use); each clinician would collect the file at the start of the day and sign them out.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- 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 and policy 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, due to an administrative error, an urgent referral had not been properly processed and no hospital appointment had been received by the patient. Following investigation and discussion the practice recognised the potential for this to happen again and changed their processes in order to minimise this risk.
- There was now an effective a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Processes had been updated to ensure

## Are services safe?

actions were completed and documented and there was evidence that these processes were fully embedded. We saw from meeting minutes that relevant alerts were also shared with the wider team.



# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated the practice and all of the population groups as good for providing effective services overall.

At our previous inspections on 15 September and 3 October 2017, we found that the provider was not providing effective services and issued a requirement notice in relation to staffing as we found that:

- The provider had not ensured that staff had received appropriate training, professional development, supervision and appraisal.

At the previous inspection we also told the provider that they should:

- Have oversight of recruitment checks made by the centralised human resources department. and
- Ensure that role specific training requirements for clinical staff were maintained within the practice.

At this inspection on 20 March 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing effective services in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. An alert email with links to updated guidelines was sent to clinicians when changes to guidelines were made. 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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice worked with a clinical commissioning group (CCG) funded community navigator whose role was to support patients to maintain independence within their home by ensuring patients received the help needed.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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 asthma and COPD (a chronic lung condition) diplomas.
- The practice followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The percentage of patients with diabetes, on the register, in whom blood sugar measurements were within target range in the last 12 months was 85% compared to a CCG and national average of 80%.
- The percentage of patients diagnosed with high blood pressure and whose blood pressure reading was 150/90mmHg or less was 86%, which was comparable with both the CCG and national average.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94%, which was comparable to the CCG average of 91% and national average of 90%.

Families, children and young people:

# Are services effective?

## (for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 75%, compared with the local and national average of 72%
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- 86% 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 local average of 84% and the national average of 84% national average/above/below the national average.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the local average of 89% 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 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. A nurse within the practice had undertaken dementia friendly training. When dementia was suspected there was an appropriate referral for diagnosis.

### 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 guidelines indicate that patients taking a certain medicine should also be prescribed gastroprotective agents. The practice undertook an audit to assess how well the practice was complying with these guidelines. Where appropriate, clinicians took part in local and national improvement initiatives. For example antibiotic prescribing monitoring to ensure good antimicrobial stewardship was being adhered to.

The practice used information about care and treatment to make improvements. For example an audit had been undertaken to determine if patients diagnosed with asthma were taking more than the recommended amount of an inhaler which relieved symptoms, which may indicate poor control of their asthma. An initial audit found that 71 patients had been prescribed seven inhalers or more over a twelve month period. Processes were changed within the practice which ensured once a patient had been issued with three inhalers they were requested to attend for a review of their condition. A follow up audit 12 months later showed that there had been a 57% reduction in the number of patients issued with more than seven inhalers.

The most recent published QOF results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average and national average of 97% The overall exception reporting rate was 8% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

# Are services effective?

(for example, treatment is effective)

## 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- The practice had initiated a process whereby nurses attended peer review sessions with nurses from nearby practices, which enabled reflection and sharing of good practice in order to improve patient care.
- 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.

## 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.

- 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.

# Are services caring?

## Our findings

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

### 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.
- Twenty four of the 26 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. The other two cards commented on the difficulty in getting a routine appointment in a timely manner. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 227 surveys sent out 107 were returned. This represented about 1.5% of the practice population. The practice was comparable to other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

### 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 that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

At the previous inspections on 15 September and 3 October 2017 we told the provider that they should review systems for identifying and supporting vulnerable patients such as carers and those recently bereaved.

- At this inspection we found that the practice had proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (1.3% of the practice list). We saw that the practice had introduced a notice board in the waiting room area which provided information and signposting to carer support services.
- Staff told us that if families had experienced bereavement, their usual GP contacted them and were shown a letter that was sent to all recently bereaved patients offering further support on behalf of the practice and signposting to local bereavement services should patients prefer to access support in this way.

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

## Are services caring?

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 89%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 86%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

# 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.

At our previous inspections on 15 September and 3 October 2017 we found that the provider was not providing responsive services and issued a requirement notice as we found that:

- All had not been done that was reasonably practicable to act on feedback received about the services provided in order to improve access for patients.

At this inspection on 20 March 2018, we found the service had addressed the issues identified at the last inspection. We now found them to be providing responsive services in accordance with the relevant regulations.

### 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.

- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Longer appointments were available for patients with a learning disability.
- Longer appointments were available on request for patients with complex needs.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

#### 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 also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment at the practice or referred to the local children's service when necessary.

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

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was working with their patient participation group (PPG) to improve the practices understanding of the needs of Nepalese patients and improve their access to health services. A meeting with the PPG had recently taken place where a member of the Nepalese community had attended to improve collaborative working.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice reviewed patients diagnosed with dementia. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The local NHS counselling service held sessions at the practice each week where they saw patients referred by the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Timely access to care and treatment

Patients were able to access care and treatment from the practice. Patients with an urgent need were seen at the practice on the day. However we were told by some patients on the day of the inspection that waiting times for routine appointments were too long. Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. At the time of the inspection patients were unable to book appointments on line. However the practice had recently changed computer systems and we saw that this was on their action plan to initiate as soon as possible.

The results of the GP survey published in July 2017 showed:

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%. The practice had experienced ongoing problems with recruitment of staff, however on the day of the inspection we saw that this was improving and continued to be an area that would be focussed on within their action plan.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and compared to the national average of 71%. The practice had recognised this as an area that needed addressing. Since the previous inspection in September 2017 the practice had made a number of improvements.

For example, an additional phone line was operated at busy times, two new receptionists had been trained, and staff were receiving phone call triage training to reduce waiting time for patients.

- 78% 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 -74%; national average - 75%.
- 68% of patients who responded described their experience of making an appointment as good; CCG -69%; national average - 73%.

## 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Of the ten complaints that had been received since the last inspection in September 2017 we saw that all had been satisfactorily handled in a timely way. The practice had a comprehensive system to document and report on actions and learning from the complaints received.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example the practice had received several complaints that related to customer service and as a result additional customer service training had been undertaken.

# 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.**

At our previous inspections on 15 September and 3 October 2017 we found that the provider was not providing well led services and issued a requirement notice in relation to good governance as we found that:

- The partnership had a vision and strategy to take the practice forward, however the new arrangements had not had sufficient time to embed and improved outcomes were not wholly evident at the time of the inspection.
- The arrangements for governance and performance management did not always operate effectively. For example in relation to medicine safety alerts, infection control and patient access.

### Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- A leader of the nursing team was now in post which had improved oversight and governance of the nursing team. Clinical supervision was undertaken on a regular basis to provide support, identify strengths and also any training needs.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 also told us that they now had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. 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 now 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,



# Are services well-led?

Good 

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. Communication between the practice and the central human resources department based off site were effective and ensured management oversight at a local level.

- 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. Some areas for oversight by management were not embedded. For example, security of prescriptions and triaging of patients to the appropriate clinical pathway by receptionists.
- 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 national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). We were told that collaborative working with the practice had improved. Bi-monthly meetings were taking place and these were attended by a GP and an administrative staff member. The practice had recently initiated a newsletter and had asked the PPG for their input.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement.

There was a focus on continuous learning and improvement at all levels within the practice. 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. For example peer review and learning with nurses from other practices.

## Are services well-led?

Good 

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

- The practice had recently restarted GP training and had received a positive appraisal from the local deanery.