

Penistone Group PMS Practice

Quality Report

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

Ratings

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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 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 look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

planned to check whether the provider continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had good systems in place to ensure the protection of vulnerable adults and children.
- The practice had good systems to manage risk so that safety incidents were less likely to happen. When they 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.
- The practice carried out a range of clinical and management audits to improve the service.
- The practice allocated a doctor to review all discharges from hospital each day, so that the practice could provide a home visit earlier in the day if needed.
- The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example 94% of patients said the GP gave them enough time compared to the CCG and national average of 86%.

Summary of findings

- Staff treated people with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care at the right time.
- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.

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

- The provider should review the complaints procedure to ensure it follows the NHS Complaints Policy Guidance.
- The provider should review the practices policies and procedures to ensure they accurately reflect staff practices and contain enough information for staff to provide a consistent approach.

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

Penistone Group PMS Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Penistone Group PMS Practice

Penistone Group PMS Practice is situated within a purpose built surgery on the High Street in Penistone. The practice provides Personal Medical Services (PMS) for approximately 16,816 patients (8,328 male, 8,488 female) in the NHS Barnsley Clinical Commissioning Group (CCG) area. The practice is situated in an area of low deprivation.

The practice has two branches, which were visited as part of this inspection:-

- Silkstone Health Centre, High Street, Silkstone, Barnsley, South Yorkshire, S75 4JN
- Thurgoland Surgery, 1 Roper Land, Sheffield, S35 7AA

There are 15 GPs, seven male and eight female who are supported by seven practice nurses and three health care assistants. There is a large reception and administration team led by a the practice and business manager. This is a training practice for undergraduate doctors and for qualified doctors who wish to undertake the postgraduate qualifications to become a GP. Locum GPs are used as required to support the practice.

- Penistone surgery is open Monday 8.15am to 8pm, Tuesday to Friday 8.15am to 6.30pm
- Silkstone Health Centre is open Monday and Friday 8am to 11am, Wednesday 8.30am to 11.30am and 4pm to 8 pm.
- Thurgoland Surgery is open Monday, Thursday and Friday 8.30am to 12.30pm and 1.30pm to 6.30pm, Tuesday 8.30 am to 12.30pm and 1.30pm to 8pm and Wednesday 8.30 am to 12.30pm.

When the practice is closed patients who call the surgeries are referred to the Barnsley out of hours service.

Penistone Group Practice was previously inspected by CQC on 2 December 2014. The overall quality rating for the practice was found to be 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 people safe and safeguarded from abuse.
- 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. Policies included detailed information about domestic abuse.
- 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 Disclosure and Barring (DBS) check. (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).
- 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 had taken part in a serious case review and this had resulted in significant improvements. For example, staff training occurred every six months, development of safeguarding policies, improvements in the recording of safeguarding and the system to identify patients at risk.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on going basis. Disclosure and Barring Service (DBS) checks were either undertaken or the provider obtained a copy of a previous DBS check from a similar employer.
- 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.
- The practice staff worked flexibly and filled any vacant gaps and this meant that the practice did not use temporary staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections i.e. 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.

Appropriate and safe use of medicines

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

- The practice had a dispensary at each site. We found that they generally had systems in place to ensure the safe dispensing of medicines. During our first visit we found that reception staff had access to the dispensary room key at Penistone Road. Following our visit this was changed by the provider.
- The practice had some systems in place for managing medicines, including vaccines, medical gases, emergency medicines and equipment, which minimised risks. However, the practice did not have a risk assessment in place to demonstrate why they did not hold all of the recommended emergency drugs.

Are services safe?

- Prescription forms stock was checked on delivery, the numbers recorded and then securely stored as soon as possible. Following the inspection the provider promptly put a system in place to monitor the distribution of pre printed prescription form stock..
- At the Silkstone branch we observed medicines dispensed were checked by a dispenser. The premises did not hold have oxygen. Following the inspection the provider sent a risk assessment, stating the risk of non provision of oxygen was low, because the doctors at the branch did not see emergency appointments and the number of appointments was limited. In addition they had operated at the branch for 20 years without a medical emergency..
- 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 and there was evidence of actions taken to reduce the prescribing.
- Patients' health was monitored in relation to the use of medicines 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 risk assessments in relation to safety issues. For example fire.
- 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, some staff said that an incident form should be completed and the significant event entered on the recording log, and others said they would enter the significant event directly onto the log. The significant events/complaints form procedure was also not explicit about what was required.
- 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 had stopped sending results in text messages, when the patient's message was read by another person.
- There was a system for recording and acting on safety alerts. The practice learned from external safety events and patient safety alerts.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When the doctor referred a patient to the hospital for secondary care, the administration staff contacted the patient and helped them to navigate the hospital's system.

Older people:

- Staff offered older patients access to home visits based on clinical need. Those who could not attend the surgery were able to have their medication delivered on request.
- The practice had developed close links with the local intermediate care home and had provided weekly ward rounds. This had helped to prevent patients re-admission to hospital.
- The practice held a register of those with sensory impairment. This enabled appropriate communication to particular patient groups, such as large font letters for patients with visual impairment.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra 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.

- The practice had allocated staff as clinical leads for each of the different types of long term conditions, who were responsible for their reviews and had received specific training.

Families, children and young people:

- From April 2015 to end of March 2016, child 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. With the exception of the percentage of children aged two with pneumococcal conjugate booster vaccine where the practice was below target. In response the practice had increased the number of immunisations in 2016 to 2017 to 95%.
- The practice provided one stop post-natal and baby check appointments. To enable staff to carry out a comprehensive assessment the appointments were 30 minutes long.
- The practice had developed a teenage health review in collaboration with the local secondary school. This had led to greater understanding on how young people used the practices' services. In response the practice had made adjustments to its website and waiting room area to make it more welcoming and inclusive.
- The triage and same day service had been developed with the capacity to provide assessments of sick children at "peak times". A duty doctor and same day appointments were available after school.

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

- The practice's uptake for cervical screening for 2016 to 2017 was 87%, which was in line with 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.
- The practice dispensary provided an evening service when the surgeries were open.

Are services effective?

(for example, treatment is effective)

- Close to home services were available. The practice performed minor operations in a dedicated suite. The practice provided twice weekly womens contraceptive and sexual health clinics.

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.
- A list of patients was produced for the monthly community multi-disciplinary meetings that addressed the care of those patients who were socially isolated, had frequent admission to hospital and were receiving end of life care. The meetings were attended by the community matron, palliative care nurses, district nurses and the social prescribing team. Staff reviewed patients care needs and and produced a care management plan.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which was comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 98% CCG 87%; national 90%).
- The practice had a dementia lead who had contacted agencies involved in dementia care and sensory deprivation to improve the patient experience. The practice had used this information to produce a series of alerts and prompts.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was comparable to the CCG average of 69% and the national average 78%.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) for 2016 to 2017.results were 99.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 94%. The overall exception reporting rate was 6.2% compared with the CCG average of 9.4% 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.)

- The practice was actively involved in quality improvement activity, each area of the QOF had a clinical lead which monitored and responded to any issues.
- The practice carried out a range of clinical and management audits to improve the service. For example, the lead GP and senior nurses regularly audited the management of chronic diseases within the practice and any necessary changes were communicated to all GPs.

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 support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

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

- 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 allocated a doctor to review all discharges from hospital each day, so that the practice could provide a visit early in the day if needed.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff 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.
- 52 out of 57 patient Care Quality Commission comment cards we received and seven patients we spoke with were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- The patient participation group (PPG) had 30 members and met four times a year, minutes of the meetings were available on the website. They stated it was an open meeting and they could discuss any issues, they stated the overall patient experience was 'first class'.

Results from the national GP patient survey available from July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was above average on its satisfaction scores on consultations with GPs and nurses than the CCG and national average. 221 survey forms were distributed and 132 were returned.

For example:

- 96% of patients 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%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

89% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 84% the national average of 86%.

- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 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. (The Accessible Information Standard (AIS) was introduced by government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand it is now the lay for the NHS and adult social care services to comply with AIS.)

- 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 183 patients as carers (1% of the practice list). The staff discussed how they were aware of the need for carers to receive support and would use social prescribing to assist carers. The social prescribing team were involved in the multi-disciplinary meetings.

The PPG stated they had discussed the appointment system and receiving information by text, obtaining blood results. The PPG had worked with the practice to develop a leaflet about how to obtain blood results.

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 local and national averages:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national average of 81%.

- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 86% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's 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 responsive.

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 improved services in response to those needs. The practice was open 8am to 8pm three days and 8am to 6.30pm two days a week to accommodate patients who worked. A duty doctor was available each day to review and visit any patients that the hospital had discharged to home.
- The practice improved services where possible in response to unmet needs. For example, making the practice more inviting for young people and working with young unaccompanied asylum seekers.
- The facilities and premises were appropriate.
- The practice made reasonable adjustments when people found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Medication was delivered to patients homes if they were unable to use local public transport.
- The practice had identified frailty and polypharmacy as an issue. This resulted in a series of clinical meetings around appropriate prescribing in the elderly. The practice hoped that this would reduce the risk of falls and confusion in those especially at risk.

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.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Long term conditions were managed via a diary system to ensure follow up. Continuity of care was managed by "tasks" from the practice nurses to the patients "usual doctor".

Families, children and young people:

- From the sample of documented examples we reviewed 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.
- The practice had carried out an audit to review 'child not brought in' for appointments. This reviewed the actions taken by staff when a child did not attend an appointment. This resulted in raising staff awareness for the need for better recording in patient notes.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of these populations 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 in the evening.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had taken part in a serious case review and had implemented learning from the review in their practices.

Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice had a dementia champion, who promoted the staff awareness of dementia care.

Timely access to the service

Patients were able to access care and treatment from the practice within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the national GP patient survey in July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable or better than the local and national averages. 221 survey forms were distributed and 132 were returned.

For example:

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to CCG average of 61% the national average of 71%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.

- 89% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

This was supported by observations, the patient CQC comment cards and the PPG on the day of the inspection .

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.
- 10 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. Although, the letters were detailed the practice did not keep details of the investigations.
- The complaints policy was available in reception, however it did not contain details of where a patient could complain to if they were unhappy with the provider's response.
- 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, where patients had complained of waiting for appointments, the practice had recognised the need to keep patients informed of waiting times and considered the increased use of electronic screens.

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 leadership.

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. The practice was a training practice for GPs.

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. It 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.

Culture

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

- Staff 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.

- Staff felt 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 needed. This included appraisal and career development conversations. All staff had had an appraisal 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 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 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.

- Although, staff were aware of, followed and understood all of the local structures, processes and systems, the written policies and procedures did not provide an accurate reflection of the actions staff took. For example the recruitment policy, stated a structured process should be followed but did not describe the process. The significant events policy did not include that staff completed a significant event log or that the practice carried out an annual review of significant events.
- 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.

Managing risks, issues and performance

Mostly 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.

Are services well-led?

Good 

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

- 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- 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 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 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 (PPG) had 30 members and met four times a year.
- 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.

- The provider told us about their focus on continuous learning and improvement at all levels within the practice. For example the provider told us their future aims were to carry out more transparent audit and improvement program with timetable and discussion. Use papers from Kings Fund and Royal College of General Practitioners to begin and develop quality initiatives within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews. Learning was shared and used to make improvements. For example, Teenage Health Project. This aimed to improve access to GP services for young people and create greater awareness of the services offered and how to access them.