

# Stopsley Village Practice

## Quality Report

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Date of inspection visit: 25 January 2018

Date of publication: 06/03/2018

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.**

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 Stopsley Village Practice on 25 January 2018. We carried out this inspection under Section 60 of the Health

and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Stopsley Village Practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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.
- Appropriate pre-employment checks were in place that included checks of professional registration where relevant.
- Staff had lead roles within the practice. For example, one of the GPs was the lead for safeguarding and a member of the nursing team was the lead for infection prevention and control.
- A programme of clinical audit was in place that demonstrated quality improvement.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Feedback from patients we spoke with and from the CQC comments cards was positive regarding the care received at the practice.
- Results from the national GP patient survey published in July 2017 were lower than local and national averages in some areas.

# Summary of findings

The areas where the provider **should** make improvements are:

- Continue to review the national GP patient survey results and ensure steps are taken to make improvements where required.

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

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b>	
<b>People with long term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

# Stopsley Village Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Stopsley Village Practice

Stopsley Village Practice provides a range of primary medical services to the residents of Stopsley, a residential suburb of Luton, and the surrounding areas.

The practice provides primary medical services under a general medical services contract (GMS) from its purpose built location of Stopsley Village Practice, 26 Ashcroft Road, Stopsley, Luton, Bedfordshire, LU2 9AU. Online services can be accessed from the practice website [www.stopsleyvillagepractice.co.uk](http://www.stopsleyvillagepractice.co.uk)

The practice has approximately 10,300 patients and the population is of mixed ethnic background. National data indicates the area is one of mid deprivation.

The practice is led by four GP partners, two male and two female. There is an assistant practice manager and a vacancy for a practice manager. The nursing team consists of one practice nurse and two health care assistants, all female. There are also a team of reception and administration staff.

Stopsley Village Practice is open from 8am to 6.30pm Monday to Friday and from 8.30am to 11.30am on Saturday. The practice closes from 12.30pm to 1.30pm every Monday to allow for staff meetings and training. Patients can still contact the practice in the event of an emergency during this time. Appointments are available from 8am to 11.30am and 2pm to 6.30pm Monday to Friday and on Saturdays from 8.30am to 11.30am.

When the practice is closed, out-of-hours services are provided by the Luton Out of Hours service, which is run by Herts Urgent Care and can be accessed via the NHS 111 service.

# 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. Safety policies were in place and regularly reviewed. They were available to all staff on the desktops of their computers. 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. One of the GPs was the lead for safeguarding.
- 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 on going basis. Risk assessments were completed for all staff to determine whether a DBS check was needed. (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. We were informed that the most recent training included information on human trafficking, which was relevant to the practice due to their close proximity to Luton airport, and transport links to London. Staff 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 (IPC). The practice nurse was the IPC lead and annual audits were completed. We saw evidence of good IPC measures that included the use of elbow taps, pedal bins and wipeable floors and surfaces.

- 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. The patient computer record system had prompts in place to ensure clinicians followed best practice guidelines for these patients.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, two of the GPs increased their working hours following the retirement of a GP partner in the last year.

### Information to deliver safe care and treatment

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

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

### Safe and appropriate use of medicines

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

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

## Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. 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. For example, control of substances hazardous to health and infection control, fire and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. We saw that the significant event forms were comprehensively completed with learning points and identified actions documented. All the GP partners countersigned the forms to say they agreed with the findings.
- 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, additional security checks were put in place for the staff members locking up the practice at the end of the day. This followed an incident when a contractor had left a set of keys unattended outside the practice overnight.
- There was a system for receiving and acting on safety alerts. In the absence of a practice manager the GPs took responsibility for ensuring all safety alerts were acted on. We observed that safety alerts were discussed at clinical meetings. 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 reviewed prescribing data for the practice and found they were comparable with other practices both locally and nationally.
- 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.
- Flu, pneumonia and shingles vaccinations were offered to all older patients.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services, and the community matron. They were 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.

#### 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.

- Performance for diabetes related indicators was above the CCG and national averages. For example, the practice achieved 94% compared to the CCG average of 87% and the national average of 91%.

#### 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 achieved an average of 94% which was higher than the national average of 91%.
- 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 79%, which was in line with the 80% coverage target for the national screening programme. The achievement was above the CCG average of 68% and the national average of 72%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way 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.
- Annual health checks were offered to patients with a learning disability. The practice had 40 patients on their learning disability register and they had all received a health check in the preceding 12 months.

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

- 77% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was comparable to the CCG average of 86% and the national average of 84%.



# Are services effective?

## (for example, treatment is effective)

- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 91% compared to the CCG average of 92% and the national average of 91%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99% compared to the CCG average of 95% and the national average of 95%.

### 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, three clinical audits had been completed in the previous two years that demonstrated quality improvement. Following an audit of patients taking a specific group of medicines used to treat high blood pressure, the practice demonstrated an improvement in the number of patients who received appropriate blood tests and monitoring.

The most recent published Quality Outcome Framework (QOF) results showed the practice achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 6% compared with the CCG average of 11% and the 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.)

One of the GPs was the lead for managing QOF performance. We noted that QOF performance was discussed at the weekly clinical meetings. The administration team ensured patients were appropriately called to the practice for review.

### 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 nursing team spoke positively regarding the support and training they had been given.
- The practice provided staff with on going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The GP partners had introduced weekly meetings for the administration and reception staff to ensure the team were supported during the period of time without a practice manager in post.
- 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 to, 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.
- Multi-disciplinary team meetings were held once a month and were attended by community staff, health visitors and social workers.

### Helping patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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 practice was comparable with others both locally and nationally for the percentage of new cancer cases who were referred using the urgent two week wait referral pathway.
- 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. Patients were referred to an organisation called Live Well Luton for lifestyle advice that included diet, weight management and smoking cessation.

## 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 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Four had additional slightly negative comments about some aspects of the practice for example, appointment booking. All of the GPs were mentioned by name on the cards with examples of good care provided.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 251 surveys sent out and 119 were returned. This represented approximately 1% of the practice population. The practice was comparable with others for most of its satisfaction scores on consultations with GPs and nurses although they were below average in some areas. For example:

- 72% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 73% of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 95%.
- 69% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 80%; national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.

- 95% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 88% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 93%; national average - 95%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 65% of patients who responded said they found the receptionists at the practice helpful; CCG - 80%; national average - 87%.

We discussed the below average scores with the practice and they felt that the changes to the partnership and management team and the use of more locum GPs may have had an affect on the scores. The reception staff had received customer care training.

Following an appointment at the practice, all patients were sent a text message as part of the NHS Friends and Family Test. In the past year the practice had received 643 responses with 79% stating they would recommend the practice.

### 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. Three out of the four GPs were multi-lingual and patients were informed 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.

The practice proactively identified patients who were carers. This was done when patients registered at the practice and opportunistically when they attended for appointments. The practice also reviewed their patient lists

## Are services caring?

to identify carers. An alert was placed on the practice's computer system so the GPs and practice staff were aware if a patient was also a carer. The practice had identified 146 patients as carers (approximately 1.5% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. There was a carers noticeboard and carers were offered annual health checks, flu vaccinations and depression screening. There was also flexible appointment booking for carers that included home visits and telephone consultations. The practice informed us of their plans to start a carers forum. All carers had been contacted with an invitation and 14 responses had been received.
- The practice told us that if families had experienced bereavement, their usual GP contacted them and the practice sent them a sympathy card with a booklet advising them of the support services available. This call was followed by a patient consultation at a flexible time and location to meet the family's needs if required.

Results from the national GP patient survey, published in July 2017, showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages in some areas. For example:

- 66% 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 82% and the national average of 86%.
- 65% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 76%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 83%; 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.

# 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. For example, following changes to the delivery of family planning services in the area the practice had consulted with the local borough council to run a community family planning clinic for the area.
- The facilities and premises were limited by the size of the building. The practice staff shared with us the steps they had taken to try to increase the size of the building or move to new premises but they had been unsuccessful thus far. There was a ramp at the entrance to the building and a doorbell to alert practice staff if help was required to open the front door. Inside the practice there was limited room to manoeuvre wheelchairs, prams and pushchairs. All consultation and treatment rooms were on the ground floor.
- 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, telephone consultations and urgent appointments for those with enhanced needs.
- GP services were provided to patients in two local care homes.

#### People with long-term conditions:

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

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours.

#### 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, appointments were available on Saturday mornings from 8.30am to 11.30am.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Online appointment booking and repeat prescription requests were available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

#### 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.
- Saturday morning appointments were used for patients with a learning disability as the practice was usually quieter at this time.
- Home visits were available for this group of patients.

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

# Are services responsive to people's needs?

## (for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

### 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.

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 in some areas but below in others. This was supported by observations on the day of inspection and completed comment cards. There were 251 surveys sent out and 119 were returned. This represented about 1% of the practice population.

- 66% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 37% of patients who responded said they could get through easily to the practice by phone; CCG – 57%; national average – 71%.
- 79% 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 – 75%; national average – 84%.
- 68% of patients who responded said their last appointment was convenient; CCG – 69%; national average – 81%.
- 51% of patients who responded described their experience of making an appointment as good; CCG – 60%; national average – 73%.

- 70% of patients who responded said they don't normally have to wait too long to be seen; CCG – 48%; national average – 58%.

As a result of the survey scores and feedback from patients, the practice had reviewed the appointment system. They had increased the number of appointments available to book in advance at different time intervals. They had also reviewed the telephone system and found a fault that meant some patients had difficulty accessing the practice. Contact had been made with the telephone provider to rectify this issue and consideration was made to changing the provider. Discussions were held with the practice to consider involving the patient participation group (PPG) to carry out patient surveys to review the effectiveness and patient satisfaction of the changes made.

### 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. The practice had received 38 complaints were in the last year. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- In addition to managing complaints as they were raised the practice carried out an annual review of complaints to identify trends. 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, the clinicians discussed the need for good clinical record keeping to accurately reflect their consultations and processes were put in place for the administration staff to support the receptionist staff by answering the telephones at busy times.



# 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 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. At the time of the inspection the practice did not have a practice manager. Two of the GP partners had taken on responsibility for the day to day running of the practice and introduced additional staff meetings to support the staff.
- 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.
- 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. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people support, information and a verbal and written apology. 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 the nursing team, 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.

### 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

# Are services well-led?

Good 

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Meetings were held across all staff groups and minutes were produced after meetings and made available to all staff.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders 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. A business continuity plan was available for all staff and held off site by the GP partners.
- 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.

- 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.
- There was an active patient participation group. We met with two members of the group who informed us that meetings were held every three months and they said the practice was responsive to 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. The practice had been accredited as a teaching and training practice and were prepared to accommodate GP registrars, these are qualified doctors training to become GPs, and post graduate doctors who wanted to gain experience in general practice.
- 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.