

The Orchard Surgery

Quality Report

Lancing Health Centre
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Lancing
West Sussex
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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	

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Overall summary

Letter from the Chief Inspector of General Practice

The Orchard Surgery was previously inspected on 22 January 2015 and was rated as good overall and for safe, effective, caring, responsive and well-led services.

At this inspection on 20 March 2018 the 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

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Due to a GP partner vacancy and maternity leave the practice had had to limit the number of pre-bookable appointments. However, on the day appointments, home visits and phone consultation services were available. Urgent appointments for those with enhanced needs were also provided the same day and patients were able to pre-book appointments on line. We saw that the practice regularly reviewed its appointment system to ensure there was sufficient capacity to meet patient needs.
- There was an active patient participation group in place who told us that they had seen improvements within the practice.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice worked closely with other services in order to provide and improve care for their patient populations.
- Staff were positive about working in the practice and were involved in planning and decision making.

Summary of findings

- Patient survey results were positive and higher than average in a number of areas.

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

The Orchard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to The Orchard Surgery

The Orchard Surgery offers general medical services to the population of Lancing, Sompting and East Worthing. The practice is situated in the centre of Lancing village and is purpose built being managed by an external company. The practice shares its accommodation with staff from the Sussex Community Trust. There are approximately 6,900 registered patients. The practice operates from the following location:-

Lancing Health Centre

Penstone Park

Lancing

West Sussex

BN15 9AG

The practice population has a slightly higher number of patients between 60 and 85 years of age than the national

average and slightly lower than average compared to the local clinical commissioning group (CCG). Its population has a higher than average deprivation score compared to the CCG for both children and older people.

The practice is run by one partner GP and one non clinical partner. There are two salaried GPs who at the time of the inspection were on maternity leave. The practice also employs an advanced nurse practitioner, two practice nurses and a health care assistant. There is a team of receptionists, administrative staff, a practice manager and an assistant practice manager.

The practice is a training practice for foundation level two doctors and medical students.

The Orchard Surgery is open between 8.30am to 6.30pm from Monday to Friday. The practice provides same day and phone appointments with GPs and nurses. It also offers pre-bookable, routine appointments outside of core hours on Thursday evenings from 6.30pm. Saturday morning appointments are provided on a rota basis with other local surgeries.

During the contracted hours of 8am to 6.30pm from Monday to Friday when the practice is closed, patients are directed to an out of hour's provider.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning and surgical procedures.

Are services safe?

Our findings

We rated the practice 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 up to date safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. All staff who acted as chaperones were trained for the role.
- There was an effective system to manage infection prevention and control as well as evidence of a recent audit with actions completed.
- 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.
- 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.
- The practice worked with providers to ensure 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 or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- 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.

Are services safe?

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts and discussed these in practice meetings.

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.
- 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:

- The practice identified older patients at risk of unplanned hospital admission and worked with other health and social care professionals to ensure personalised care plans were in place to provide enhanced support at home.
- Patients aged over 75 were invited for a health check.
- The practice held seasonal flu clinics on Saturdays to improve uptake, which was the highest within the local clinical commissioning group for patients aged 65 and over.

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.
- The practice pro-actively monitored the prevalence of long term conditions within the practice population so it could respond to deterioration of a condition and identify those at risk of developing one. As a result of this approach the practice had identified the largest number of patients at the greatest risk of developing diabetes in the CCG area and was able to provide early intervention to prevent them developing the condition.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above except for the percentage of children aged two with pneumococcal conjugate booster vaccine which was 76%. The practice told us that they thought this was a data quality issue and provided us with information to show that the immunisation rate for this was actually 90%. However this data has not yet been verified by the CQC
- The practice worked closely with social services and health visitors to ensure information about children at risk was shared.

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

- The practice's uptake for cervical screening was 72%, which was comparable with the 80% coverage target for the national screening programme. The practice had taken measures to monitor and improve these figures.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 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 had a 'no barriers' approach to enabling patients to access the GP service including those with no fixed abode.
- The practice provided information to patients on how to access specialist support services including alcohol and drug addiction and counselling.
- The practice provided annual health checks to people with a learning disability.

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

Are services effective?

(for example, treatment is effective)

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 84% 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 comparable to 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 (practice 96%; CCG 85%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 94%; national 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. For example, an audit of the minor surgery demonstrated that no cancers had been detected as appropriate and that patients had not suffered any post-operative infections. Where appropriate, clinicians took part in local and national improvement initiatives. For example, a local audit reviewing the diabetes year of care programme for patients.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 97%. The overall exception reporting rate was 9% compared with a CCG average of 13% and 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.)

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. There was a thorough and up to date record of skills, qualifications and training. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 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.

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

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

Are services caring?

Our findings

We rated the practice 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.
- 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.
- Out of the seven Care Quality Commission comment cards we received four included positive comments about the kindness of the staff.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 271 surveys that were sent out, 114 were returned. This represented about 2% of the practice population. Results were in line with local and national averages for the practice's satisfaction scores on consultations with GPs and nurses. For example:

- 89% 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%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 82%; national average - 86%.
- 94% of patients who responded said the last nurse they spoke to was good at giving them enough time; CCG - 94%; national average - 92%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 91% of patients who responded said they found the receptionists helpful; CCG - 91%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients to 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.
- 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. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 116 patients as carers, which represented nearly 2% of the practice list. GPs and nurses signposted carers to help ensure that the various support services were coordinated and effective. A carers pack, which outlined this information, was available. Staff told us that if families had experienced bereavement, their usual GP contacted them. 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 local support services.

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:

- 83% 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 83% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 79%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

Are services caring?

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, patients could book consultations and order repeat prescriptions online and the website had advice for treating common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- 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
- The practice held seasonal flu clinics on Saturdays and in the evenings to improve uptake, which was the highest within the local clinical commissioning group for pregnant women and patients aged 65 and over. Home visits were offered for flu and shingles vaccinations where needed.

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. Appointments were flexible to meet patients' needs.
- The practice provided chronic disease management reviews at home for older patients who were housebound.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice prioritised children, young people and families living in disadvantaged circumstances.
- The practice worked closely with health visitors and the local children's centre.

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

- The practice provided extended access appointments on Thursday evenings and Saturday mornings. Patients also had access to the minor injury and minor illness (MIAMI) clinics across the locality seven days a week up until 7.30pm.
- Health checks, weight monitoring and smoking cessation advice were also available on Saturdays.
- Phone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Translation services were available for patients who did not use English as a first language.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients who had carers were flagged on the practice computer system and were signposted to the local carers support team.

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

- The practice supported patients with mental health problems in crisis to access emergency care and treatment.
- It recognised and managed referrals for more complex mental health problems to the appropriate specialist service.
- Care plans for patients with poor mental health were tailored to individual needs and circumstances.
- Patients were sign posted to free counselling services, advice and support.

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

At the time of the inspection the two salaried GPs and a practice nurse were on maternity leave. There was also a vacancy for a GP partner. As a result the practice had to rely on locum GPs and temporary nursing staff to provide cover and this had put pressure on the availability of appointments. Because of this the practice had to limit the number pre-bookable appointments so that patients usually had to book on the same day. However, on the day of the inspection we saw that both urgent and non-urgent appointments were available on the same day.

We also saw that the practice regularly monitored the appointments and made improvements to ensure there was sufficient capacity to meet patient needs. For example, the practice had taken action to reduce the high number of patients who did not attend for appointments every week from 97 to 25 in order to increase appointment availability. As a result 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.
- The practice received some feedback about appointments not running on time and told us they were working to address this. This included adding appointments 'catch up' appointments for GPs where necessary. The automatic check in screen for appointments at reception notified patients of any delays.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

In two of the seven comments cards we received patients commented that they had difficulty getting through to the practice to make an appointment and that they had to wait a long time to see the doctor once they were in the surgery.

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. Of the 241 surveys that were sent out, 116 were returned. This represented about 2% of the practice population.

- 75% of patients who responded were satisfied with the practice's opening hours which was comparable to the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 79% of patients who responded said they could get through easily to the practice by phone; CCG – 79%; national average – 71%.
- 88% 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 – 88%; national average – 84%.
- 85% of patients who responded said their last appointment was convenient; CCG – 85%; national average – 81%.
- 76% of patients who responded described their experience of making an appointment as good; CCG – 76%; national average – 73%.

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. Six complaints were received in the last year. We reviewed these 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 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 was aware that it needed 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 developed its vision, values and aims and objectives jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They told us they felt the culture of the practice was friendly, open, patient centred and caring and they were proud to work at the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. 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.
- Despite staff shortages due to a GP partner vacancy and key staff being on maternity leave there was low staff turnover and sickness. Staff had worked together to address the difficulties the current situation presented and still managed to achieve high standards and targets. Staff partly attributed this to the high level of support given by the management team.
- 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.

Are services well-led?

Good 

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

- 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 Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services. For example, in response to feedback the practice had changed its appointments system and kept this under constant review.
- Patients were encouraged to suggest areas for improvement. For example, in response to patient comments the practice had installed a television screen for the waiting room area which provided patients with a range of health advice and support group information.
- There was a virtual patient representative group (VPRG) who were consulted with on improvements to the practice.
- 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.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

The practice told us they were looking for ways to improve sustainability. For example the practice had advertised for a paramedic practitioner to help increase capacity and meet the needs of patients.