

Mid Downs Medical Practice

Inspection report

Marbles Road
Newick
Lewes
East Sussex
BN8 4LR
Tel: 01825 722272
www.newickhealthcentre.nhs.uk

Date of inspection visit: 20/09/2018
Date of publication: N/A (DRAFT)

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 

Overall summary

This practice is rated as Good overall. (Previous rating November 2017 – Good)

The key questions at this inspection 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 focused inspection at Mid Downs Medical Practice on 20 September 2018 to follow up on a breach of regulation identified at our inspection in November 2017. At our previous inspection we rated the practice as requires improvement for providing safe services and good for effective, caring, responsive and well-led services.

At this inspection we found:

- The practice had rectified the issue in relation to security of prescription forms by fitting number pad locks to all rooms where these forms were used.
- The practice had ensured they kept emergency medicine to assist patients who may be undergoing a diabetic emergency.
- The practice had improved in the delivery of immunisations to children and had exceeded the target set by the World Health Organisation (WHO).

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Our inspection team

Our inspection was undertaken by a Care Quality Commission (CQC) lead inspector.

Background to Mid Downs Medical Practice

The practice is situated in the villages of Newick and South Chailey, near Lewes in East Sussex and provides general medical services to approximately 9,270 patients. There are six GPs, three of whom are female. The practice also employs a practice manager, an assistant practice manager, two practice nurses, one health care assistant and administration and reception staff. The practice has been accredited to provide training to GP trainees and is also a teaching practice (hosting medical students from a local University).

The practice has a higher proportion of patients over the age of 65 years compared to the national average and serves a population that has lower deprivation levels affecting both adults and children than the national average.

We visited the practice location at Newick Health Centre, Marbles Road, Newick, East Sussex, BN8 4LR. There is also a branch surgery at South Chailey Surgery, Mill Lane, South Chailey, Lewes, BN8 4PY. We did not visit the branch surgery as part of our inspection.

Opening hours are Monday to Friday 8.30am until 6.30pm at the Newick Health Centre and 8.30am until 12.30pm and 3.30pm until 6.30pm Monday to Friday at the South Chailey Surgery. The practice also provides extended opening hours on a Saturday morning from 9.00am until 11.00am at Newick Health Centre for pre booked appointments only.

Are services safe?

We rated the practice as good for providing safe services.

At our previous inspection on 23 November 2017, we rated the practice as requires improvement for providing safe services as the arrangements for the security of computer prescription forms were not sufficient. The details of these can be found by selecting the 'all reports' link for Mid Downs Medical Practice on our website at www.cqc.org.uk

We issued a requirement notice in respect of these issues and at this inspection on 20 September 2018 we found arrangements had been made to rectify this.

Appropriate and safe use of medicines

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

- The systems for managing and storing emergency medicines minimised risks.
- The security of prescription forms was strengthened by installing number key locks on all doors to the rooms that contained these.

Please refer to the evidence tables for further information.

Mid Downs Medical Practice

Quality Report

Mid-Downs Medical Practice
Newick Health Centre
Marbles Road
Newick
East Sussex
BN8 4LR
Tel: 01825 722272
Website: www.newickhealthcentre.nhs.uk

Date of inspection visit: 23 November 2017
Date of publication: 17/01/2018

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Mid Downs Medical Practice

4

Detailed findings

5

Action we have told the provider to take

16

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection February 2015, rating - Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Mid-Downs Medical Practice (also known as Newick Health Centre) on 23 November 2017. The inspection was carried out 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.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice recognised that the patient's emotional and social needs were as important as their physical needs.
- The practice ensured all recruitment checks were undertaken prior to staff starting employment.
- Blank prescription forms were not always kept securely in consulting rooms in accordance with national guidance.

Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice was pro-active in supporting patients, and their carers, with dementia and memory difficulties in the local community. The practice had recently set up a drop in 'Dementia Café' at the local village hall.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Implement a secure system for the storage of blank prescriptions in consulting rooms.

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

- Review the availability of emergency medicines to manage medical emergencies giving due regard to guidelines issued by the British National Formulary and the Resuscitation Council (UK).
- The practice should continue their work in improving the delivery of immunisations to children.

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

Mid Downs Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mid Downs Medical Practice

The practice is situated in the villages of Newick and South Chailey, near Lewes in East Sussex and provides general medical services to approximately 9270 patients. There are six GPs, three of whom are female. The practice also employs a practice manager, an assistant practice manager, two practice nurses, one health care assistant and administration and reception staff. The practice has been accredited to provide training to GP trainees and is also a teaching practice (hosting medical students from a local University).

The practice has a higher proportion of patients over the age of 65 years compared to the national average and serves a population that has lower deprivation levels affecting both adults and children than the national average.

Opening hours are Monday to Friday 8.30am until 6.30pm at the Newick Health Centre and 8.30am until 12.30pm and 3.30pm until 6.30pm Monday to Friday at the South Chailey Surgery. The practice also provides extended opening hours on a Saturday morning from 9.00am until 11.00am at Newick Health Centre for pre booked appointments only.

We visited the practice location at Newick Health Centre, Marbles Road, Newick, East Sussex, BN8 4LR. There is also a branch surgery at South Chailey Surgery, Mill Lane, South Chailey, Lewes, BN8 4PY. We did not visit the branch surgery as part of our inspection.

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because the arrangements in respect of prescription security required some improvements.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff had received up-to-date safeguarding and safety training appropriate to their role.
- Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. GPs and nurses knew how to identify and manage patients with severe infections, for example, 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.
- 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 medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- We found that an emergency medicine called Glucagon or an alternative was not available for staff to use in the event of a patient becoming hypoglycaemic (low blood sugar). The practice sent us evidence following the inspection that this had been purchased and was available to use.
- The practice had a system in place to track prescriptions through the practice. Prescription pads and paper were stored in a locked cupboard. Serial numbers were

Are services safe?

logged and signed in and out. However, the practice did not always keep prescriptions securely in consulting rooms. Blank prescriptions were kept in unlocked rooms in accessible printer drawers. The practice told us that actions would be put into place to rectify this.

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

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing an effective service.

Effective needs assessment, care and treatment

- The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the pneumococcal conjugate booster vaccine were below the national average (72%) with the target being 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had retained an in-house health visitor clinic which ensured that parents did not have to travel further afield to access this support.

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

- The practice's uptake for cervical screening was 86%, which was in line with the 80% coverage target for the national screening programme. The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice ran an extended hours service on Saturday mornings to assist those who may find attending difficult during normal working hours. Extended hours also included evening telephone consultations.

People whose circumstances make them vulnerable:

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

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

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (CCG 92%; national 91%).
- < >
The practice specifically considered the physical health needs of patients with poor mental health and those

Are services effective?

(for example, treatment is effective)

living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 91%; CCG 92%; national 91%).

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 Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice).

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice undertook a clinical audit on hypertension (high blood pressure), to assess whether patients diagnosed with hypertension were treated appropriately on presentation. The audit reviewed the management, treatment and advice given to patients according to national guidelines. This enabled treatment plans to be adjusted where necessary to reflect best practice.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice carried out multi-agency team meetings on a monthly basis and focused on patients with multi-agency issues. The meetings included input from adult social care, adult mental health, district nursing and geriatrics. The practice told us that medical, social and mental health needs were discussed and how these could be best managed for patients using collaborative working.
- 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.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.
- 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.

Consent to care and treatment

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

Are services caring?

Our findings

We rated the practice good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The majority of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 226 surveys that were sent out, 121 were returned. This represented about 1.2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

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

- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. A hearing loop was not available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (1.3% of the practice list).

- Staff told us that if families had experienced bereavement, patients would be offered information on organisations which offer bereavement support.
- Information leaflets were available for carers to enable them to access appropriate services. Care plans were formulated in discussion with carers and patients where appropriate.

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

Are services caring?

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 91% and the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice 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 were offered on Saturday mornings and patients could access online services such as repeat prescription requests and booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, such as level access to the main entrance, disabled toilets and a lowered reception desk.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits, nursing home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had installed a RAP (Remote Access Point) within and in partnership with a local nursing home to give Sussex NHS Wi-Fi access. The practice were able to access the full clinical system including letters and blood test results from the home. The practice were also able to send electronic prescriptions and email District Nurse referrals from the home itself. The practice told us that weekly ward rounds have been more productive with full access to chronic disease management.

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.

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, Saturday morning appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- 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 the practice.
- The practice was pro-active in supporting patients and their carers with dementia and memory difficulties in

Are services responsive to people's needs?

(for example, to feedback?)

the local community. The practice had set up a drop in 'Dementia Café' at the local village hall. The informal sessions included peer support, talks, games, music and dance.

- The practice were actively following a dementia model in order to provide holistic care for dementia patients. Staff have received training provided by the CCG on the model and the practice aims to become a 'dementia friendly' practice.
- The practice have conducted dementia surveys to identify improvements that could be made to the environment to benefit patients with dementia.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

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

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.

- 86% of patients who responded said they could get through easily to the practice by phone; CCG – 68%; national average - 71%.
- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 87%; national average - 84%.
- 92% of patients who responded said their last appointment was convenient; CCG - 84%; national average - 81%.
- 89% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 62% of patients who responded said they don't normally have to wait too long to be seen; CCG - 55%; national average - 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed three 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.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing well-led services.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Good 

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- 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 patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active virtual patient representation group. A fully established working PPG was in the development stages and had recently been re-launched. Patients on the virtual list had been emailed with information about the PPG to encourage participation. There was one active member of the PPG at the time of inspection.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person had not protected patients against the risks associated with medicines because appropriate arrangements had not been put in place for the safe keeping of blank prescription forms in consulting rooms. This was a breach of regulation 12 (1)(2) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014