Hawthorn Medical Centre

Quality Report

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

Ratings

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

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 10/2014 – Good)

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 Hawthorn Medical Centre on 20 March 2018, as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw three areas of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. The practice introduced changes to the appointments booking service for wound care clinics. A telephone triaging system reduced the time from patients calling for an appointment, to receiving an appointment with the appropriate healthcare professional. Recent data reviewed at the time of inspection showed that average waiting times to see an appropriate healthcare professional were reduced from four days to around one-and-a-half days.

Summary of findings

- Following changes to the appointments booking service, data on lower leg wound healing rates improved.
- The practice routinely referred patients with (or at risk of developing) Type II diabetes to a range of services to help monitor and improve their health, wellbeing and performance. Examples of this included a diabetic clinic with a local diabetic consultant, an education program and online software tools.

There are areas where the provider **should** make improvements.

- The provider should continue to make efforts to increase the programme coverage of women eligible to be screened for cervical cancer.
- The provider should continue to make efforts to improve patient access to appointments.

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

Hawthorn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, and a member of staff from CQC business support services as a learning opportunity.

Background to Hawthorn Medical Centre

The provider delivers all regulated activities from:

Hawthorn Medical Centre

May Close

Cricklade Road

Swindon,

Wiltshire

SN2 1UU

Website: www.hawthornmedicalcentre.co.uk

Hawthorn Medical Centre is located in North Swindon, and is one of 25 practices serving the NHS Swindon Clinical Commissioning Group area. The practice has occupied its current, purpose-built facility since 1991, and is arranged over two floors. All treatment facilities are located on the ground floor. There are three nurse treatment rooms, and a number of GP consulting rooms, along with a room for minor operations. An extension to the practice building, completed in 2010, added a further four treatment rooms along with rooms dedicated for use by GP trainers.

The practice has around 12,379 registered patients from an area immediately surrounding the practice and nearby villages. The practice age distribution is broadly in line with the national average, with most patients being of working age or older. Hawthorn Medical Centre has started the process of merging with six other NHS GP practices locally, to become the Wyvern Health Partnership.

Hawthorn Medical Centre is a training facility for clinical staff. It currently has GPs at levels ST2 and ST3 (in the second and third years respectively of GP Specialty Training), and has also been a training base for nurses and a physician's associate. Physician's associates support GPs in the diagnosis and treatment of patients.

The practice has a General Medical Services contract with NHS England to deliver primary care services to local communities, and provides the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures.

There are four GP partners (three female, one male) and six salaried GPs (four female, two male) at the practice. The clinical team is completed by five nurses (including an advanced nurse practitioner and a home visiting nurse), two Health Care Assistants (HCAs) and a phlebotomist. In addition to the practice manager (who is also a managing partner and the Registered Manager), a deputy practice manager and a team of receptionists, administrators and secretarial staff support the day-to-day running of the practice.

89% of the practice population describes itself as white British, and around 11% as having a Black, Asian and Minority Ethnic (BAME) background. A measure of

Detailed findings

deprivation in the local area recorded a score of 4, on a scale of 1-10. A higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas).

Hawthorn Medical Centre is open from 8.30am to 6.30pm, Monday to Friday, and the practice will take calls during these times. Routine GP appointments are generally available from 8.30am to 12pm and from 2.30pm to 6pm, Monday to Friday. The practice provides (pre-booked only) extended hours evening appointments from 6.30pm to 7.30pm on Monday and Thursday, with a GP and nurse. All extended hours appointments can be pre-booked up to one week in advance with a GP, and up to six weeks in advance with a nurse.

The practice has opted out of providing Out-Of-Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111 and an Out-Of-Hours GP service is available at Swindon Walk-In Centre. Information about the Out-Of-Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information from 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 their records and a corresponding 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. 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.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate 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. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. 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, 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.

Good

Are services safe?

- 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.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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, a request for a urine collection bottle was accidentally deleted from their computer systems by a staff member. The practice discussed the incident and created a protocol and policy for urine collection, to clarify procedure. All staff were reminded that tasks should not be deleted from the IT system.
- 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 and all of the population groups as good for providing effective services overall except for people with long term conditions, which we rated outstanding.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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' 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.
- The practice used their computer systems to undertake searches of suitable patients for clinical audits to improve their health outcomes and to monitor performance against the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice.
- 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 a recognised clinical measure of fitness and frailty in older people to assess their health needs. Those identified as being frail had a clinical review including a review of medication.
- 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.
- Although not all patients aged over 75 were invited for a formal health check, all patients aged over 75 were reviewed regularly by a GP. If necessary, they were referred to other agencies such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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.
- 85% of patients with a record of high blood pressure received advice on monitoring and treatment management, compared with the local CCG average of 84% and national average of 83%.
- The practice used technology to support diabetic patients. For example:
  - Patients could access a structured education and behaviour change programme in their homes.
  - Patients could access a specialist diabetics clinic available three days per week.
- The practice had introduced a telephone triaging system which reduced the time from patients calling for an appointment, to receiving an appointment with the most appropriate healthcare professional. Average waiting times to see an appropriate healthcare professional were reduced from four days to around one-and-a-half days.
- The practice was actively involved in quality improvement activity. For example, a practice nurse had been involved in a wound care clinical audit for the past two years, which showed that lower leg wound healing rates improved as a result of shorter waiting times.
- Patients could access a community navigator, employed by Swindon Borough Council. The community navigator supported patients to become more independent and use community services to prevent isolation and mental health issues.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Good

Are services effective?

(for example, treatment is effective)

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice employed a clinical pharmacist to provide support and knowledge to the clinical team. The clinical pharmacist conducted reviews of patients on multiple medications.
- The practice introduced changes to the appointments booking service for wound care clinics, to reduce the time from patients calling for an appointment, to receiving an appointment with the appropriate healthcare professional. Average waiting times to see an appropriate healthcare professional were reduced from four days to around one-and-a-half days.
- Following changes to the appointments booking service, data on lower leg wound healing rates improved. Practice data for six patients showed that the time for a wound dressed with a bandage, to being healed, was reduced from an average of 35 days to 26 days.
- Patients with diabetes attended appointments to discuss their condition and those assessed as suitable were referred to a range of services to help monitor and improve their health, wellbeing and performance. Examples of this included a diabetic clinic with a local diabetic consultant, an education program and online software tools. One hundred patients were referred to this education program and 81were enrolled, with 23% of these achieving a remission of their diabetes symptoms, and lower blood pressure readings. When we spoke to the practice, they told us that further outcome data was not currently.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% 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 72%, which was below the 80% coverage target for the national screening programme. The practice was aware of this, and had taken action to improve screening rates. Measures taken by the practice included:
- Ensuring all sample-takers had received initial training, including updating every three years.
- Ensuring all sample-takers monitored results from the samples they took including their inadequate rate. If this was above 5% the sample taker initiated an investigation.
- Ensuring patients were offered appointments at different times throughout the week, including late appointments, and a female sample-taker was available.
- Ensuring patients received a written invitation, and at least one written reminder, by the local screening office. A third reminder, in the form of a telephone call, was sent to patients who failed to attend.
- The practices' uptake for breast and bowel cancer screening was in line with national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Over a 12 month period, the practice offered 800 eligible patients a health check. Two hundred and sixty of these health checks had been carried out. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients diagnosed with acute issues could be offered faster clinic appointments at SUCCESS centres. SUCCESS (Swindon Urgent Care Centre and Expedited Surgery Scheme) Centres are clinics based at two other local NHS practices and operated by a company named Medvivo, on behalf of NHS Swindon CCG.
- The practice offered telephone and evening appointments.
- The practice offered contraceptive device fitting and removal. There was appropriate follow-up where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Good

Are services effective?

(for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A women's aid worker based at the practice, was available one day per week, to support patients in abusive relationships.

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

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This exceeded the national average.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This exceeded the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 93% 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. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning (CCG) and was available on referral, in a morning or afternoon, for four days per week.

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. The most recent published QOF results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 11% compared with the CCG average of 12% and 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.)

- The practice used information about care and treatment to make improvements. For example, the practice undertook regular clinical audits to monitor the quality of care at the practice. We reviewed two cycles of a clinical audit where actions had been implemented and improvements monitored. For example, an audit of patients who had been prescribed a medicine during pregnancy was undertaken, following advice from the The Medicines and Healthcare Products Regulatory Agency (MHRA). The audit, undertaken in 2017, found that 11 women of child-bearing age had been prescribed the medicine, and discussions about the medicine and risks in pregnancy were documented in their notes. The practice reviewed and updated procedures to continue to ensure best practice. This included running a weekly report to look for new pregnancies and a task sent to the patient's GP to check for any potentially harmful medications. A re-audit in 2018 found that two patients (20%) prescribed the drug had stopped taking it, and 18 of 20 patients (90%) had a recorded discussion about contraception and the risks of the medicine when taken during pregnancy.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was part of a partnership run by South West Academic Health Science Network, looking at quality improvement relating to patient safety, workforce sustainability and project planning.

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. For example, a staff member

Good

Are services effective?

(for example, treatment is effective)

at the practice has been supported by nurse mentors to obtain a Level 3 National Vocational Qualification (NVQ), and a staff nurse is being funded by the practice to become an advanced nurse practitioner.

- 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.
- 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 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.
- A community navigator supported patients to become more independent and use community services to prevent isolation and mental health issues.
- Patients could access a diabetic clinic with a local diabetic consultant, available three days per week, an education program and online software tools.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the seven patient Care Quality Commission comment cards we received were 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.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 266 surveys were sent out and 122 were returned. This represented about 1% of the practice population. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 88% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and although staff were not 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), they provided information in formats consistent with this requirement.

- Interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Patients who did not have English as a first language were given double appointment times (around 20 minutes).
- 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 to access community and advocacy services, and ask questions about their care and treatment.
  - The practice proactively targeted patients who were carers by providing a carer's leaflet and a notice board in the reception area.
  - Patients were directed to a Community Navigator, employed by Swindon Borough Council, for help in accessing services for carers.
  - The practice's computer system alerted GPs if a patient was also a carer. The practice had identified around 150 patients as carers (approximately 1% of the practice list).
  - A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, and/or by giving them advice on how to access a support service.

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

Good

Are services caring?

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the patient car park had dedicated disabled parking spaces, all patient services were on the ground floor and there was a lowered curb to facilitate wheelchair-user access.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients were signposted to other services delivered locally, to support and address their health needs.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.
- The practice provided medical support to patients living in a local residential care home. GP visits took place weekly.
- A practice nurse provides a specialised home visiting service for housebound patients, including older people.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice routinely referred patients with, or at risk of, developing, Type II diabetes to a range of initiatives to help monitor and improve their health, wellbeing and performance. Examples of this included a diabetic clinic with a local diabetic consultant, available three days per week, an education program and online software tools. Documentary evidence showed that among other changes, 23% of patients referred and enrolled on a diabetes education programme achieved a remission of their diabetes symptoms, and lower blood pressure readings.
- Standard appointment times (usually 10 minutes) were extended to 15 minutes, to better manage more complex health issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients could be referred to alternative providers for acute medical problems such as infections. When we spoke to patients, they told us that access and appointments were timely.
- The practice offered telephone and evening appointments.
- The practice offered contraceptive device fitting and removal. There was appropriate follow-up where abnormalities or risk factors were identified.

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 offered double appointments (20 minutes) for patients requiring translation and interpreting services.
- A women's aid worker based at the practice, was available one day per week, to support patients in abusive relationships.
- The practice offered double appointments (20 minutes) for patients requiring translation and interpreting services.

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 held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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 of appointments were recognised by the practice as requiring improvement, and attempts made to manage appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. However, they could not get a routine appointment when they wanted one.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages. 266 surveys were sent out and 122 were returned. This represented about 1% of the practice population.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 80%.
- 50% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 71% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 84%.
- 62% of patients who responded said their last appointment was convenient; CCG - 76%; national average - 81%.
- 51% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG - 52%; national average - 58%.

When we spoke to the practice about issues of patient access, making an appointment, and the helpfulness of reception staff, they told us about measures they had put in place to improve patient care. We saw a range of documentary and other evidence which included:

- The practice adopting a new system of more same day appointments.
- Routine GP appointments released one week in advance and a proportion of GP and nurse practitioner appointments released on the day.
- All appointments released on the day, at the end of each month, to better enable patient access to a GP.
- Introducing an online visual facility, in the back office, to monitor patient call waiting times and other caller information. This information is then used to adapt services, so that more receptionists are available to answer calls during periods of peak demand.
- Staff training on improving the patient experience.
- The practice successfully recruited more staff to address patient need.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw recent documentary evidence that showed these measures had led to greater patient satisfaction with services. During inspection we spoke to patients whose views reflected this improvement. Completed CQC comment cards were positive about service changes.

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. Thirty seven complaints were received in the last year and there was a consistent theme concerned with the availability of appointments. We reviewed all complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice recruited a clinical pharmacist to provide support and knowledge to the clinical team.

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, 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.

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. For example, a patient received a letter from a secondary care service which included new clinical information about a medical condition, without being informed about this new information by their GP. The incident was discussed with the patient and direct contact with the secondary care service was made, and the incident reported to the local CCG.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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.
- We saw written evidence that GP students rated the practice highly for quality of learning and fostering an inclusive team culture.

Governance arrangements

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

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

Are services well-led?

Good

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

- 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 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 had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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 views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG) and following feedback to the practice:

- The practice arranged a series of health education evenings where health professionals address patients about subjects of their choice, such as diabetes care, and diet;
- The information monitor in the waiting room contains more patient information;
- GP appointment times are now more clearly signalled in the practice leaflet.
- 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 and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example:
  - a member of staff devised a checklist so that questions could be answered more quickly whenever an ambulance was required at the practice.
  - Two members of the leadership team are either enrolled on or have attended an Improvement Leaders Programme.
- 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.