

Colsterworth Medical Practice

Quality Report

Back Lane
Colsterworth
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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

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Overall summary

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 Colsterworth Medical Practice on 14 March 2018 as part of our inspection program.

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.
- Feedback from patients was positive in terms of the care and treatment they received although some expressed concerns about the time it took to get an appointment with a GP.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Complete actions outstanding from the recent infection control audit.
- Review arrangements within the dispensary to minimise the risk of dispensing errors.
- Adhere to the providers own polices with regard to the frequency of medicines stock control .

Summary of findings

- Continue to monitor rates of patient satisfaction and seek ways to improve.

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

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

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

- Complete actions outstanding from the recent infection control audit.
- Review arrangements within the dispensary to minimise the risk of dispensing errors.
- Remind staff to adhere with the providers policies with regard to the frequency of medicines stock control .
- Continue to monitor rates of patient satisfaction and seek ways to improve.

Colsterworth Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Colsterworth Medical Practice

Colsterworth Medical Practice is located on Back Lane Colsterworth, Grantham, NG33 5NJ.

It is a single handed GP practice and the provider is registered with Care Quality Commission to provide the regulated activities of;

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

There is a branch surgery at Church Street South Witham, NG33 5PJ. This was not visited during the course of our inspection. Both sites are in isolated rural locations with limited public transport provision.

The practice patient list comprises slightly higher numbers of people aged 65 and over than the CCG average and 8% higher than the national average. There are a significant number of patients employed in agriculture and there are pockets of isolation and rural deprivation.

The percentage of people with a long standing health condition is higher than both the CCG and national average.

The practice has a list size of 2,385 and dispenses to almost 100% of eligible patients who live more than 1.6 km from a community pharmacy.

The practice has a General Medical Services (GMS) contract which is a contract between the GP partners and the CCG under delegated responsibilities from NHS England. The practice is located in the NHS South West Lincolnshire Clinical Commissioning Group.

At the time of our inspection the practice healthcare was provided by one female GP, one female salaried GP (whole time equivalent WTE 0.25), one advanced nurse practitioner (WTE 1.0), one practice nurses (WTE 0.53) and one health care assistant (WTE 0.53). They are supported by a team of three dispensers and management, administration, reception and housekeeping staff.

The practice is open between 8am and 6.30pm Monday to Friday. There is no extended hours provision. The branch surgery at South Witham is open on Monday and Thursday mornings from 10.30am to 12 noon.

The practice has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

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 had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records but at the time of our inspection there were no children on the register. We saw confirmation of this from the Health Visitor.
- 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going 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)
- There was an effective system to manage infection prevention and control. However we noted that one consulting room was carpeted. This had been highlighted in the infection prevention and control audit and we saw that the plans for the surgery included

replacing carpets with none permeable flooring at the earliest possible opportunity. There was a process in place to ensure carpeted areas were thoroughly cleaned.

- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective and comprehensive induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including 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. There was a documented approach to the management of test results.

Are services safe?

- 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 and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely.
- 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 reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and 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.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was comparable to other practices.
- The percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones was comparable to other practices.
- Arrangements for dispensing medicines at the practice kept patients safe.
- We expressed our concerns that the dispensary acted as a thoroughfare for staff when moving to and from the reception/ administration area and the rest of the building. Senior management were aware of the issues and assured us that when dispensers were dispensing or involved with controlled drugs access to other staff was prohibited. They also told us of plans to re-design the layout of this particular part of the building to enable the dispensary to be self-contained and have access restricted to dispensers and GPs only.

- There was a named GP responsible for the dispensary.
- Written procedures were in place and reviewed regularly to ensure safe practice, however we saw that the time elapsed between stock checks was in some instances longer than was stated in the provider's operating procedures.
- Prescriptions were signed before medicines were dispensed and handed out to patients.

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 and policy 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. We reviewed the 20 events that had been recorded since May 2017 as being significant. For example we reviewed one event that related to insufficient stocks of antiemetic medication for patients in palliative care being held. This had resulted in the dispensary ensuring medicines were available and holding them in a designated palliative care medicines box.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' immediate and ongoing 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) was 0.19 which was significantly better than the CCG average of 0.79 and national average of 0.90.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- 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. The practice used the Edmonton frailty scale to identify older patients who were living with moderate or severe frailty. 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 employed an advanced nurse practitioner. Part of their role was as a Care coordinator. They 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.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Of patients who had expressed a wish to die home, the practice had provided support and all had done so.

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.
- Patients with co-morbidities were offered longer appointments.

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.
- A sepsis algorithm was displayed in all clinical rooms.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme. The CCG average was 78% and national average 72%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.

Are services effective?

(for example, treatment is effective)

- 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 with a learning disability.
- The practice had ten patients with a learning disability who lived in supported accommodation. We saw a letter from the team leader at the facility which praised the patience, understanding and support showed by practice staff when undertaking their physical health checks.
- Patients with severe frailty, in palliative care or with a diagnosis of dementia were included on the practice's vulnerable adult register.

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

- 72% 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.
- 67% 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 comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 80% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is lower than the national average but the numbers of patients in this group were very small.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published QOF results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate of 4.5% was significantly lower than both the CCG average of 8.3% and national average 9.6%. (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 used information about care and treatment to make improvements. For example the practice had undertaken an audit on advanced nurse practitioner embargoed appointments to measure their effectiveness and whether patients had needed to return for a further consultation within two weeks.
- The practice was actively involved in quality improvement activity. We were provided with evidence of four completed two cycle audits. These included an audit of fast track referrals for suspected malignancy, an audit of antibiotic prescribing for urinary tract infections and an audit of anticoagulation, which demonstrated an improvement in coding of patients in this group.

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 induction process for healthcare assistants included the requirements of the

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

Care Certificate. 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.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

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. Records of multi-disciplinary meetings were detailed and comprehensive.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- 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.

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.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. This was 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. 212 surveys were sent out and 104 were returned. This represented about 4% of the practice population. The practice was generally comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 96%
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CC average of 92% and national average of 91%.

The practice were mindful of the relatively low scores in some areas and had conducted a survey of their own. The results of the survey showed that 90% of respondents would like longer appointments, 83% wanted to continue with seeing whichever GP was available on the day and 52% felt that a once a week sit and wait clinic for patients with acute problems was a good idea.

As a result the practice was moving to 15 minute appointments instead of the current ten minute appointments by April 2018. This migration was already underway. The number of clinical sessions had subsequently been increased for ten to 19 per week. A 'sit and wait' clinic was due to start on one day a week from 1 June 2018.

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 informing patients this service was available.
- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers (2% of the practice list).

Members of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The names of the carer' champions were clearly displayed on a dedicated carers noticeboard in the patient waiting area.

- Staff told us that if families had experienced bereavement, a sympathy card was sent to the next of

Are services caring?

kin or sometimes to neighbours if they had been caring for them. They were offered a patient consultation at a flexible time and location to meet their needs and to give advice on how to find a 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:

- 71% 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 88% and the national average of 86%.

- 64% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 82% and national average of 82%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and national average of 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Receptionists could offer a private area so conversations could not be overheard by patients in the waiting room.

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.

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 the practice was introducing one session a week which will be sit and wait surgery for patients with acute problems.
- 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.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a collection from the branch surgery.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice 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 held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

- The practice was an active contributor to the multidisciplinary palliative care meetings.
- The care coordinator conducted post-discharge telephone reviews to check with patients and facilitate appropriate follow-up.

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 or did not attend appointments in secondary care.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Midwife led clinics were held at the practice.
- A range of reversible contraceptive services were offered.
- Six week baby and postnatal checks were done immediately prior to children vaccinations to maximise uptake.

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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- We were given details of how they had adjusted a consultation time to meet the needs of a patient who was involved in a particular agricultural activity that meant attendance at the surgery during normal opening hours was very difficult.
- The practice offered a travel vaccination service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

- All staff had received training to help them communicate more effectively with patients with a learning disability.
- The practice sought to be flexible in meeting the needs of patients in this group which included home visits where necessary and dropping dispensed off items at their home if they had transport difficulties.
- The practice arranged for patients with learning disabilities to be seen at times when the waiting area was less busy if that is what they required.

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 salaried GP had a special interest in mental health.
- Longer appointments were offered where necessary.

Timely access to care and treatment

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.
- Patients reported that the appointment system was easy to use although six of the comments cards we received expressed concerns about the time taken to get an appointment with a GP. The practice was aware that some patients held this view and was introducing a 'sit and wait' session once a week in an attempt to improve access.

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. 212 surveys were sent out and 104 were returned.

- 78% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 89% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of 76% and national average of 71%.
- 73% 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 81% and national average of 76%.
- 86% of patients who responded described their experience of making an appointment as good, compared with the CCG average of 75% and national average of 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way. For example we saw that the practice had reviewed an area of clinical technique of a member of staff following a complaint

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 and all of the population groups 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, capability and integrity 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.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- They recognised the increased demand on services as a result of local housing development.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

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

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff.

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.
- There were regular meetings for all staff. We reviewed the records of the meetings and found them to be extremely clear, comprehensive and well written.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Good 

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

Managing risks, issues and performance

There were clear and effective clarity around 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 national and local safety 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 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a patient participation group although its active membership was very small and consisted of five people. The practice manager acknowledged that the group was not as effective as it might be. For example we saw that the last published minutes of the PPG meetings available on the practice website were those of 23 February 2017. The minutes of the meeting held on 2 February 2018 were displayed in the patient waiting area. The practice manager told us that increasing the membership and trying making the group more active was a priority.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

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