Betts Avenue Medical Group

Quality Report

Betts Avenue Medical Centre,
2 Betts Avenue, Benwell, Newcastle Upon Tyne,
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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

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 2 December 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 inspections at Betts Avenue Medical Group and Kenton Medical Centre on 16 March 2018. This was as part of our ongoing 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 they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- 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.

The area where the provider **should** make improvements is:

- Ensure there are effective arrangements in place to manage the risks associated with breaking of the cold chain for vaccine storage at Betts Avenue Medical Centre.

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

Key findings

Areas for improvement

Action the service SHOULD take to improve

- Ensure there are effective arrangements in place to manage the risks associated with breaking of the cold chain for vaccine storage at Betts Avenue Medical Centre.

Betts Avenue Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Betts Avenue Medical Group

Care Quality Commission registered Betts Avenue Medical Group to provide primary care services.

The practice provides services to approximately 10,750 patients from two locations, which we visited as part of this inspection:

- Betts Avenue Medical Centre, 2 Betts Avenue, Benwell, Newcastle Upon Tyne, Tyne and Wear, NE15 6TQ
- Kenton Medical Centre, Kenton Centre, Sherringham Avenue, Kenton, Tyne and Wear, NE3 3QP

Betts Avenue Medical Group is a large practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice has six GP partners (two male, four female). They employ two nurse prescribers, a practice nurse, two healthcare assistants, a practice manager and assistant practice manager, and 15 staff who carry out reception and administrative duties.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in the second most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 76.8 years, compared to the national average of 79.2 years. Average female life expectancy at the practice is 80.7 years, compared to the national average of 83.2 years.

87.4% of the practice population were white, 1.4% were mixed race, 8% were Asian, 2% were black and 1.2% were other races.

Good

Are services safe?

Our findings

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

At the CQC inspection which took place on 2 December 2014, we told the practice they should ensure there are appropriate arrangements in place to protect staff and patients from the risk of legionella infection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). In March 2018, we found they had carried out a risk assessment in April 2015 to address this to concern and had appropriate arrangements in place to manage the very low risks identified.

In December 2014, we also said the practice should improve the way they record the audit trail of blank prescriptions as there was a risk that any theft or misuse of prescriptions would be undetected. In March 2018, we found the practice had addressed this and now had appropriate audit processes in place to manage this risk.

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 checks, including checks of professional registration where relevant, on 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 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.
- 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. However, the medicines refrigerator at Betts Avenue Medical Centre did not have

an alternative method of checking the temperature in the event of failure of the primary thermometer. The was also no reminder or physical barrier to reduce the risk of inadvertently switching off the refrigerator in error. 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.

- 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, the practice replaced all patient chairs following an incident where a chair broke.
- 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 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.
- The practice was a slightly higher prescriber of hypnotic medicines. The average daily quantity of hypnotics prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU) was 0.96. This compared to a clinical commissioning group (CCG) average of 0.68 and a national average of 0.90.
- The practice was in line with other practice for the prescribing of antibiotics when compared to local and national averages. The number of antibacterial prescription items prescribed per STAR PU was 1.06, compared to a CCG average of 1.07 and a national average of 0.98.
- The percentage of antibiotic items prescribed that were Co-Amoxiclav, Cephalosporins or Quinolones was 7.9%, which was in line with the CCG average of 7.4% and the national average of 8.9%. Good antimicrobial stewardship is for broad-spectrum antibiotics like Co-Amoxiclav, Quinolones and Cephalosporins, to be reserved to treat resistant disease.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who 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.
- The practice did not routinely invite patients aged over 75 for a health check. However, they told us many were invited for a review due to their long term conditions.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice achieved high performance across the majority of long-term conditions monitored through QOF, achieving 100% of the points available for all 19 clinical health domains.
- For indicators relating to asthma, the practice achieved 100% of the points available. This was above the CCG average of 99.4% and the national average of 97.3%.
- For indicators relating to diabetes, the practice achieved 100% of the points available. This was above the CCG average of 93.8% and the national average of 91%. For example, the percentage of patients with diabetes, on the practice register, in whom the last blood pressure reading (measured within preceding 12 months) was 140/80 mmHg or less was 83.6%. This compared to a CCG average of 78.4% and a national average of 78.1%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had taken steps to ensure those children most vulnerable to missing out on good health care were identified and their needs met. For example, the practice had taken action to ensure new Syrian refugee families registered with the practice were identified and vaccination status of children checked by a senior nurse. The practice told us this led to 131 catch-up vaccinations being administered to the 13 children identified. This demonstrated the practice consistently supported families to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health. They used every contact with families to help them achieve this.

Good

Are services effective?

(for example, treatment is effective)

- The practice carried out regular audits of older children who failed to attend either GP or hospital appointments. This helped them identify and follow up where further action was required. Following the inspection, the practice sent two case studies which demonstrated how their approach had either prompted or contributed to joint agency action taken to safeguard children.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 73.2%, which was below the 80% coverage target for the national screening programme. However, it was in line with the CCG average of 71.0% and the national average of 72.1%. The practice told us they appropriately invited and sent reminder invites to relevant patients to encourage uptake.
- 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, although the practice did not routinely send out invites for NHS checks for patients aged 40-74. These were available on request, but the local authority held responsibility for providing these. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including refugees and those with a learning disability.

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

- For the practice, 96.2% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 88.9% and a national average of 90.3%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was lower than the national average at 78.0% (compared to a CCG average of 85.4% and a national average of 83.7%). The practice had identified a new GP lead in this area to support improvement in this area.
- 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 a recording of blood pressure within the preceding 12 months was 96.3%. This compared to a CCG average of 90.1% and a national average of 90.4%. The percentage of patients experiencing poor mental health who had a record of alcohol consumption within the preceding 12 months was 97.5%. This compared to a CCG average of 91.4% and a national average of 90.8%.

Monitoring care and treatment

Nationally reported data taken from the Quality and Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 95.5% and the local CCG average of 97.7%. (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice had achieved 100% of the points available for all of the 19 clinical and six public health domains within QOF.

The overall exception-reporting rate was 11.3% in comparison to a CCG average of 10.1% and a national average of 9.6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice were aware of their exception reporting and continued to monitor to ensure they were in line with comparators.

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

- The practice was actively involved in quality improvement activity. For example, the practice had recently introduced a new clinical workflow system to support more GP time to be patient focused. The practice had carried out five clinical audits over the last two years to help them make improvements to the care

Good

Are services effective?

(for example, treatment is effective)

and treatment offered. This included audits on antibiotics, polypharmacy and cervical screening rates.(Polypharmacy is the concurrent prescribing of multiple medications, normally as a consequence of several underlying medical conditions, which need monitoring to ensure risks are effectively managed). Where appropriate, clinicians took part in local and national improvement initiatives. For example, they were a part of the local diabetes prevention programme.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The healthcare assistant was being supported to take training equivalent to requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. A health care assistant and practice nurse were supported in achieving accreditation with the Association for Respiratory Technology and Physiology in spirometry. (Spirometry is a commonly performed lung function test.)

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.

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 (amongst patients registered at the practice) referred using the urgent two-week wait referral pathway was 43.9%. This compared to a CCG average of 48% and a national average of 51.6%. The practice is not an outlier in this indicator.
- Data from Public Health England showed 71.2% of women 50 to 70 years of age, had received screening for breast cancer within the last three years. This compared to a CCG average of 72.8% and a national average of 70.3%. Of all patients 60-69, 52.6% had received screening for bowel cancer in last two and a half years. This compared to a CCG average of 57.6% and a national average of 54.5%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

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.
- The majority of patient Care Quality Commission comment cards we received were positive about the service experienced. We received 23 comment cards at Kenton Medical Centre, with 20 wholly positive about the service experienced. There were no key themes to other comments. At Betts Avenue Medical Centre, we received eight comment cards. Seven were wholly positive about the service received and one commented on reception staff attitudes and behaviour. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice, which was mainly positive.

Results from the National GP Patient Survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. There were 339 survey forms distributed for Betts Avenue Medical Group and 130 forms returned. This was a response rate of 38.4% and equated to approximately 1.2% of the practice population.

The practice was above or in line with averages for its satisfaction scores on consultations with GPs and nurses. For example, of those who responded:

- 88.3% said the GP was good at listening to them; (clinical commissioning group (CCG) – 90.8%; national average – 88.8%).
- 96.1% of patients who responded said the nurse was good at listening to them; (CCG) – 93.6%; national average – 91.4%).
- 89% said the GP gave them enough time; (CCG - 90%; national average - 86%).
- 97% of patients who responded said the nurse gave them enough time; (CCG - 95%; national average - 92%).
- 95.7% said they had confidence and trust in the last GP they saw. (CCG – 96.6%; national average – 95.5%).
- 100% said they had confidence and trust in the last nurse they saw; (CCG - 98%; national average - 97%).
- 86.2% said the last GP they spoke to was good at treating them with care and concern; (CCG – 89.5%; national average – 85.5%).
- 93.4% said the last nurse they spoke to was good at treating them with care and concern; (CCG – 93.1%; national average – 90.7%).
- 91% said they found the receptionists at the practice helpful; (CCG - 88%; 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, 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.
- 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. This included opportunistically when patients attended appointments, as well as when a patient first registered with the practice as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 156 patients as carers (1.6% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were

Good

Are services caring?

coordinated and effective. The practice worked with the local carers organisation to support the appropriate identification and signposting of carers to services and support locally.

- 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 we reviewed showed patients responded mostly positively to questions about their involvement in planning and making decisions about their care and treatment and results when compared with local and national averages. For example, of those who responded:

- 86.5% said the last GP they saw was good at explaining tests and treatments; (CCG - 89%; national average – 86.4%).
- 95.7% of patients who responded said the last nurse they saw was good at explaining tests and treatments; (CCG – 92.2%; national average – 89.9%).
- 78.9% said the last GP they saw was good at involving them in decisions about their care; (CCG – 86.4%; national average - 82%).
- 86.7% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; (CCG – 88.6; national average – 85.4%).

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 extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they had tailored the services offered to Syrian refugee families to ensure children were offered appropriate immunisations. The lead nurse undertook the registration of these families to ensure health needs were identified and appropriately met.
- 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.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. 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.
- A senior nurse saw all families who were Syrian refugees to ensure the practice had identified and responded to their needs.

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 across the two sites with a mix of early morning and evening appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

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

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Generally, the GP Patient Survey published in July 2017 showed patients were satisfied with the service they received. For the practice, 94% of patients who responded were satisfied with their overall experience of the GP surgery. This was higher than the local clinical commissioning group (CCG) average (of 87%) and the England average of 85%. For example, of those who responded:

- 87.9% of patients were satisfied with opening hours. This compared with the CCG average of 84.6% and a national average of 80%.
- 88.3% found it easy to get through to this surgery by phone. This compared with the CCG average of 77.4% and a national average of 70.9%.
- 88.3% were able to get an appointment to see or speak to someone the last time they tried. This compared with the CCG average of 75.2% and a national average of 75.5%.
- 86% said the last appointment they got was convenient. This compared with the CCG average and a national average of 81%.
- 82.5% described their experience of making an appointment as good. This compared with the CCG average of 74.7% and a national average of 72.7%.

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. Seven complaints were received in the last year. We reviewed two 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. For example, GPs reflected on how to improve communication with families following bereavement as a result of complaints..

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.

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 acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Practice staff gave us example, where they had demonstrated this in the handling of incidents and complaint. 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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 full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The patient participation group had stalled over the last year with the changeover of staff. However, the practice told us they planned to reinvigorate it and had a meeting planned to take place within the next few months. Members of the group gave us positive feedback about their experience of the practice.
- 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, as a result of a quality improvement exercise, the practice had implemented a new way to manage clinical correspondence within the practice. This was still in the implementation stage, but initial feedback from staff was positive.
- 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.