

Greenbank Surgery

Inspection report

274 Manchester Road
Warrington
Cheshire
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection 12 May 2015 – 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

We carried out an announced comprehensive inspection at Greenbank Surgery on 1 May 2018 as part of our inspection programme.

Previously we carried out an announced comprehensive inspection at Greenbank Surgery on 1 May 2015. The overall rating for the practice was good with a rating of outstanding for the key question of well-led and outstanding for the population group of people whose circumstances may make them vulnerable. The full comprehensive report on the May 2015 inspection can be found by selecting the 'all reports' link for Greenbank Surgery on our website at www.cqc.org.uk.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients told us they found it difficult to book an appointment with a GP of their choice but reported they were extremely happy with consultations.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- We received eight comment cards all of which were highly positive about the level of care experienced.
- There was a clear leadership structure and staff felt supported by management.
- There was a system in place to manage and learn from significant incidents and complaints.

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

Population group ratings

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 

Our inspection team

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

Background to Greenbank Surgery

Greenbank Surgery is located at 274 Manchester Road, Warrington, WA1 3RB. The provider of the service is Greenbank Surgery.

The website address is www.greenbanksurgery.com

The practice is part of Warrington Clinical Commissioning Group (CCG). The practice has a General Medical Services (GMS) Contract. Data available to the Care Quality Commission (CQC) shows the practice is responsible for providing primary care services to approximately 8,929 patients.

Data available to CQC shows the practice is situated in an area with average levels of deprivation compared to other practices nationally. Of patients registered with the practice 96.6% are White or White British, 1.9% are Asian, 0.3% are black, 1% are mixed British and 0.2% are other.

The staff team includes three GP partners and one nurse practitioner partner, three salaried GPs, a practice manager, an office manager, three practice nurses and one healthcare assistant (HCA). The practice is supported by a team of nine reception/administration staff.

The practice is a training practice, hosting medical students in their fourth year of training and qualified doctors who are undergoing GP training.

Greenbank Surgery is open from 8am to 6.30pm Monday to Friday. However surgery closes on one Thursday a month from 1pm. for training and educational purposes. The practice offers a late surgery each Wednesday between 6.30pm and 8pm for pre-booked appointments only. There is an 'open surgery' Monday to Thursday between 8.30am and 10am for patients to attend and see a nurse practitioner without an appointment. If clinically necessary the patients can also be seen or referred to a GP. There is telephone triage advice throughout the day and each Friday from 8.30am until 6.30pm there is a telephone GP triage service. Appointments can be booked over the telephone, online or in person at the surgery.

Patients requiring a GP urgently, outside of the practice opening hours, are advised to contact the NHS 111 GP out of hours service.

Greenbank Surgery is registered by CQC to carry out the following regulated activities, Surgical procedures, Maternity and midwifery services, Family planning, Treatment of disease, disorder or injury and Diagnostic and screening procedures.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. 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. The practice had a designated GP safeguarding lead and two deputies for adults and children.
- The practice worked closely with members of the local health visitor team, community midwives and social workers if appropriate to discuss any children on the safeguarding register and any children who may be at risk of harm. We saw that child protection reports were written in detail.
- Only clinical staff acted as chaperones and were trained for this role and had received a DBS check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had recruitment policies and carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. We saw completed cleaning schedules and three monthly random spot checks undertaken by the external cleaning company. There was a 'cleaning communication book' where any issues were recorded and we saw evidence that the cleaners had taken action. We saw an annual infection control audit had been undertaken by the Warrington CCG in February 2018. The practice manager told us they undertook informal visual cleanliness check of the premises of a daily basis. Following the inspection we were sent evidence that monthly formal checks of cleanliness had been implemented.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- Although the practice rarely used temporary or locum staff 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 and the use of broad spectrum antibiotic prescribing were being monitored.
- 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe 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. Following the inspection we received confirmation that the practice had purchased a data logger which was now in use. A data logger would identify if the cold chain

Are services safe?

storage had been broken which could mean products may experience either chemical and/or physical changes to the product which could adversely affect the patient.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with 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 in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- 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 of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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. All significant events were recorded on an electronic recording system which shared information with the CCG which demonstrated an open and transparent approach to lessons learnt and improvements made.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(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 GRASP atrial fibrillation (AF) tools to help improve diagnosis, assessment and management of and follow up patients with AF. GRASP tools assists GP practices to interrogate their clinical data enabling them to improve the management and care of patients.
- Following the inspection we received confirmation that the lead GP for Sepsis was going to undertake sepsis training about the red flag sepsis symptoms for all staff on 31 May 2018 which is the next PLT session so they knew how to respond to appropriately to high risk patients.
- Protocol flow charts were available for administration staff to follow to ensure staff knew how to respond to phone calls for high risk patients. For example chest pain, severe shortness of breath, suspected stroke, Bleeding/Vomiting blood (rectal/vaginal), non-blanching rash and pregnant ladies – broken down with symptoms and pathways.
- 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. They had care plans in place if they fell into the dedicated care or frailty groups. The practice identified patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice followed up unscheduled hospital attendance and liaised with the community matron and the district nursing team to ensure coordinated care.
- 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. The practice had regular palliative care meetings with Macmillan nurses and district nurses and visited patients in their own home.
- The practice is currently part of pilot scheme initiated by Warrington CCG. The scheme allows practices with pharmacists attached to order repeat prescriptions on behalf of the patient to ensure on-one is left without medication Each patient is assessed individually taking into account their needs and personal preferences. The community pharmacist visited patients at home to undertake medication reviews.

People with long-term conditions:

- Performance data indicated that the practice had reviewed patients with long term conditions to ensure they were receiving effective, high quality care. This included patients with atrial fibrillation, high blood pressure, diabetes, stroke and asthma.
- The practice operated a text message service which reminded patients of appointments to help reduce patients who do not attend appointments (DNAs).
- Patients with long-term conditions were encouraged to attend for a review at least annually to ensure their needs were being met. There was a designated GP responsible for each different chronic disease area. The GP's worked closely with the practice nurses to deliver a coordinated package of care. The computer system flagged when patients were due for their annual review.
- Patient's newly diagnosed with diabetes were offered the opportunity to attend diabetes education programmes. All patients were encouraged to attend retinal and foot checks. The nurse prescriber reviewed medication changes which included initiating insulin regimes where appropriate reducing the need for patients to attend secondary care clinics.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

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- The practice offered an ECG and spirometry service reducing the need for patients to attend secondary care clinics. Home blood pressure monitoring kits and an ambulatory blood pressure monitoring device were available from the surgery.
- The practice offered 'near patient testing' (also known as point-of-care testing). Near patient testing is defined as an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care,
- Patients with suspected DVT's were managed in line with primary care guidance that had been locally developed.
- The practice offered an extended evening surgery, by appointment only, each Wednesday between 6.30pm and 8pm to make it easier for working people to book a routine appointment. In addition the practice had developed a nurse practitioner led triage service so that patients who do not necessarily need to come into the surgery can have their clinical queries reviewed over the phone.
- There was an 'open surgery' four days per week between 8.30am and 10am for patients to see the nurse practitioner without an appointment. If clinically necessary the patient would also be seen or referred to a GP.

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 in line with the target percentage of 90% or above and had a system to follow up DNAs.
- Data for 2016/17 showed the practice had achieved over the 95% of immunisations for children aged 12 months and children aged 2 who have received their booster immunisation for Pneumococcal, infection, Haemophilus influenza type b (Hib) and Meningitis C (MenC).
- The practice had arrangements for following up failed attendance of children's appointments.
- The practice offered sexual health services and a family planning service including IUD (Intrauterine device) fitting, implants and Sayana Press which is hormonal birth control option for women. It is an injection, with a very small needle, that women can give to themselves to prevent pregnancies which last for 3 months.
- The practice worked closely with a designated community midwife and baby and child development checks were carried out at the practice.

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

- Data of the practices 'uptake for bowel cancer screening in the last 30 months was 56.8% which was above the national average of 54.6% and the uptake for breast screening was 77.1% which was above the national average of 70.3%.
- The practice's uptake for cervical screening was 71.9%, which was in line with the 72.1% national average.

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. There were bi-monthly palliative care meetings with the district nurses and MacMillan nurse to discuss any patients who may require more medical or social input.
- The practice held registers of patients living in vulnerable circumstances which had been broken down into categories so some patients may have been on more than one list. The categories included patients on a Zero Tolerance Scheme, a safeguarding register, a Mental Health register, patients who had a carer, a register of patients where the pharmacist ordered medication for them and a register for patients how had a Learning Disability. In total 807 patients were on the registers which was approximately 10% of the practice list. There was a GP clinical lead for people with a learning disability.
- The practice ran Zero Tolerance Scheme and liaised with other appropriate healthcare professionals to

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provide a coherent care strategy for these patients. The practice kept records and risk assessments to ensure that any risks associated with the provision of this service were assessed and minimised.

- The practice had identified 133 patients acting as carers, which was approximately 1.5% of the practice list.
- The practice had governance systems in place to ensure where possible any vulnerable patient, adult or child, who was subject to a safeguarding plan was seen by a named GP who was the safeguarding lead for the practice or the deputy lead. We found safeguarding records were comprehensive and up to date.
- The practice worked with other agencies and health providers to provide support and access to specialist help when needed and attended multidisciplinary team meetings as appropriate.
- The pharmacist was able to order medication on behalf of a patient who is considered vulnerable to ensure no-one was left without medication.
- Annual reviews were offered to patients with a Learning Disability and the practice work closely with the Learning Disability led from the CCG.

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

- The practice had a designated lead for the area of mental health. All staff had received training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Mental Health assessments were undertaken as part of the annual review in patients with chronic diseases.
- The health care assistant (HCA) performed home visits for reviews of patients living with dementia
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice had an improving access to psychological therapies (IAPT) service. IAPT services provide evidence based treatments for people with anxiety and depression
- 81% 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 CCG average of 83.3% and the national average of 83.7%.
- 92.6% 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 CCG average of 93.5% and the national average of 90.3%.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had a record of alcohol consumption (practice 92.9%; CCG 92.3%; national 90.7%).
- 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.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent published Quality Outcome Framework (QOF) results were 99.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96.4%.
- The overall domain exception reporting rate was 6.6% compared with the CCG average of 6.7% and the national average of 5.7%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. We saw that audits of clinical practice were undertaken. Examples of audits included audits of home nebuliser therapy, atrial fibrillation audit and re-audit, the use of Tamoxifen and a re-audit on the use of Depo-Provera (DMPA) and the percentage of patients who had been given advice on possible bone mineral density reduction

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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, an open door policy, one-to-one meetings, staff meetings, annual appraisals for clinical staff and access to appraisal for non-clinical staff and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate and we saw the HCA and recently completed all module of the care certificate.
- 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- 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 own health, for example through social prescribing schemes.
- 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 recent 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.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received two Care Quality Comment cards which were positive about the service received by the clinical staff but expressed negative comments about the reception staff. The comments were shared with the GP partner and the practice manager.
- We spoke with four patients who all expressed satisfaction with the service provide with the exception of access to GP appointments. This is in line with the result of the NHS Friends and family Test and other feedback received by the practice.
- We were shown six thank you cards indicating patients were highly satisfied with the level of care provided.
- Data available to CQC showed that 94.7% of patients who responded to the GP patient survey said they had confidence and trust in the GP saw or spoken with which was comparable to CCG average of 96.8% and the national average of 95.5%.
- Data available to CQC showed that 92.8% of patients who responded to the GP patient survey said stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them which was comparable to the CCG average of 90.09% and the national average of 88.8%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- All the patients we spoke with told us they had been involved in the discussions about their care and treatment.
- Interpretation services were available for patients who did not have English as a first language and there was a 'translate page' on the website.
- Staff helped patients and their carers find further information and access community services.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Consultations and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overhead.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatment.
- Staff recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

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 online services, on the day appointments, advanced booking of appointments, telephone consultations, longer appointments if required and the 'open surgery' Monday to Thursday between 8.30am and 10am.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- There was a hearing loop system which would assist communication with patients who experience difficulty with hearing.
- The practice provided effective care coordination for patients who are more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had an active Patient Participant Group (PPG). We spoke with two group members who told us that the practice responded positively to their suggestions. For example the phone systems were upgraded to inform patients when they phoned up where on they were in the queue.

Older people:

- Patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or a 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's and practice nurse's accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. The nurses and HCA undertake home visits to administer annual vaccinations and annual reviews.

- There was a medicines delivery service for housebound patients from the independent pharmacy that was next door to the practice.

People with long-term conditions:

- Patients with long-term conditions were offered multiple review consultations so that patients only had to attend one appointment.
- In an attempt to encourage patients to attend their annual reviews during 2018 patients with COPD are being invited to attend during the summer months rather than their birthday month when they may be fitter to attend.
- 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 offered an ECG and spirometry service and initiated insulin regimes to appropriate patients with Type 2 Diabetics reducing the need for patient's to attend secondary care clinics.

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. A risk register was kept of children who were at risk.

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

- The needs of this population group had been identified and the practice were able to facilitate appointments at an out of hours practice for evening and weekend appointments with a nurse or GP for people who required this service. There was extended surgery hours on Wednesday evenings by appointment.
- The practice had the facilities to book appointments online and offered telephone consultations.
- The practice offered minor surgery and family planning reducing the need for patient's to attend secondary care clinics.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.

Are services responsive to people's needs?

- Longer appointments were available if required and annual health checks were provided.
- The HCA visited vulnerable people in their own home.

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

- Clinical staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice told us how they worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Patients who failed to attend appointments were proactively followed-up.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Data available to CQC showed that 34.6% of patients who responded to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" which was lower than CCG average of 61.1% and the national average of 70.9%. 43.7% of patients who responded positively to the overall experience of making an appointment was lower than the CCG average of 71.5% and 72.7%. The practice were aware of these issues and had taken positive steps in an attempt to address them.
- The practice provided a range of appointments and access options which allowed patients to access care and treatment within an acceptable timescales for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The GP appointment system had been reviewed and updated in line with patient feedback. The appointment triage process was streamlined to ensure that on their first visit the patient was always seen by correct healthcare professional. For example this may be the nurse prescriber, a health care assistant or the GP.

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. The practice provided feedback either verbally or a written response to all patients who raised a concern or a complaint.
- 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 following one complaint the patient was sent a written apology and the policy for DNA's was re-iterated to staff.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and 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 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.
- Healthcare professionals where required, attended multi-disciplinary meetings to ensure the best outcome for patients.
- The practice had an open door policy and held regular team meetings, which were minuted and available for practice staff to view and the practice manager spoke informally with staff on a daily basis.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Systems for engaging with patients, obtaining patient feedback and acting on concerns were well established.

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 plan to achieve priorities.
- 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 consistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All clinical staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. Clinical staff 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.

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, reporting any issues of concern 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. All staff had access to the policies and procedures.

Managing risks, issues and performance

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

Are services well-led?

- 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 staff were aware of action to be taken in the event of 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.
- A business contingency plan was in place for any potential disruption to the service.

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.
- Staff were aware of data protection and the need for patient confidentiality. The management were aware of General Data Protection Regulation (GDPR) which is a European regulation enforceable from May 25, 2018. It aims at protecting personal data for all individuals within the EU.

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 with good engagement from the practice.
- The service was transparent, collaborative and open with staff and 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.
- 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.

Please refer to the Evidence Tables for further information.