Charlton Hill Surgery

Quality Report

Charlton Hill Surgery
Charlton Road
Andover
SP10 3JY
Tel: 01264 337979
Website: www.charltonhillsurgery.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection November 2014 – 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 Charlton Hill Surgery on 1 November 2017. This was a planned inspection 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There were routine and urgent appointments easily available and patients were able to access care when they needed it.
- The GP partners provided strong leadership and stability within the practice.
- There was good communication between staff and partners, and also between the practice and its patients.

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

Charlton Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Charlton Hill Surgery

Charlton Hill Surgery is a general practice surgery that provides NHS Services under a General Medical Services contract. It is located in a purpose built surgery at Charlton Road, Andover, SP10 3JY, which is close to the Andover War Memorial Hospital. The website for the practice is www.charltonhillsurgery.co.uk.

At the time of this inspection there were nine GP partners at the practice and one registrar. This included one GP trainer and one appraiser. There were also four practice nurses and a team of administrative and reception staff headed by a practice business manager. The practice had a growing patient list size of approximately 12,400 patients that covered a large geographical catchment which was not considered to be a generally deprived area. This area was described as 80% urban and 20% rural. There were ten residential care homes within the practice area.

The practice was open Monday to Friday from 8am until 6.30pm. We inspected the main surgery building only, but the practice also has a dispensing branch at Enham Alamein that was not inspected as part of this inspection. The branch premises address is The White House, 1 Newbury Road, Enham Alamein, SP11 6HG. The branch surgery is open Monday to Friday from 9am until 11am, and patients can attend either location by preference and availability. The dispensary is open from 8.30am until 1pm.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed by the partner and practice management 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.
- Polices were regularly reviewed and were accessible to all staff.
- 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 and discrimination.
- The practice carried out staff checks, including checks of professional registration where relevant, for both recruitment purposes and on a continuing 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. Recently there had been additional children safeguarding training for nursing staff that went beyond the mandatory minimum training level two. They knew how to identify and report concerns. Staff who acted as chaperones had a DBS check and also received both on-line training and a presentation by a GP partner.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems in place 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 and a locum pack was available.
- 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. There had been specific training delivered that focused on sepsis. This was particularly relevant as there had been a recent sepsis case that was discussed with all clinicians.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice kept prescription stationery securely and monitored its use.

Good

Are services safe?

- 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. The practice was aware that it was identified as a higher antibiotic prescriber and had undertaken internal auditing in order to try and identify why this was the case. All partners have recently looked at the guidance on appropriate prescribing and the practice was continuing to monitor the level of prescribing.
- 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 dispensary was in operation at the branch site every week day morning. This was not inspected on this occasion.

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 an electronic 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. The practice management undertook the administration for the significant events.
- The practice learned and shared lessons identified themes and took action to improve safety in the practice as part of the weekly practice meetings where all incidents were discussed. One example was where the practice was involved in a safeguarding incident involving a vulnerable child and it led to discussion in the practice in how to identify these behaviours and also how to offer help to the parents, such as parental skills teaching.
- Significant events were shared with other agencies, including health visitors and palliative care teams. Where issues were flagged to staff, such as difficulties with non-practice staff undertaking referrals, then the practice would investigate and inform the provider of the problem. An example was the delay in a cancer referral due to another provider not dealing with their internal referrals in a timely fashion, which the practice investigated and actioned accordingly.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- From 2015-2016, the average quantity of hypnotics prescribed per Specific Therapeutic group was 1.3 units, compared to the clinical commissioning group (CCG) average of 0.8 units and the UK average of 1.0 units.
- From 2015-2016 the number of antibacterial prescription items prescribed per Specific Therapeutic group was 1.0 units compared to the CCG average of 0.9 units and the UK average of 1.0 units.
- From 2015-2016 the percentage of antibiotic items prescribed that are Cephalosporin's or Quinolones was 6.2% compared to the CCG average of 5.6% and the UK average of 4.7%.
- 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. Many local groups were signposted by the practice to the patients, and the practice also referred patients to relevant community providers.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. We saw evidence of clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice was involved with a local community group that provided support to elderly patients who found themselves relatively isolated in the community, with one GP recently presenting health information to the group.
- All patients had a designated GP and many clinical areas also had a lead GP, including atrial fibrillation, arthritis and hypertension.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was in line with, or above, national averages for indicators in long-term condition data. For example, 83% of patients with asthma had received an asthma review in the preceding 12 months compared to the clinical commissioning group (CCG) average of 77% and the national average of 77%;

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were for the vaccines given were generally in line with the target percentage of 90%.However for the year 2015 to 2016 there was a slight decrease in the percentage of children aged two years who had received their booster pneumococcal and MMR vaccinations, at around 89.7% and 88.9% respectively.
- 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):

Good

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- 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:

- Vulnerable looked after children were coded separately and the practice undertook comprehensive assessments with their own specialist trained GPs.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- 94% 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 CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, compared to the CCG average of 92% and the UK average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. This was through evaluation of incidents and case studies within the practice and through audits and searches of data. Recent examples of responsive audits in the practice were the use of unopposed oestrogen, antibiotic use, cancer diagnosis/referral and diabetes.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example it was actively encouraging training and understanding amongst all the GPs to reduce antibiotic use when it became apparent that this was a higher level than the average prescribing level nationwide.
- The practice was actively involved in quality improvement activity, including GP initiated audits. Where appropriate, clinicians took part in local and national improvement initiatives, including community mental health projects and obesity programmes

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 and this included the provision for all GPs to undertake diplomas in a specialist subject area. Arrangements had recently been made to give all the nursing staff the opportunity to attend a specialist conference together that contributed to both a team building opportunity and professional development.
- The practice provided staff with on going support. This included an induction process, one-to-one meetings,

Good

Are services effective?

(for example, treatment is effective)

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.

- There was a clear approach for supporting and managing staff and their continuing professional requirements.
- External specialist speakers had been invited to attend internal practice meetings, including a respiratory medical professor who informed staff on developments in asthma and chronic obstructive pulmonary diseases.

Coordinating care and treatment

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

- The practice normally had two duty doctors in the practice every day to ensure that all patients could be seen as needed.
- Each GP had two GP partner buddy doctors that would provide cover for the GP if they were absent, and ensure that all referrals and urgent needs were undertaken appropriately.
- GPs were able to access practice information on-line when at home.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health, including healthy heart checks and well person checks.
- 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. The practice had started a weight referral management programme where patients could receive weight club vouchers and gym referrals.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

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 of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 248 surveys were sent out and 126 were returned. This represented about 1% of the practice population. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 89% of patients who responded said the nurse was good at listening to them compared to the CCG average of 94% and the national average of 91%.
- 95% of patients who responded said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.
- 72% of patients who responded were able to see or speak to their preferred GP compared to the CCG average of 63% and the national average of 56%.

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. The practice had interpreter sheets and an interpreter pack.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The reception area had a hearing loop and there were provisions for those patients with hearing needs.
- 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 and had appointed a GP to lead this area of patient

Good

Are services caring?

need. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients as carers (1% of the practice list) and was actively looking to increase this number through identification when they attended the practice. The website had a link that encouraged people to register that they were a carer. At dementia reviews there was always consideration given to the carer that was involved with the patient and whether they were on the register of carers.

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:

- 85% 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 89% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. There were online services, including e-consultations, urgent and easily available bookable appointments and signposting facilities for many voluntary agencies.
- Extended hours by the practice had been stopped due to the high level of non-attendance. However, the practice now offered direct referral to a Hampshire hub service for GP and nurse appointments from 5pm until 8pm each week day, and from 8am until midday Saturday and Sunday mornings. There were plans to increase the use of the hub if required.
- The practice improved services where possible in response to unmet needs, and this included the provision of medicals and healthcare for vulnerable looked after children in the locality.
- The premises were appropriate for the services delivered, with accessible facilities.
- The practice made reasonable adjustments when patients found it hard to access services. This included language aids, hearing loop installation and referrals to various other ways of providing care, such as the proactive nursing team and the hub that offered GP appointments up to 8pm each week day.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Receptionist staff did not undertake triage of patients, and operated a policy that all requests for a GP appointment would result in either an appointment or a telephone call from the GP.If the receptionist was concerned when taking a call then they would alert the duty doctor as a priority.

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 GPs operated a buddy system with a designated colleague so that when the named GP could not attend there was a GP known to the patient to take the appointment.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had patients resident in ten local residential homes and they were able to request and receive home visits at any time.

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 were looked after in the community.The practice was involved in continuity of care for these patients, including medical assessments.
- 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 held monthly meetings with the health visiting team and the school nurse.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had trialled the use of extended hours.However after a high level of non-attendance, and in consultation with the patient participation group, the extended hours were suspended.However the practice was able to refer patients directly to a Hampshire hub facility run by a GP federation that offered extended hours GP appointments until 8pm on weekdays.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was very aware of the population it served which included those with extended care needs in residential homes, and also vulnerable children in society.
- The practice had access to proactive nursing that was provided by the local hub and which resulted in extended nursing involvement with vulnerable patients with additional needs. The proactive nurses assessed patient needs and could make relevant onward referrals. The patients could directly refer themselves to this service, or could be referred through the practice.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held multi-disciplinary meetings with the community mental health team, and there was a local referral service for depression and anxiety.

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. 248 surveys were sent out and 126 were returned. This represented about 1% of the practice population.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 77% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 71%.
- 89% 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 88% and the national average of 84%.
- 86% of patients who responded said their last appointment was convenient compared to the CCG average of 85% and the national average of 81%.
- 88% of patients who responded described their experience of making an appointment as good compared to the CCG average of 88% and the national average of 85%.
- 52% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. We reviewed three 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 and they were discussed at the weekly practice meetings. One example was the practice investigation into the prescribing of inappropriate medicines in discharge summaries from other providers. The practice now ensured that all summaries were checked and actioned appropriately.

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 demonstrated that they had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice exhibited a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. This included the building of an extension to the practice building, which was scheduled for the upcoming year.
- The practice developed its vision, values and strategy 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 and actively engaged with other providers including the local GP federation and the local hospice.
- The practice monitored progress against delivery of the strategy and the GP partners would discuss future planning as part of their regular meetings.

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.
- Staff generally enjoyed the working environment and looked forward to working with their colleagues.
- The practice focused on the needs of the patients and the community.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, in the last year there was an incident where a cancer diagnosis was delayed.The practice investigated to find the cause of the delay and had since implemented checks and follow up procedures at the practice as well as by the secondary care providers in order that this should not happen again.
- 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 appropriately.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary and were encouraged to undertake extra training programmes.
- 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

Are services well-led?

Good

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

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
- The GP partners provided strong leadership and together with the practice management 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 generally had oversight of MHRA alerts, incidents, and complaints.However there was a potential shortfall in ensuring that all staff had been recorded as being made aware of safety alerts.
- 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, including recent work with antibiotic prescribing and cancer diagnosis.
- The practice had emergency plans in place and a thorough contingency plan which was readily available.
- 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. The practice offered a range of additional clinics including well woman and well man clinics, contraception and sexual health clinics, travel immunisations, minor surgery and minor procedures such as ear syringing.

- The practice was aware of the importance of feedback and encouraged patients and staff to give feedback where possible.
- There was an active patient participation group that had a constructive relationship with the practice and was evidenced to have been consulted by the practice with regards to some decision making, particularly with reference to extended services offered.

Are services well-led?

Good

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

- One member of staff and four patients were trustees of a dedicated practice charitable trust. The trust accepted public donations with the aim that it would purchase additional equipment that would benefit the patient population.
- 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.All GP partners were encouraged to undertake diplomas in specialist areas and nursing staff were able to take training days as a team in order to improve their skills and to enable them to focus on team improvement.
- The practice made use of internal and external reviews of incidents and complaints.There was a weekly practice meeting where all 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. Staff away days were taken regularly to encourage on going team building and communication.