The Parks Medical Centre - B Hainsworth

Quality Report

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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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Parks Medical Centre- B Hainsworth on 29 July 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting, recording and grading all incidents including relatively minor ones, which staff understood.
- The practice analysed significant events and complaints and learned from them. Where appropriate, patients received apologies and explanations and were told about any changes the practice had made as a result of learning from the incident that the practice had identified.
- There were systems in place to identify vulnerable adults and children and keep them safeguarded from abuse
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above the national average.
- Staff carried out assessments and delivered care in line with current evidence based guidance and local guidelines.
- There was a systematic approach to ensure all clinical staff were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other local guidance, for example, relating to prescribing.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence that the practice had a systematic approach to staff development and training with regular meetings and formal appraisal to identify training and development needs for all staff.
- Staff worked with members of multidisciplinary teams to help ensure that the needs of patients with complex needs were identified and met.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with care, dignity, and respect and they felt they were involved in making decisions about their care and treatment. Patients also told us they were listened to and supported by staff.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, a GP attended monthly locality meetings to raise local issues and discuss performance such as related to prescribing.
- Patients said that they found it easy to make an appointment with a named GP and that there was continuity of care. The national GP survey showed that patient satisfaction about accessing care and treatment was higher than local and national averages.
- There were urgent appointments available on the day, with additional 'sit and wait' appointments at the end of each appointment session.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood this and their responsibilities relating to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of accessible policies and procedures to govern activity and held regular governance meetings.
- There were systems in place to monitor and improve quality and identify risk.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group (PPG).
- Staff had received induction training, regular performance reviews and attended staff meetings and events. Staff worked flexibly and cooperatively, for example, the practice manager worked with the practice nurse to ensure immunisation clinics and follow- up were effective.

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

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- It was responsive to the needs of older people and offered home visits and rapid access appointments for those who needed them.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and an annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Data showed that appropriate checks for patients with long –term conditions such as diabetes were above the national average.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were systems in place 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 A&E attendances.
- Immunisation rates were higher than the CCG levels. The practice followed up missed appointments and also took advantage when the child was in the surgery to offer the vaccination.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Cervical screening rates were higher than the national average.
- We saw good examples of joint working with midwives, health visitors, social workers, and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had ensured the services it offered were accessible, flexible and offered continuity of care.
- The practice offered appointments on Tuesday and Wednesday evenings until 7.30/8pm for working patients who could not attend during normal opening hours.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people 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.
- It had liaised with the local authority to ensure its register of patients with a learning disability was up to date. All patients with a learning disability were offered annual health checks and longer appointments.
- The practice regularly worked with members of multi-disciplinary teams in the case management of vulnerable people.
- There was up to date information in the waiting area about local support groups and voluntary organisations.
- All staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of people experiencing poor mental health had a comprehensive, agreed care plan documented in their record compared with a national average of 86%.
- 83% of patients diagnosed with dementia had a face to face care review to ensure appropriate advance care planning.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice followed up all patients who had attended the accident and emergency service (A&E) including those patients who may have been experiencing poor mental health.
- The practice had provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations health. The practice hosted a weekly cognitive behaviour therapy clinic.
- Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing either in line with or above local and national averages. 392 survey forms were sent out and the response rate was 28.6%.

- 93.5% found it easy to get through to this surgery by phone compared with a CCG average of 67.7% and a national average of 74.4%.
- 94.1% found the receptionists at this surgery helpful compared with a CCG average of 83.3% and a national average of 86.9%.
- 62.7% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 48.2% and a national average of 60.5%.
- 78.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80.4% and a national average of 85.4%.
- 84.2% said the last appointment they got was convenient compared with a CCG average of 89.8% and a national average of 91.8%.
- 72.8% described their experience of making an appointment as good compared with a CCG average of 68.3% and a national average of 73.8%.
- 57% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 62.3% and a national average of 65.2%.
- 62.7% felt they didn't normally have to wait too long to be seen compared with a CCG average of 51.3% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were all positive about the standard of care received. Patients said they were treated with respect, understanding and patience. Patients felt listened to and said they were able to discuss treatment options. Reception staff were described as friendly, helpful and caring.

The Parks Medical Centre - B Hainsworth

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 practice manager specialist adviser.

Background to The Parks Medical Centre - B Hainsworth

The Parks Medical Centre is situated in the New Parks area of Leicester where there are high levels of unemployment and deprivation. The practice is located in a purpose-built single-storey building and has 4,700 patients registered with it.

The practice has two GP partners (both male) and a regular locum GP(male) for two days a week. There is a full-time practice nurse (female), the practice manager and three part time receptionist/administrators. The practice has a General Medical Service (GMS) contract.

The practice is open between 8am and 6.30pm Monday to Friday with extended hours to 8pm on Wednesdays and 7.30pm on Tuesdays. Appointments are from 9am to 11am and 4pm to 6 pm daily, with a 'sit and wait' service at the end of each appointment period for patients who need to be seen urgently that day.

When the surgery is closed out of hours GP services are provided by Central Nottingham Clinical services (CNCS) accessed via NHS 111.

Why we carried out this inspection

We carried out a planned comprehensive inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Detailed findings

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 July 2015. During our visit we spoke with a range of staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family member. We reviewed comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice recorded any incident or complaint which it considered could affect how it provided safe and effective care, even if relatively minor. These were assessed by the senior GP and practice manager together and graded according to their significance. We saw that these were discussed at staff meetings (as a regular agenda item) with action plans to help avoid such incidents recurring. Staff told us they would inform the practice manager of any incidents or complaints and also ensure a recording form (available on the practice's computer system) was completed. This enabled the practice to carry out an analysis of complaints and significant events and identify any patterns or trends. Records showed they had done this.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, a potential prescribing error following a repeat prescription request by telephone had led the practice to decide not to accept telephone requests for repeat prescriptions. Other options were available to order repeat prescriptions such as via the pharmacist or on-line.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation. Policies and information were accessible to all staff and included who to contact for further guidance. There was a lead GP for safeguarding. The GPs worked closely with health visitors in the area and frequently provided reports where necessary for other agencies. Staff had received training relevant to their role and could explain their responsibilities when asked.
- There were notices displayed in the waiting area advising that staff were available to act as chaperones, if required. Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- The practice had a range of policies and procedures to ensure it monitored and managed risks to patient and staff safety. There was a health and safety policy. All electrical equipment had been tested to ensure it was safe to use and clinical equipment was serviced regularly to ensure it worked properly. The practice had up to date fire risk assessments and regular fire drills were carried out. The practice also had other relevant risk assessments, for example, for infection control and legionella to monitor safety of the premises.
- We saw that the premises were clean and tidy and that appropriate standards of cleanliness and hygiene were maintained. A GP was the infection control lead who kept up to date with best practice, for example, by attending briefings and he ensured this was shared with other staff. Staff were trained and updated. There was an infection control policy which included an annual infection control audit. We saw evidence that this had resulted in actions to address any issues identified as a result.
- There were arrangements in the practice for managing medicines, including emergency drugs and vaccinations which kept patients safe. This included prescribing, storage and security. A GP attended monthly CCG prescribing meetings and shared learning from these which helped ensure the practice prescribed in line with guidance for safe and effective prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We looked at the recruitment policy and three staff files. We found that that appropriate checks had been undertaken prior to employment. These included proof of identity and address, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS).
- There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, when a full-time reception post had become vacant the practice had replaced it with two part-time posts to help provide flexible cover at the busiest times.

Good

Are services safe?

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on all the computers in the practice which alerted staff to any emergency .
- All staff had received annual basic life support training. The practice had a defibrillator (used in cardiac arrest) and oxygen with adult and children's masks.
- Emergency medicines were easily accessible in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. There was also a first aid kit and accident book available.

The practice had a business continuity plan in place for major incidents such as power failure or building damage which included emergency contact numbers for staff. The plan could be accessed securely outside of the practice building.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems in place to ensure all clinical staff were kept up to date. The practice also used local guidelines to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through with audits checks of patient records and risk assessments.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available. Data from 2014-15 showed:

- Performance for the five diabetes related indicators was better than the national average.(89.4% compared with 83.8%)
  - The percentage of patients with hypertension having regular blood pressure tests was better than the national average at 92.78%
  - Performance for mental health related and hypertension indicators was better than the national average.

The practice could evidence quality improvement with a number of two cycle clinical audits which involved all staff including locums. Improvements were implemented and monitored. Findings were used by the practice to improve services. For example, following a complaint the practice audited the use of diuretics in older patients with chronic kidney disease which showed learning for the practice and improvement in patient outcomes at the second cycle. The practice also participated in local CCG audits (such as antibiotic prescribing) and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that included safeguarding, fire safety, confidentiality, and health and safety.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to cover the scope of their work. This included appraisals, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- There was also on-going training to ensure staff kept up to date. This included safeguarding, fire procedures, basic life support and information governance awareness. Staff were able to access e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice's patient record and internet system ensured the information needed to plan and deliver care and treatment was available to staff.

- This included medical records, test results, care plans and risk assessments.
- All relevant information was shared with other services in a timely way, for example when people were referred to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.
- We saw evidence that the practice worked directly with members of the multidisciplinary teams and that care plans were reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood these requirements including those relating to the Mental Capacity Act 2005.

Where the patient was a child or a young person, assessments of capacity to consent in line with relevant guidance were also carried out.

Good

Are services effective?

(for example, treatment is effective)

Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who were potentially in need of extra support.

- These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.
- Patients needing advice on diet, smoking cessation and exercise were referred to a local Health Referral Hub which was a project that brought together all local services to allow a single referral point. The practice had identified that some patients could not always afford to eat healthily. It had obtained lottery funding to enable it to provide fruit to patients at subsidised prices.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.3%, which was above to the CCG average of 79.3% and national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates were generally above CCG rates. For example, childhood immunisation rates for vaccinations given to under two year olds ranged from 82% to 100% and five year olds from 88.2% to 100%.
- Flu vaccination rates for the over 65s were 63.1%, and at risk groups 51.9%. These were slightly below the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where risk factors or abnormalities were identified there was appropriate follow-up.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we observed that members of staff were polite and very helpful to patients attending at the reception and on the telephone. People were treated with dignity and respect.

- When patients wished to discuss sensitive issues or appeared distressed there was a more private area where they could talk with receptionists.
- There were curtains in treatment and consulting rooms to ensure a patient's privacy and dignity was maintained.

All of the 10 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and caring. They added that the GPs were understanding and patient and empathised with their situation. We spoke with two members of the patient participation group (PPG) and other patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was always respected.

Results from the national GP patient survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 87.1% said the GP gave them enough time compared to the CCG average of 82.8% and national average of 86.8%.
- 92.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.4% and national average of 95.3%
- 77.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85.1%.
- 86.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86.2% and national average of 90.4%.
- 94.1% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83.3% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

- We spoke with patients who told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.
- They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patient feedback on the comment cards we received was also positive about the care received.

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

- 83.5% said the GP was good at listening to them compared to the CCG average of 86.1% and national average of 88.6%.
- 80.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86.3%.
- 77.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 85.1%

Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There were posters and leaflets in the waiting room area which gave information about support services available, for example a young persons' sexual health clinic and a local memory café. There were leaflets for carers in English and community languages. Patients told us there was always helpful information in the waiting area about how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice offered them annual health checks and, if they agreed, referral for social services support.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and to provide advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, a GP attended monthly locality meetings to raise local issues and discuss performance such as related to prescribing.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered appointments on Tuesday and Wednesday evenings until 7.30pm or 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs, for example, with a learning disability.
- Home visits were available for patients who would benefit from these.
- Same day appoitments were available. In addition, patients who had not been able to book an appointment but felt they needed to see a GP were asked to attend for a 'Sit and wait' appointment at the end of normal appointments. These were managed to minimise a patient's waiting time.
- There were disabled facilities including a hearing loop and toilet.
- Interpretation services were available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with extended hours to 8pm on Wednesdays and 7.30pm on Tuesdays. Appointments were from 9am to11am and 4pm to 6 pm daily. (7.00pm on Tuesdays and 7.30pm on Wednesdays). Additionally patients who felt they needed to be seen urgently were offered 'sit and wait' appointments after the normal appointments period. There were also pre-bookable appointments that could be booked up to seven days in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.1% and national average of 75.7%.
- 93.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 67.7% and national average of 74.4%.
- 72.8% patients described their experience of making an appointment as good compared to the CCG average of 68.3% and national average of 73.8%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62.3% and national average of 65.2%. (This may have included patients attending for a 'sit and wait' appointment.)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints process. For example, there were posters in the waiting area and leaflets available at reception. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at six complaints received in the last 12 months and found that these were discussed, reviewed for any learning and that responses to them were made in an appropriate and timely manner.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that :

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Relevant policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice prioritised safe, high quality and compassionate care. They encouraged staff to raise any issues and spent time working in the general office, for example, when reviewing incoming correspondence.

We saw that there were regular team meetings. Staff told us they felt they could raise issues for discussion and that they were involved in discussions about how to develop and run the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and suggested proposals for improvements to the practice management team. For example, the PPG suggested that information displayed in the waiting area needed to be checked to ensure it was up to date. Receptionists had been tasked with doing this. They told us they regularly checked to ensure leaflets and information were relevant and up to date. We saw this was the case.

Staff told us they felt comfortable making suggestions for improvement or change.