

Hetherington at the Pavilion

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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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 a comprehensive inspection of Hetherington at the Pavilion on 5 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Summary of findings

- Review processes and procedures for prescription stationary storage and security to include monitoring the issue and use of blank prescriptions.
- Review and improve the practice's uptake for the cervical screening programme.
- Continue monitoring the implementation of the GP led patient access system to ensure the system meets the needs of patients.






Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

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

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	

Hetherington at the Pavilion

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 Hetherington at the Pavilion

Hetherington at The Pavilion is one of two locations registered with the provider Hetherington Group Practice.

Hetherington at the Pavilion is located at the Pavilion Medical Centre in Brixton in the London Borough of Lambeth in south-west London, and provides primary medical services to approximately 7,400 patients. The practice is one of 49 GP practices located within the Lambeth clinical commissioning group (CCG) who provide care and services to a diverse population of over 359,394 registered patients within the borough of Lambeth.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures, and maternity and midwifery services at one location.

The practice has an Alternative Provider Medical Services (APMS) NHS contract and provides a full range of essential, enhanced and additional services including maternity services, diabetic clinics, child vaccinations and immunisations, family planning, smoking cessation, mental health, contraception services and counselling.

The practice is open between 8am and 6.30 pm Monday to Friday. In addition, the practice is open until 8pm on a Wednesday and between 9am and 12pm on a Saturday. Patients are directed to the local out of hours GP service when the practice is closed.

The practice operates from a purpose-built property comprising of six consulting rooms, a combined reception and waiting area, toilets, accessible toilets with baby change facilities, a staff meeting room and administrative space.

The service is operated by a lead GP with four other GP partners and three full time salaried GP's. There is one nurse, one outreach nurse and one health care assistant. The non-clinical team is led by one practice manager supported by one reception team leader and five reception and administration staff. The practice is also overseen by the leadership team from the Hetherington Group Practice, an NHS GP Practice also operated by the provider.

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 training and were updated as necessary. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to escalate concerns.
- The practice also worked with other agencies to support patients and protect them 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, during recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.

- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff.
- 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 had some systems to monitor stock; however the practice did not record the distribution of pre-printed prescription from stock within the practice. Following the inspection the practice reviewed their system to include these records and monitoring systems.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice audited antimicrobial prescribing and there was evidence of actions taken to support good antimicrobial stewardship.
- 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

Are services safe?

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.
- 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. For example, a practice patient slipped in the reception area due to the wet floor. The patient was assisted and seen by clinical staff. Following the incident, staff now monitor the safety of the flooring in reception during inclement weather and put out signage to warn patients of the risk of slipping.
- 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 worsened 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. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice employed an outreach nurse who assessed and reviewed housebound patients who were not under the care of district nurses. The service included blood tests, vaccinations and onward referrals to external agencies including social services, community mental health and district nursing teams. The outreach nurse liaised closely with the patients GP responsible for their care.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- The practice held virtual clinics reviewing the care records of patients with long term conditions such as diabetes, chronic obstructive pulmonary disease (COPD), asthma and heart conditions.
- The practice had a lead GP and a specialist nurse for diabetes 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%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice was involved in a local initiative, the Child and Young Person's Health Partnership. The scheme allows direct access to a specialist nurse in epilepsy and asthma who arranges further specialist engagement. The practice also hosted a quarterly paediatrician led clinic under the scheme, allowing quick and local access to consultant reviews whilst developing and improving GP knowledge of managing common paediatric problems.

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

- The latest data from Public Health England showed that 63% of eligible patients had attended the practice for cervical screening which was in line with the Local CCG average of 67% and the national average of 72%; however this was below the 80% coverage target for the national screening programme.
- The practice offered female sample takers who were trained and monitored the quality of their sample taking for the cervical screening programme and had a system in place for sending reminders to eligible patients.
- The practice also had systems to inform eligible patients to have vaccinations and attend other health screening programmes.
- 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.

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice worked closely with a local homeless charity to register homeless patients and improve access to healthcare.
- The practice was involved with and hosted a specialist clinic service funded through a local NHS Trust to cater for the health needs of refugees and asylum seekers.

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

- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months. This is above the local CCG and national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the previous 12 months compared to the CCG average of 90% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% (CCG 91%; national 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. For example, the practice regularly audited diabetes care, cardiovascular disease care, respiratory disease care, prescribing, and mental healthcare provision. This included the use of a virtual clinic whereby specific groups of patients were identified and their care reviewed to identify improvements.

- For example, the practice had carried out three audits of patients with poorly controlled diabetes in the past two years. Audits involved a search of the practice computer system for those patients with diabetes whose indicators suggested poorly controlled blood sugar

levels and a notes review looking at medication and other indices of diabetes care. More complex patients identified were discussed at a virtual clinic with a specialist nurse and diabetes consultant, with less complex patients reviewed by their GP. An action plan was made for each patient, and the patient contacted for review with a further follow up diabetes indicator review planned to encourage patient compliance with their plan and improvement in their care. The practice noted in audits that patients did not always attend for review following an action plan being made, or may have seen a GP who was less able to implement the action plan with the patient than the diabetes specialist team. These patients were also usually invited to attend by letter. The practice reviewed this information and decided to have GPs with additional diabetes care training lead clinics every two months to review these patients and be more proactive inviting them by phone call. It was also decided that the HCA carrying out annual Diabetes monitoring would arrange a follow up phone consultation with a GP when the check was carried out, to review results and management plan. The practice had seen higher compliance with action plans and better controlled blood sugar levels in the 2017/18 audit cycle.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 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.)

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.

Are services effective?

(for example, treatment is effective)

- 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 Care Certificate.
- 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 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.
- 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 and 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 room to discuss their needs.
- All of the 18 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. Three hundred and eighty nine surveys were sent out and seventy eight were returned. This represented less than 1% of the practice population. The practice was comparable to other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 73% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 87% of patients who responded said the nurse was good at listening to them; CCG - 89%; national average - 91%.
- 86% of patients who responded said the nurse gave them enough time; CCG - 89%; national average - 92%.

- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

The practice were aware of the GP Patient survey results and had discussed findings, in particular satisfaction scores for GPs, with practice staff in a specially held practice meeting. All staff were reminded that all staff affect the overall patient experience and that this was at the core of the practice ethos of delivering high quality care. The practice review concluded that the GP satisfaction scores could be a reflection of patients not always seeing their own GP or their preferred GP. This was due to the practice recently introducing a GP led telephone triage system. Using this system, the practice had a GP carrying out triage over the phone and making decisions about who the patient needed to see next. The doctor may be able to provide care by phone, with no need for face-to-face contact, arrange an appointment to see the nurse or a GP if necessary, or a hospital appointment for tests. The practice planned to continue to improve patient awareness of the benefits of the system and analyse the effects of the system as a whole through patient satisfaction surveys and complaints and feedback monitoring.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who 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 or staff knew where to access them.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers through the patient registration form and from conversations with patients during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients as carers (1% of the practice list).

- A member of staff was designated as a carers' coordinator to help ensure that carers were identified and offered support services such as flu vaccinations, longer appointments and information on support organisations.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 82% 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 85% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 83% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 87%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 84%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice told us that they 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 the practice offered extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs, for example the practice had introduced a new access system, designed to improve the patient experience and access to GPs through GP led telephone triage.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

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 engaged with the local diabetic specialist nurse to review and provide care for patients.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients not engaged with the community nursing team who required additional support at home were seen by the practice outreach nurse.

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 18 were offered a same day appointment when necessary.

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.
- GP led telephone triage and telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice hosted and supported a NHS funded asylum seeker and refugee clinic, supporting these patients to receive emergency and ongoing clinical care which was not dependent on their legal or residential status.

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 GP led mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice engaged with local support services and hosted a weekly mental health service clinic on site.

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. Three hundred and eighty nine surveys were sent out and seventy eight were returned. This represented around 1% of the practice population.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 80%.
- 51% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average – 71%.
- 81% 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 – 84%; national average – 84%.
- 72% of patients who responded said their last appointment was convenient; CCG – 79%; national average – 81%.
- 65% of patients who responded described their experience of making an appointment as good; CCG – 74%; national average – 73%.
- 45% of patients who responded said they don't normally have to wait too long to be seen; CCG – 55%; national average – 58%.
- 64% of patients who responded said they usually wait 15 minutes or less after their appointment time to be seen; CCG – 63%; national average – 64%.

The practice recognised their lower than local and national average satisfaction scores for telephone access and waiting times. The survey results were discussed with all practice staff at a specific practice meeting. Telephone access scores being lower than average was found to be a result of the high numbers of repeat prescription requests being telephoned through during peak periods. To reduce this, the practice had encouraged patients to use online prescription services and demonstrated that the practice electronic prescribing rate as a result had increased to 82% compared with a national average of 62%. The introduction of a GP led telephone access system had allowed the practice more insight into where waiting times were longest. The practice identified Nurse appointments as the most likely to run over time and introduced new appointment timing guidelines for reception staff including longer appointments for those more in need and proactively telling patient when there was a delay and why. The practice planned to continue monitoring and improving services where possible.

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. Two complaints were received in 2017. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and monitored trends. It acted as a result to improve the quality of care, for example following a complaint from a patient about the conduct of a locum GP; the practice investigated the complaint and engaged with the locum GP agency not to use this locum again. Complaints were discussed with all staff at practice meetings.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us that leaders at all levels were visible, approachable and supportive across a range of work and personal issues.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice and regularly reviewing business plans.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed and reviewed its vision, values and strategy jointly with patients and staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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 providing 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 and 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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice engaged with patients through a patient participation group combined with their sister practice. The group encouraged patient feedback through surveys and set up patient social activities such as the popular 'yak and yarn' knitting group and an outdoor bowls group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had implemented a GP led telephone triage system designed to improve patient access to care and make more efficient use of practice resources.
- 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.