Oakleigh Road Health Centre

Quality Report

280 Oakleigh Road North
Barnet
London
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. The practice was previously inspected on 9 September 2015 and rated 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 Oakleigh Road Health Centre as part of our new methodology inspection programme.

At this inspection we found:

There was a culture of learning within the practice which promoted improvement to patient care. The practice had robust governance processes in place and a range of minuted meetings. Care and treatment was provided in line with evidence-based guidance and we saw examples of the practice tailoring its service to improve the patient experience. Patients told us that all staff at the practice were supportive and the care they received was excellent. Access to the service was good and patients told us they could book routine and emergency appointments when needed. We saw examples of continuous learning and improvement on the day of inspection.

For example:

- 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.

Summary of findings

- The practice thought about patient experience and the practice provided extra services such as ECG diagnostics and 24 hour blood pressure monitoring.
- Staff involved and 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 strong focus on continuous learning and improvement at all levels of the organisation.

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

Oakleigh Road Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oakleigh Road Health Centre

Oakleigh Road Health Centre is a teaching practice located in North London within the Barnet Clinical Commissioning Group. The practice address is 280 Oakleigh Road North, Barnet, London N20 0DH. The practice provides a range of services including meningitis immunisation, childhood immunisations, extended hours access, dementia support, learning disabilities support, influenza and pneumococcal immunisations, minor surgery, rotavirus and shingles immunisation and unplanned admission avoidance. More information about services provided by the practice can be found on their website: www.oakleighroadclinic.nhs.uk

The practice have a patient population of 8,505. At 51% the practice had a comparable proportion of people with a long standing health conditions than the national average of 53%.The practice serves a diverse community with approximately 18% of patients speaking English as a second language. At 81 years, male life expectancy was above the national average of 79 years. At 84 years, female life expectancy was comparable to the national average of 83 years.

The age range of patients at the practice was comparable to the average GP practice in England. The surgery is based in an area with a deprivation score of seven out of ten (one being the most deprived). Older people registered with the practice have a comparable level of income deprivation to the local and national averages. Patients at this practice have a similar rate of unemployment when compared to the national average.

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 and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out Staff who acted as chaperones were trained for the role and had received a DBS check.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Clinical staff were trained to child safeguarding level 3; non-clinical staff were trained to child safeguarding level 1.
- 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 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; we saw examples of comprehensive care plans.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. 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

The practice had a good safety record.

Good

Are services safe?

- 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, we saw evidence of an incident involving an unactioned ultrasound result that was left in an inactive account of a trainee GP on the clinical system.The practice reviewed the process for managing trainee GPs and agreed that all results would be sent to the trainee's supervising GP to ensure that a similar incident does not occur when trainee GPs leave 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was not an outlier in respect of prescribing indicators.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were able to access diagnostic tests at the practice including phlebotomy and spirometry.
- The practice provided diagnostics such as ECG and 24 hour blood pressure monitoring.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. 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 provided longer appointments for older people, considered the needs of elderly patients and proactively provided home visits for older patients.
- Practice based pharmacist completed medication reviews for patients with polypharmacy.
- Collaborative working with five local practices focusing on improving care for frail patients.

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 provided smoking cessation clinics and was the top performing practice in Barnet for smoking cessation.
- The practice provided nurse-led clinics for monitoring diabetes, asthma, chronic pulmonary obstructive disease (COPD) and coronary heart disease.
- The practice was not an outlier in respect of quality and outcomes indicators in 2016-17 relating to diabetes, hypertension and atrial fibrillation data. For example:
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 84% compared to the Clinical Commissioning Group (CCG) was 81% and the national average was 83%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92% compared to the CCG average 93% and the national average was 90%.

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 national target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Weekly health visitor community clinics were held in the practice resource room.

Good

Are services effective?

(for example, treatment is effective)

- The practice provided an antenatal care clinic with a GP and midwife working together to provide holistic care.
- The practice were involved in the learning together initiative which provides a monthly joint clinic with a GP registrar and paediatric registrar for complex paediatric patients.

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

- The practice's uptake for cervical screening was 82%, which was above the 80% coverage target for the national screening programme.
- 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.
- The practice provided four and half hours of extended hours clinics every week.

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 provided annual health checks for patients with learning disabilities.
- The practice used alerts on the clinical system to identify vulnerable patients, and these patients were given appointments with regular clinicians only.
- The practice provides vulnerable patients with enhanced access through a dedicated phone line into reception which bypassed the main line.
- The practice secured two disabled parking spaces directly in front of the surgery.

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

- 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 94%; CCG 92%; national 91%); and the percentage of patients experiencing poor mental health who have a record of blood pressure in the preceding 12 months (practice 97%; CCG 90%; national 90%).

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. The practice was carrying out clinical audits:

- As part of national improvement initiatives, such as antimicrobial prescribing.
- To check it was following NICE guidelines, such as an audit to review that patients with severe psoriasis were assessed for cardiovascular risk in line with NICE guidance.
- To optimise the treatment and care it provides, for example for patients with sickle cell disease. The practice conducted an audit to ensure that at risk patients received the care they needed to help prevent complications of sickle cell disease and timely reminders when vaccinations were due.

Audits were being repeated to see that improvement actions were being implemented and were effective. One example of a two-cycle audit looked to improve the management of patients prescribed orlistat. In accordance with the British National Formulary, patients treated with orlistat should be monitored over a three month period to evaluate whether treatment resulted in a realistic reduction in weight. The first cycle audit identified that 15 patients were prescribed orlistat and none of these patients were reviewed within 12 weeks of starting the treatment; three patients had gained weight while using orlistat and the treatment was not stopped. The practice reviewed the findings and shared learning with clinicians. A second audit was conducted and the results indicated that prescribing of orlistat had decreased with only three patients on the treatment. None of the patients had documented weight

Good

Are services effective?

(for example, treatment is effective)

gain and all three were monitored on a regular basis. The audit provided evidence that the practice used clinical audits to improve the quality of care and ensured they followed the most recent clinical guidance.

The 2016-17 Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The overall exception reporting rate in 2016-17 was 7.8% compared with a national average of 10%. None of the exception reporting rates for the clinical domains was significantly higher than the CCG or national averages. 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 was not an outlier for the following QOF indicators in 2016-17, performing above local and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months was 84% compared to the CCG average of 77% and the national average of 79%.
- The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) was 89% compared to the CCG average of85% and the national average of 88%.
- The percentage of patients with a history of stroke or transient ischaemic attack in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 90% compared to the CCG and national average of 88%.

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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice 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.
- The practice had monthly multidisciplinary case review meetings where all patients on the palliative care register were discussed.

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.
- The percentage of new cancer cases that were referred using the urgent two week wait referral pathway was 69% which was above the CCG and national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Good

Are services effective?

(for example, treatment is effective)

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

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

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 252 surveys were sent out and 119 were returned. This represented about 1% of the practice population. The practice was above the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG 84%; national average 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG 94%; national average 95%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 83%; national average 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) 88%; national average 91%.
- 98% of patients who responded said the nurse gave them enough time; CCG 90%; national average 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 96%; national average 97%.
- 96% 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%.
- 97% of patients who responded said they found the receptionists at the practice helpful; CCG 84%; national average 87%.

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. 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 in a dedicated area next to the patient waiting area known as the resource centre.
- 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 new patient registration forms and carer identification forms. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 209 patients as carers (over 2% of the practice list).

- Information about respite for carers, social needs such as housing information and support groups were provided to patients that the practice had identified as carers.

Good

Are services caring?

- 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 above the local and national averages:

- 87% 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 84% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 80%; national average 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 88%; 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 82%; national average 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.

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, it offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments in its website, interpreting services and four and half hours of extended hours appointments including one Saturday a month.
- The practice improved services where possible in response to unmet needs. For example, it had an in-house phlebotomy service and employed a clinical pharmacist one day per week.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, a dedicated e-mail address for responding to patient prescription queries.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had appointments that range from 5 to 30 minutes depending on the needs of the patient.

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; including referral to rapid response team if appropriate.
- The practice carried out weekly 90 minute partner-led visits to their nominated care homes; there was a named GP for medication queries and annual reviews.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered weekly diabetic clinics with 20 minute appointments with a GP and 20 minute appointments with a 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. Records we looked at confirmed this.
- 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 hosted weekly community health visitor clinics.

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, four and half hours of extended hours appointments per week (including one Saturday per month).
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice participated in the Barnet federation which provided patient access to GP appointments six days per week from 8.00am to 8.00pm.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- All vulnerable patients were flagged with an alert on the clinical system.
- The practice identified vulnerable patients who would benefit from double appointments and created alerts on the clinical system that told staff to book longer appointments.

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 dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice hosted a weekly cognitive behaviour therapy programme.

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.
- Appointments could be booked up to six weeks in advance.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the local and national averages. This was supported by observations on the day of inspection and completed comment cards. A total of 252 surveys were sent out and 119 were returned. This represented about 1% of the practice population.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 89% of patients who responded said they could get through easily to the practice by phone; CCG 67%; national average 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; CCG 82%; national average 84%.
- 86% of patients who responded said their last appointment was convenient; CCG 77%; national average 81%.
- 92% of patients who responded described their experience of making an appointment as good; CCG 82%; national average 85%.
- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG 53%; national average 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.
- The complaint policy and procedures were in line with recognised guidance. There were three complaints received in the last year. We reviewed the practices complaints system 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. For example, we reviewed a complaint regarding a patient request for a weight loss medication. The patient was refused the medication in accordance with out of date guidance.The practice reviewed the complaint at a practice meeting. It was identified that the most recent protocol was not being used for this medication, the practice updated clinical staff on the most recent guidance and apologised to the patient. The practice conducted a two cycle clinical audit to review the management of this treatment which demonstrated quality improvement.

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.
- 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.
- Leaders ensured there were robust governance processes which ensured staff had clear direction and systems in place to support them in their roles.
- Leaders were comprehensive in their consideration of staff well-being. For example, partners told us that there is a 'buddy' system in place to cover annual leave and sick leave for clinical staff. The system in place ensured that the 'buddy' clinician covered all urgent correspondence, urgent results and incoming pathology for the clinical member of staff that was away from the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers supported staff and ensured that on behaviour and performance was consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, the practice manager raised concerns about the workload with partners and the partners took action and employed an assistant practice manager.
- 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

Good

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

- 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. Governance processes were deeply embedded in the culture of the practice. For example, the shared drive where policies, procedures and important information relevant to all staff at the practice was identified as 'e-comms'.We saw multiple examples of staff referring to this shared resource throughout the inspection.
- 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.
- There was a comprehensive meeting schedule in place to monitor the performance of the practice. For example, monthly multi-disciplinary team meetings, weekly clinical meetings, weekly practice meetings, weekly nurse meeting, weekly educational meeting, monthly significant event meeting and a weekly partners meeting.
- There were clear and effective processes for managing risks, issues and performance.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of 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 full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.

Are services well-led?

Good

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

- There was an active patient participation group. We spoke to one member of the PPG; they told us that the practice responded to PPG feedback.
- 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. For example, the partners held a weekly educational meeting, these meetings included guest speakers during term time and agendas were set in advance for the entire year.
- GP partners had educational roles in addition to their roles as GPs. For example, two of the partners were trainers and two of the partners were Foundation Y2 supervisors. The partners had a cohesive system in place for supporting trainees.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.