Conran Medical Centre

Quality Report

77 Church Lane
Harpurhey
Manchester
Greater Manchester
M9 5BH
Tel: 0161 205 2714
Website: www.conranmedicalcentre.nhs.uk

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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

This practice is rated as Good overall. (Previous inspection 22/06/2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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 Conran Medical Centre on 27 February 2018.

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 an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvements and staff were actively engaged in monitoring and improving patient outcomes as a result.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had an established, proactive patient participation group.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

The practice was –first in the UK to pilot the Lung Health Check (LHC) with The Macmillan Cancer Improvement Partnership. The aim of the pilot was to identify and diagnose lung disease earlier in smokers and former

Summary of findings

smokers. The one-stop-shop Lung Health check included a CT scan which took place within the mobile clinic. This resulted in one patient being identified and treated within the practice. Due to the success of the pilot this was being rolled out city wide.

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

Conran Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, and a practice manager adviser.

Background to Conran Medical Centre

Conran Medical Centre is the registered provider and provides primary care services to its registered list of 6360 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Manchester Health and Care Commissioning (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; maternity and midwifery services and treatment of disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address:

77 Church Lane

Harpurhey

Manchester

Greater Manchester

M9 5BH

The practice is a teaching practice which takes students from the medical school of Manchester University.

The practice has just undertaken a full refurbishment of their premises, doubling the capacity of clinical rooms available.

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

www.conranmedicalcentre.nhs.uk

The practice is situated in an area at number one on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services.

The male life expectancy for the area is 79 years compared with the national average of 79 years. The female life expectancy for the area is 83 years compared with the national average of 83 years.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice 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.
- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).Following the training, staff raised and correctly identified a case of physical abuse, which led to criminal prosecution. This case was also written up and is used as a case study for future learning in the local health economy .
- The practice worked with other agencies to support patients and protect them from neglect and abuse
- 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. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. Staff had received up to date training. There had been two infection control audits undertaken and we saw evidence that actions were taken to address improvements identified as a result.
- 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. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis (a life-threatening condition that arises when the body's response to infection) where clinical templates were used to document the clinical process within the patients records.
- 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. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered and 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. The practice informed patients by their website and in-house TV information screens about over use and prescribing of antibiotics within practice.

Good

Are services safe?

- The practice employed a pharmacist who attended the practice twice a week. The role of the pharmacist was to review patients on multiple medicines (four or more) and those taking high risk medicines, whilst also having face to face consultations with patients.
- 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. For example, all staff had access to an external reporting system to feed back any incidents or events direct to Manchester Health and Care Commissioning (CCG).
- 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. However, the inspection team felt this process needed to have one clear lead.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

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 Age-sex Related Prescribing Unit (STAR PU) (practice 3) was comparable to other practices in the CCG and nationally.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age sex Related Prescribing Unit (STAR PU) (practice 1) was comparable to other practices in the CCG and nationally.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (practice 5%) was comparable to other practices in the CCG and nationally.
- 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 were 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.
- 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 76% (CCG 77%, National 76%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 75% (CCG 78%, National 78%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was five mmol/l or less was 73% (CCG 81%, National 80%).
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92% (CCG 91%, National 90%).
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 84% (CCG 82%, National 83%).

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.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 77%, which was below the 81% coverage target for the national screening programme.
- The practice held "Well man and Well women clinics" for their patients.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. 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.
- The practice identified the need to support patients by developing a confidential slip to request an appointment in private. Staff then contacted the patient discretely to offer an appointment.

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

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 84% and the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the CCG average of 90% 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 the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92%. The CCG average was 91% and the national average 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. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 97%. The overall exception reporting rate was 8% compared with a 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.) The practice was not an outlier for any indicators.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. For example we reviewed a multitude of clinical audits in different cycles of review.
- Where appropriate, clinicians took part in local and national improvement initiatives.

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 had purchased and given staff access to e-learning training modules and in-house training, including all staff completing the Care Certificate.
- The lead GPs had completed safeguarding training to a level three and all staff had attended IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).

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.

Good

Are services effective?

(for example, treatment is effective)

- 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. For example, the practice had a clinical and non-clinical cancer champion, and had taken part in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.

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.
- Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (practice 48%) was comparable other practices in the CCG (54%) but below national averages (50%).
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

The practice actively supported a previously bereaved patient to develop and lead, a bereavement group named "Smithys". The aim of the group was to support individuals and families during bereavement and reduce isolation by providing social networking events, meals out and holidays. Currently the group had between 20-30 local attendees weekly. The practice provided a weekly base for the group. Recently the practice supported the group to source external help to write a business case to source funding. The group now has extended into the wider community, where anyone who suffered bereavement was welcome to attend these sessions.

The practice was first in the UK to pilot Lung Health Check (LHC) with The Macmillan Cancer Improvement Partnership. Patients with a smoking history, aged between 55 and 74, who were registered at the practice, were offered a Lung Health Check (LHC).The aim of the pilot was to identify and diagnose lung disease earlier in smokers and former smokers. The one-stop-shop Lung Health check included a CT scan which took place within the mobile clinic, parked in the local community car park. This resulted in one patient being identified and treated within the practice.

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs and acted on them.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 35 patient Care Quality

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 388 surveys were sent out and 131 were returned. This represented about 2% of the practice population. The practice was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 86%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 91%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Patients were also told about multi-lingual staff, including the GPs who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids such a hearing loop was available.

Good

Are services caring?

- 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 117 patients as carers (2% of the practice list).

- The practice had established a link with the Manchester Carers Forum (MCF), offering carers signposting services and health checks.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services 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, advanced booking of appointments, advice services for common ailments.
- Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. For example, there was a free phone direct to citizen's advice helpline available to all patients in the waiting room.
- The facilities and premises had recently undertaken a full building refurbishment in 2017, increasing clinical rooms from six to twelve.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- One of the GP partners had started to establish links within the local community, with a view of future social prescribing and signposting for patients.
- The practice was part of the Manchester Integrated Neighbourhood Care Team (MINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice used Healthpoint TV in the patient waiting area, which was up to date, reflected the practice and proved to be successful in areas of patient education.
- The practice had an established telephone triage system, which decided the order of treating patients and emergencies. This had seen a reduction in non-medical emergencies attending clinic by using emergency appointment slots.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- The practice provided an in-house phlebotomy (taking blood) service within the practice.
- A pharmacist attended the practice twice a week to carry out medicine reviews.
- 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:

- The practice provided personalised baby cards for all new parents and babies in the practice.
- We found there
- 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 practice provided an in-house ear syringing service.
- 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 were available until 8pm. Evening and weekend appointments were also available via the local GP Federation.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a learning disability champion, who notified patients/ carers of health checks reviews dates and ensured all newly registered patients were documented correctly.
- The Practice advised that it was difficult to engage with Health Visitors who we would normally expect the see evidence of regular visits to the Practice

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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Timely access to the service

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

- The practice had a system for the 2% of the practice population, who were registered for being at risk of unplanned admissions into hospital.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and well managed.
- Patients with the most urgent needs had their care and treatment prioritised. One example,was shown by the triage telephone system that had been introduced.
- 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 comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 388 surveys were sent out and 131 were returned. This represented about 2% of the practice population.

- 75% 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%.
- 77% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 69% 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 - 72%; national average - 76%.
- 80% of patients who responded said their last appointment was convenient; CCG - 72%; national average - 81%.
- 72% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 81%.
- 56% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; 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. Complaints were received in the last year. We reviewed last 12 months of 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 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.
- 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 and supporting other practices.

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.
- We found the practice strived to adhere to their mission statement and description.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice had a five year development plan for the growth of the practice.
- 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.

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.
- The practice were looking at ways to engage further within the local community.
- 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 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 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 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.

- There was an active patient participation group. The group held regular meetings and minutes of these meetings were displayed on the practice website.
- 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. For example, one of the GP partners had begun to work and meet within the community and review social support groups available in the local community. The aim was to build signposting network and engagement, to support the need for social prescribing for patients.
- 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.