

Dr Ahmed El Safy

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection September 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 Dr Ahmed El Safy on 16 February 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions.
- Staff involved treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- The practice had taken action to address the areas we told them they should improve when we inspected the practice in September 2016.
- Relationships between staff and the management of the practice were positive and supportive.

The areas where the provider should make improvements are:

Summary of findings

- Review the arrangements for the recruitment of locum GPs to ensure it included checks of the GP's mandatory training and verification of identity.
- Complete the process of recording the immunisation status for non-clinical members of staff.
- Carry out a recorded risk assessment to determine the list of emergency medicines that will be stocked locally.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

Older people	Good	
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	

Dr Ahmed El Safy

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Ahmed El Safy

Dr Ahmed El Safy (known locally as Chester Surgery) provides care and treatment to around 2,600 patients living in the Sunderland area, including Town End Farm, Monkwearmouth, South Hylton, Pallion, Pennywell and Hendon. The practice is part of Sunderland clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following addresses, which we visited during this inspection:

- 215 Chester Road, Sunderland, Tyne and Wear, SR4 7TU

The practice maintains a website <http://elsafygp.nhs.uk>

The practice is located in a terraced property and provides services to patients on the ground floor. They offer accessible WCs and step free access. Public parking bays for short-term use are available to use in the adjoining side streets.

Patients can book appointments in person, on-line or by telephone.

Opening hours are as follows :

- Monday to Friday, 8:30am to 6pm.

Appointments are available at the following times:

- Monday 9:30am - 11:30am and 1pm - 5pm
- Tuesday 9:30am - 11:30am and 1pm - 6pm
- Wednesday 9:30am - 11am and 1pm - 6pm
- Thursday 9:30am - 11:30am and 1pm - 6pm
- Friday 10am - 12pm and 2:30pm - 3:30pm

The practice is part of a scheme that provides extended hours appointments in the area. The practice is able to book extended hours appointments for patients at four local health centres between 6pm and 8pm each weekday, between 9am and 5:30pm on weekends and between 10am and 2pm on bank holidays.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

The practice has:

- One GP (male), a practice nurse who is also the practice manager (female), a deputy practice manager, a senior receptionist and two receptionists.

The age profile of the practice population is broadly in line with the local and national averages. Information taken from Public Health England placed the area in which the surgery is located in the fourth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. The child protection policy outlined clearly who to go to for further guidance. The vulnerable adult's policy required review to include this information.
- 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 for permanent members of staff. 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). Since we inspected the practice in September 2015, the practice had improved their process of routine checking of the professional registration of the clinicians who worked within the practice which had previously not been effective.
- The arrangements for locum staff were less effective. The same locum GP was employed on a regular basis to provide holiday and emergency cover for the GP, this arrangement had been in place for approximately 10 years. The practice held records of a DBS check completed in January 2005; confirmation of GMC registration in February 2018 and that medical

indemnity cover was currently in place until May 2018. There was no evidence that they had confirmed the identity of the locum GP or if they had completed safeguarding or basic life support training.

- All permanent 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. This included, for example, providing staff with appropriate training and carrying out an annual infection control audit. Since we inspected the practice in September 2015, the practice had improved the scope of the infection control audit 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.
- 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. Administrative staff were able to describe the symptoms that would lead them to call for clinical help to assess a patient's condition, if they became unwell at the practice or when they contacted the practice by telephone.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice kept a record of the immunisation status of clinical staff. When we inspected the practice, they had started reviewing the immunisation status of non-clinical staff. Some staff were in the process of completing the required immunisations. The practice told us they expected to complete this process soon.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- The practice told us that individual care records were written and managed in a way that kept patients safe. We were assured by the systems and process in place 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

Although the practice had reliable systems for appropriate and safe handling of medicines, the arrangements for emergency medicines required review.

- The practice kept prescription stationery securely and monitored its use.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment required review to reduce risks to patients. A range of medicines were available for use in the event of an emergency. When we reviewed the emergency medicines available, it did not include all of the suggested medicines listed in national guidance and there was no risk assessment in place to record why the practice had decided not to provide this emergency medicine. After the inspection, the practice told us they would review these arrangements.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The CCG had identified that the practice prescribed more antibiotics than the local average. The practice took action to address this had

been contacted by the CCG to let them know the changes made had been effective. The practice told us they expected upcoming data would confirm that improvements had made.

- 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. Since we inspected the practice in September 2015, they had introduced and embedded a significant event policy, staff we spoke to were clear of the actions they needed to take.
- 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.

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:

- 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 had 211 patients over the age of 75. Over a 12 month period 122 of these patients had a health check carried out.
- 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.

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 75%, which was in line with the 80% coverage target for the national screening programme.
- The practice's uptake for breast cancer screening was 78%, which was in line with the local average of 75% and above the England average of 62%.
- The practice's uptake for bowel cancer screening was 56%, which was in line with the local average of 55% and the England average of 54%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way that 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 those who had a learning disability, with mental health needs and frail patients.

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 is above the national average.
- 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 comparable to the national average.

Are services effective?

(for example, treatment is effective)

- 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 100%; CCG 90%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 95%; national 95%).

Monitoring care and treatment

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 96%. The overall exception reporting rate was 9% compared with a national average of 11%. (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's clinical exception rate for the depression and mental health domains were higher than average. For example, at 67% the practices' clinical exception rate for depression was above the CCG and England averages of 23%. We discussed this issue, and the system used to review patients with long-term conditions with the practice nurse and the deputy practice manager. We found that the system in place was appropriate. The practice told us that they send three letters to each patient before they exception reported the patient and we saw records that confirmed this. We saw that the practice's prevalence (this is a measurement of all individuals affected by the disease at a particular time) for depression was below the local and England averages. This meant that when a small number of patients failed to respond to invitations to attend the practice it had a significant impact on the practice clinical exception rate in that domain. The practice clinical exception rates for the arterial fibrillation, peripheral arterial disease and osteoporosis, cardiovascular disease – primary prevention were 0%, these were all below the CCG and England averages.

The practice used information about care and treatment to make improvements. For example:

- We saw evidence of two completed clinical audits where improvements had been implemented and monitored. Since we inspected the practice in September 2015, the practice had improved the scope of the clinical audit they completed. A number of reviews had also been completed, the practice told us they planned to complete the second cycle of the clinical audit process to ensure improvements had been made.
- The practice was involved in quality improvement activity. They used benchmarking and performance information to identify areas and take action where they could improve. For example, they monitored prescribing data, minor surgery, referrals and patient access and they took action to improve where they identified they were not in line with comparators.

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 for permanent members of staff. Staff were encouraged and given opportunities to develop. On the day of the inspection, the practice did not hold a record of the mandatory training completed by the locum GP they regularly used. The practice told us they would take action to address this promptly.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- 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.

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.
- 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.

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.
- 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.

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 room to discuss their needs.
- All but one of the 14 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 that we reviewed in the day of the inspection; however, this data had not been published.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. 285 surveys were sent out and 114 were returned. This represented about 4% of the practice population. The practice was in line with the average for its satisfaction scores on consultations with GPs and nurses. Of the patients who responded to the survey:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 85% 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%.
- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 100% 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%.

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 but there were no notices in the reception areas to let patients know this service was available. The practice asked patients for this information when they registered at the practice. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Patients could let the practice know they had arrived for their appointment using a touch pad that had the option to select from several languages.
- 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. Patients were asked if they were a carer when they registered at the practice. The practice's computer system alerted GPs if a patient was also a carer.

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. There was a carers notice board in the waiting room that ensured information was easily available to patients with caring responsibilities.
- The practice had identified 43 patients as carers (1.7% of the practice list).
- Staff told us that if families had experienced bereavement their needs were reviewed and support offered by the lead GP in a telephone call. They were signposted to services such as bereavement counselling.
- Carers were signposted to the local carers network to obtain specialist advice and support
- The practice offered health checks and influenza vaccinations for carers.

Results from the national GP patient survey showed patients responded positively to questions about their

Are services caring?

involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. Of the patients who responded to the survey:

- 86% 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 87% and the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 87%; national average - 86%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; 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 - 93%; national average - 91%.

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, online services such as repeat prescription requests and advanced booking of appointments.
- 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.
- The practice provided a minor surgery service to patients.
- Online services enabled patients to book appointments and order repeat prescriptions at a time at that suited them.
- Patients were able to receive a wide range of travel vaccinations.
- The practice is also able to book extended hours appointments for patients at four local health centres every day.
- A text message system was used to remind patients to attend their appointments.

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 accommodated home visits for those who were unable to attend the practice.
- The practice offered immunisations for shingles, influenza and pneumonia to older people.

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.

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.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available as part of a local extended hours scheme.
- Telephone GP 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 those who had a learning disability, with mental health needs and frail patients.
- The practice used easy to read letters for patients who had a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. For example, patients with dementia, or their carers were contacted by telephone the day before their appointments to remind them to attend.

Are services responsive to people's needs?

(for example, to feedback?)

- All of the staff had completed dementia friendly training. The practice had reviewed how their building would impact on patients with dementia and had taken some steps to improve the environment for these patients. The practice manager had completed additional training on dementia care in their own time and they acted as a dementia friend at the practice.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

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. 285 surveys were sent out and 114 were returned. This represented about 4% of the practice population. Of the patients who responded to the survey:

- 90% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 85% and the national average of 80%.
- 87% of patients who responded said they could get through easily to the practice by phone; CCG – 75%; national average – 71%.
- 92% 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 – 74%; national average – 76%.
- 95% of patients who responded described their experience of making an appointment as good; CCG – 74%; national average – 73%.

The practice had carried out their own patient survey over 2016-2017, patients responded positively about the practice. For example, 91% of those who responded would recommend the surgery to others; we also saw that 75% said the quality of the clinical care was excellent. Patients had commented that they wanted to have access to their clinical records on line and that the telephone system was not easy to use. Following this survey, the practice had extended the online services they offered to include patient access to clinical records. A new telephone system had recently been installed but was not yet active when we inspected the practice.

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. Four complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. The practice had responded promptly but the letter sent had not included details of the next steps that the patient could take if they were dissatisfied with the outcome of the complaint. The practice told us they would include this information next time they responded to a complaint.
- 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. Following a complaint by a patient the practice had reviewed the processes for ensuring patients under the age of five were offered an on the day appointment.

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.

- Although there was no documented strategy, leaders at the practice were clearly able to describe their vision for the practice. The lead GP, the practice manager and the deputy practice manager 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.

There was no formal succession plan in place to ensure that the practice could continue to provide safe care and treatment to patients if the current long-standing clinical staff were to retire. The practice told us they had started to consider how they might address the longer-term need to ensure practice stability however, they had no formal plans in place at this time.

Vision and strategy

The practice described a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients but this was not documented and there was no business plan to support this.

- 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.

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. Staff told us they had 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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

Good 

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

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

- Although informal in some areas there was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice told us they would consider how to formalise this process.
- The practice had processes to manage current and future performance. Practice leaders had oversight of 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. Since we inspected the practice in September 2015, they had improved the scope of the clinical audit they completed.
- 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, however, the minutes of these meeting had not typed and distributed to staff since the meeting held in June 2017. Following the inspection the practice provided the minutes of the five meetings held since June 2017.
- 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 and culture.
- There was an active patient participation group (PPG). We spoke to the group and they told us the practice was easy to contact, open and honest with the group and that the staff were helpful.
- 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.

- The practice took part in local initiatives to improve patient care.
- 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.