

# Pleasley Surgery

## 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

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

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

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

## Letter from the Chief Inspector of General Practice

### **This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Pleasley Surgery on 20 February 2018. This 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.
- The practice had high levels of patient satisfaction in all areas.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had won many awards from the local CCG and pride awards such as Practice of the Year 2015, Outstanding contribution award 2017 and Going the Extra Mile and Special recognition awards 2016.
- The practice sent new baby cards containing useful information and local services.

# Summary of findings

- The practice had a Patient Participation Group which was active and involved with information collection, assisting at clinics and organising community events such as walking groups.
- There was a system in place for managing complaints and sharing learning from them.
- Review the process to ensure all safety alerts are received and acted upon.
- Implement a continuous programme of quality improvement including clinical audit.

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

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

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

# Pleasley Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Pleasley Surgery

Pleasley Surgery is a small practice which provides a range of primary medical services to approximately 3,400 patients.

- The practice is registered with the CQC to undertake a number of regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.
- The provider consists of one male GP, a Practice Manager, an all female nursing team including two Advanced Nurse Practitioners (ANP's), two practice nurses, two health care assistants, reception and administration staff.
- The practice has a sister practice which is Bull Farm Surgery in Mansfield. Clinical staff provide cover for any leave at Pleasley Surgery.
- The practice population is of mixed ethnic background with a slightly higher than average population of over 65 year olds.
- The practice consists of one building with one level with an accessible ramp and car park facilities.
- Pleasley Surgery is open from 8am to 6.30pm Monday to Friday, with extended hours offered on Thursday evening until 8pm.
- The practice were part of a federation where patients could book appointments at a local practice on evenings and weekends.
- Appointments can be booked in person, online or over the telephone. The practice also provides a minor injury treatment service during opening hours.
- The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice 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 (DBS
- All staff received up-to-date safeguarding and safety training appropriate to their role. They 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 infection control audit was completed in January 2018 and all actions were completed within two weeks. Infection control audits were completed every three months.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There was evidence seen of annual checks on all equipment which included the next review date. 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. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We saw guidance on this throughout the practice waiting area and in staff areas.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice used E-Healthscope, an electronic risk assessment, to identify and monitor patients at risk of admission to hospital.

### 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.
- The practice had an effective system for prescription stationery securely to include serial numbers and monitored its use.
- 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.

## Are services safe?

- 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 business continuity plan included risk assessments as well as any actions to be taken and the procedure to follow.
- 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 actively supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, templates for administration coding had been created and extra staff training.
- There was a system for receiving and acting on safety alerts. On the day of inspection the practice had not received one form of safety alerts. Following the inspection the Practice Manager sent evidence to assure us this had been rectified. The Practice Manager also highlighted this to local practices and the CCG for information to ensure safety amongst the wider community.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population group.**

### 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.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group significantly higher at 2.03 than local CCG average of 0.91 and the national average of 0.9. The practice were aware of this and working with the CCG to reduce prescribing in this area. The overall number of hypnotics had decreased annually for the previous three years and continued to decrease.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used templates embedded on system one for treatment protocols in line with national guidance and best practice.
- 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 28 patients a health check and had all been completed.
- 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.

- Home visits including phlebotomy services were available if needed or preferred for patients.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review with the GP to check their health and medicines needs were being met. Longer appointments were given for these patients.
- For patients with the most complex needs, the GP worked with Advanced Nurse Practitioners and other care professionals to deliver a coordinated package of care through a holistic approach. Regular multi disciplinary team meetings were in place targeting long term conditions.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had high prevalence of respiratory conditions due to a high ex-mining population and provided spirometry testing for these patients.

#### 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 with uptake at pneumococcal and Measles, Mumps and Rubella (MMR) vaccines being 100%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had a midwife who was based in the practice one day a week who provided antenatal midwife clinics.
- The practice routinely sent new baby cards for patients who had recently given birth. This included useful information regarding registering the birth, immunisation and appointment schedules.

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

- The practice's uptake for cervical screening was 78%, which was in line with the 80% coverage target for the national screening programme. The practice constantly monitored performance and inadequate samples.

# Are services effective?

## (for example, treatment is effective)

- 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.

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. Staff were able to identify how homeless patients and travellers had been registered and treated effectively.
- Patients with learning disabilities had regular health checks with the same ANP for continuity of care. Home visits were available if preferred.

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

- 100% of patients diagnosed with dementia had their care reviewed in face to face meetings in the previous 12 months. This is above the CCG average of 86% and the national average of 84%.
- 100% 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 above the CCG average of 93% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption which was higher than the CCG average of 89% and national average of 91%. Ninety nine percent of patients experiencing poor mental health had received discussion and advice about smoking cessation compared to the CCG average of 96% and the national average of 95%.

### 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 practice completed audits on clinical practice with improvements shown such as monitoring schedule for high risk medicines, joint injection and co-prescribing audits. The audits discussed with the GP evidenced appropriate learning and changes to process. We reviewed a two cycle audit of monitoring for patients taking high risk medications for inflammatory disease. The initial audit reported 67% of patients had received blood testing at an appropriate time and a recall was in place, and 42% of patients had an alert on their record. These all increased to 100% on the second cycle where strict processes had been put in place.
- Other audits on processes were completed such as baby check audit to ensure baby checks were in line with NHS Newborn and Infant Physical Examination (NIPE) guidelines. A two-cycle audit showed improvement of 86% on checks being completed in standard template format and scanned onto the patients records.
- Where appropriate, clinicians took part in local and national improvement initiatives. The practice regularly met with stakeholders and was involved in benchmarking against local practices in the area.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 12% comparable to the national average of 10%. (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.)

### 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

# Are services effective?

## (for example, treatment is effective)

to date records of skills, qualifications and training were maintained. All staff had completed mandatory training with many staff members had completed extra training in relevant areas.

- Staff were encouraged and given opportunities to develop. One receptionist had raised interest in phlebotomy which was completed and developed into her completing HCA training.
- 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.
- There was evidence of when staff raised concerns about performance they were supported in altering their working to accommodate. Staff were all aware of staff counselling available through an external agency.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing and clinical supervision.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- There was a range of information available to patients in the waiting room on health literature and local groups.
- 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. Staff could refer to local schemes and clinics for these services.
- The Patient Participation Group had launched a weekly walking club for patients and other members of the community with an average of 20 participants. This was created to promote gentle exercise along with a social group for those who felt isolated. The PPG were planning to create a befriending group for the community.

### Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information. Patients reported that they were given time in their appointments.
- 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. This was promoted with a sign at the reception desk.
- All of the 37 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. 216 surveys were sent out and 101 were returned. This represented about 3% 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 last GP they saw or spoke to was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 93% of patients who responded said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 85% and national average of 86%.
- 94% of patients who responded had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 95% and national average of 95%.
- 90% of patients who responded said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

- 95% of patients who responded say that the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%
- 97% of patients who responded said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.
- 95% of patients who responded said they last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 98% of patients who responded found the receptionists at this surgery helpful compared to the CCG average of 87% and national average of 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. We also saw registration forms in alternative languages, for example Polish.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. This was at registration or if patients had identified to clerical or clinical staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 98 patients as carers (3% of the practice list).

## Are services caring?

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. A carers information pack was available for anyone identified as a carer and included useful information as well as local services
- There was a carer's board in the reception area which contained information on being a carer and support that was available.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or visited them. The practice sent the family a sympathy card signed by the whole team with signposting to helpful agencies such as Age UK, Cruse bereavement counselling and citizens advice.

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:

- 96% of patients who responded said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 90% of patients who responded said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 95% of patients who responded said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 96% of patients who responded said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 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, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests and appointment booking, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs. For example, the practice had joined the baby check appointment and a necessary immunisation appointment so the baby only had to visit the practice once.
- The facilities and premises were appropriate for the services delivered and could be easily accessible for patients who used wheelchairs or had limited mobility.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were available for patients who were housebound or could not attend 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 GP regularly completed home visits for these patients to offer support.
- The practice regularly reviewed the appointment system to ensure patients could access timely appointments.

#### Older people:

- All patients had a named clinician who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and ANP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice completed monthly audits on hospital admissions to review patients who were frequently being admitted to identify patients who may need more intervention.
- 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 provided phlebotomy services for patients.

#### 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.
- The practice offered minor injury appointments and parents were encouraged to bring children into the practice rather than A&E.
- The practice provided baby checks and immunisation appointments. These were previously at a six week and eight week appointment. The practice changed this to one appointment for the baby to attend the practice.

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

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

# Are services responsive to people's needs?

## (for example, to feedback?)

- Extended hours were offered on Thursday evenings until 8pm. Evening and weekend surgery was available at alternate surgeries through a local federation that the practice were part of. The federation involved 7 local practices that were working together to improve services to their patients.

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. Staff had received training on dementia and on the Mental Capacity Act.

### 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. Appointments could be booked online, over the telephone or in person.
- The practice had recruited two ANP's following feedback that more doctors were needed. Patients spoken with on the day understood the role of the ANP and more work was planned for further patient education on the ANP role to enable the GP to see other patients.
- A triage procedure was in place for reception staff to identify which clinician could treat. This included red flags to identify any cases which should be escalated to the GP urgently.
- The practice had a minor injury surgery to aid patients and reduce A&E attendances. There was information for this in the waiting room.

- Staff would refer patients to the pharmacy first scheme which we saw evidence of on the day of inspection.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 216 surveys were sent out and 101 were returned. This represented about 3% of the practice population.

- 88% of patients who responded said they were satisfied with the surgery's opening hours compared to the CCG average of 79% and the national average of 76%.
- 99% of patients who responded found it easy to get through to the surgery by phone compared to CCG average of 63% and national average of 71%
- 91% 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 compared to the CCG average of 82% and the national average of 84%.
- 90% of patients who responded say the last appointment they got was convenient compared to the CCG and national average of 82%.
- 93% of patients who responded describe their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 81% of patients who responded feel like they don't normally have to wait too long to be seen compared to a CCG average of 60% and a national average of 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. Two formal complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way in line with the practice complaints policy.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a

## Are services responsive to people's needs? (for example, to feedback?)

result to improve the quality of care. For example a change in process of scanning spirometry test results onto the

patients notes and forwarded to the GP to review, followed from a complaint of a patient not receiving her results. The practice recorded and responded to feedback, positive and negative, that was collected online or verbally.

# 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 a well-led service.**

### 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. For example, feedback had reported patients would like an alternative GP to see, however the surgery were unable to recruit a GP and had put the ANP roles in their place.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported an open environment and felt happy to discuss any issues with management.
- 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 aim of the practice was “to provide quality healthcare to all patients whilst maintaining improved access and be helpful and polite trusting this leads to a long and contented relationship with patients”. All clinicians and staff took this on board, focussing on patient experience whilst conducting their work.
- 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 and all staff focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had a policy 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 and learning would be disseminated in team meetings which we saw evidence to reflect.
- 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. Nurse meetings were held with other local practices to build on clinical practice and procedures.
- There was a strong emphasis on the safety and well-being of all staff. The practice carried out a staff survey in January 2017 to ascertain how members of the practice team felt about their role. There were concerns identified, mainly to do with time for specific roles and working hours. All were actioned following the report.

# Are services well-led?

Good 

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

- The practice had an equality and diversity policy which was actively promoted equality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- All staff felt supported and encouraged to raise suggestions for improvements for the practice and the patients.

## 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.
- Staff understood the limits of their practice and knew when to refer to another clinician if outside their professional scope.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of patient safety alerts, incidents, and complaints.

- Clinical audit which had been completed had a positive impact on quality of care and outcomes for patients. However there was no programme of continuous clinical audit.
- 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 effective 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

# Are services well-led?

Good 

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

and acted on to shape services and culture. Patient feedback highlighted the need for a female GP. After unsuccessful recruitment for a GP, two female ANP's had been recruited instead.

- There was an active patient participation group who met monthly with an ongoing action log. The PPG was actively involved at clinics as well as gaining patient feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- The surgery had received many awards from the local CCG, pride awards such as Practice of the Year 2015, Outstanding contribution award 2017 and Going the Extra Mile and Special recognition awards 2016.
- The practice engaged well with other practices in the area for clinical and process queries. This was demonstrated with the cyber-attack in 2016 which Pleasley Surgery was one of the first practice to get the computer system back. The Practice Manager invited other practices to come and use the system for clinic lists over the weekend.

## 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. For example, staff were encouraged to complete further training on any subjects relevant to their field and all staff were dedicated to refining systems and process for the benefit of the patients.
- 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. The Practice Manager would review complaints on external websites, encouraging the complainant to raise it internally. 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.