

# Dr Prakashchandra Jain

## Quality Report

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Website: [www.nhs.uk/Services/gp/Overview/DefaultView.aspx?id=41939](http://www.nhs.uk/Services/gp/Overview/DefaultView.aspx?id=41939)

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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

### Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

### Detailed findings from this inspection

Our inspection team

4

Background to Dr Prakashchandra Jain

4

Detailed findings

5

## Letter from the Chief Inspector of General Practice

**This practice is rated as good overall.** (Previous inspection May 2015 – Good) The practice was rated as requires improvement for safety at the previous comprehensive inspection in May 2015. The practice acted quickly to address concerns on that occasion and was re-rated as good for safe practice at a focussed inspection in May 2016.

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 Dr Prakashchandra Jain on 23 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice took steps to improve systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system extremely easy to use and reported that they were able to access care when they needed it. Patients had asked the GP to keep an open appointment system when he took over the practice 30 years ago. This remained in place, and feedback showed it was appreciated by patients.
- The practice leadership was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

# Summary of findings

- Put in place a formal system to be able to demonstrate when patient safety alerts have been read and actioned by staff.
- Look at ways of ensuring patients can access the practice premises easily and can call for assistance when required.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Dr Prakashchandra Jain

## Detailed findings

### Our inspection team

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

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

## Background to Dr Prakashchandra Jain

Dr Prakashchandra Jain's Practice provides services to 1,593 patients from one location at The Surgery, 2 Parklands Drive, Askam in Furness, Cumbria, LA16 7JP. This is the site we visited during the inspection.

The practice provides their services under a General Medical Services (GMS) contract to patients and is part of the NHS Morecambe Bay clinical commissioning group (CCG). The practice also dispenses medication to their patients.

The practice is located in a single storey building. There is a disabled WC, wheelchair and step-free access. There is a car park at the rear of the premises. This is a single-handed practice run by the GP. There is no practice manager. There is a practice nurse, three receptionists/dispensers and a medicines manager.

The opening hours for the practice are 9am to 6pm Monday, Tuesday, Thursday and Friday, and 9am to 11.30am on Wednesdays. For the periods between 8am to 9am and 6pm to 6.30pm (and 11.30am to 6.30pm on Wednesdays) calls are taken by the receptionist who then contacts the GP to respond. The surgery is closed at weekends. Outside of these times, a pre-recorded message directs patients to 999 emergency services, NHS 111 or out-of-hours providers, as appropriate.

Open access consultations with the GP are available between 10am to 11am Monday to Friday and 5pm to 6pm Mondays, Tuesdays, Thursdays and Fridays. Routine appointments with the nurse are available between 9am and 5pm Monday and Thursday and from 2pm to 5pm on Tuesdays.

Information taken from Public Health England places the area in which the practice is located in the sixth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The service for patients requiring urgent medical attention out of hours is provided through the NHS 111 service and Cumbria Health on Call.

# 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 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 available 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). Staff who acted as chaperones were trained for the role and had received a DBS check. The practice kept recruitment files for the staff, however these did not contain copies of photographic identification. We were told this would be done for new members of staff in the future.
- There was an effective system to manage infection prevention and control.
- While the practice nurse and the GP had recently completed safeguarding training at a level relevant to their role, on the day of inspection the practice could not show that reception staff had done so within the past three years. However, the reception staff we spoke to understood their role regarding safeguarding, could

identify examples which may constitute concerns and knew who to report them to. Since the inspection we saw evidence to show that safeguarding training had been completed by all staff.

- 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. However, due to the small size of the practice, temporary staff were rarely used.
- 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 systems for appropriate and safe handling of medicines and prescription stationary required improvement.

## Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, on the day of inspection the practice did not store prescription stationary securely or monitor its use. Stationary was not logged on arrival into the practice, nor when it was transferred to rooms within the surgery, and was kept in an unlocked box within an area of the practice which itself could not be locked. Since the inspection the practice has sent evidence to show that a locked cabinet has been purchased and prescription stationary is now stored within it. Prescription stationary is now logged.
- We saw that there was no defibrillator on site, nor had the practice conducted a risk assessment to determine the impact of this decision. Following the inspection, however, we were sent a copy of a risk assessment which showed that there were defibrillators available nearby in the village, and that a first responder was based in the village who could attend the practice with a defibrillator if required.
- 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.
- Arrangements for dispensing medicines at the practice kept patients safe.

### Track record on safety

The practice had a good safety record.

- There were 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 gave examples of how they 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. The GP supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, and took action to improve safety in the practice. While the practice was able to give examples of areas for improvement that had been identified and changes made as a result, they told us that as there were only five staff at the practice significant events would be reported verbally and not documented unless they needed to be reported externally. We saw examples where significant events about matters concerning third parties had been documented and reported externally (for example, to the clinical commissioning group) but there had been no documented significant events within the practice in the past 12 months.
- On the day of inspection we saw that there was no formal system for receiving and acting on safety alerts. Alerts from external safety events as well as patient and medicine safety alerts arrived into the practice on email to the GP, the practice nurse or the medicines manager, however there was no formalised system to ensure that these alerts had been acted on. Following the inspection we were told that a folder had been created in which to keep paper copies of alerts which were to be signed by staff once these had been actioned.

# 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 percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was slightly higher than the local and national average. The practice was aware of this and taking steps to monitor antibiotic prescribing. We saw information in the waiting area for patients to explain when antibiotic prescribing was appropriate.
- 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 were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- 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's Quality and Outcome Framework results were good for patients with long term conditions. For example, 95% of patients with diabetes, on the register, had a last

measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less, compared to a national average of 80%.

#### 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 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 70%, which was below the 80% coverage target for the national screening programme but in line with the national average of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### 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.



# Are services effective?

## (for example, treatment is effective)

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

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

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above 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 (practice 100%; CCG 90%; national 91%)

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) showed the practice achieved 96.7% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.3% and national average of 95.5%. The overall exception reporting rate was 12.3% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. There had been three clinical audits carried out in the past twelve months which led to improvements, such as improved prescribing of non-steroidal anti-inflammatory drugs.

- The practice was actively involved in quality improvement activity, such as the local Quality Improvement Scheme, which set practices targets to aim for. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles but on the day of inspection we saw some had not completed training in the past 12 months which was deemed mandatory by national guidance. This was completed following the inspection.

- On the day of inspection we saw the practice did not keep up-to-date records of staff training and was not able to show when asked that staff had completed mandatory training as required. Staff had individual portfolios containing certificates as proof of training. However, the portfolios did not show that training in areas such as information governance, infection prevention and control and safeguarding children and adults had been completed within the past three years. Following the inspection the practice supplied evidence to show that staff had completed mandatory training, including training for safeguarding adults and children at an appropriate level for their role.
- 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.
- 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



# Are services effective?

## (for example, treatment is effective)

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

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

### Consent to care and treatment

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

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

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. 236 survey forms were distributed and 112 were returned. This represented a 47% response rate and about 7% of the practice population. The practice scored in line with local and national averages for its satisfaction scores on consultations with GPs and nurses, and was rated the joint-third highest out of 42 practices in the clinical commissioning group (CCG) area for satisfaction rates with the receptionists. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the CCG average of 92% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.

- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 97% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; 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. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (3% 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.
- Staff told us that if families had experienced bereavement, the GP contacted them or sent them a

## Are services caring?

sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the National GP Patient Survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were slightly below local and national averages:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.

- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; 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 across all population groups.**

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, they operated an open appointment system at the request of their patients.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. However, there was no bell on the door nor a sign to inform people who needed assistance about how they could call for help.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice offered appointments at times which were convenient for people whose jobs meant they worked away from home for most of the week.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

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

#### 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.

#### 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..
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP-led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

### Timely access to the service

# Are services responsive to people's needs?

## (for example, to feedback?)

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was very easy to use. The practice operated an open system whereby patients could arrive at the practice and wait to be seen. We were told that the GP had been asked by patients to keep this system in place when he took over the practice 30 years ago.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 236 survey forms were distributed and 112 were returned. This represented a 47% response rate and about 7% of the practice population. The practice was rated the joint-third highest out of 42 practices in the clinical commissioning group area for patients' experience of making an appointment and success in getting an appointment, and joint-second for convenience of appointment.

- 89% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 76%.
- 99% of patients who responded said they could get through easily to the practice by phone; CCG – 82%; national average – 71%.
- 96% 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 – 89%; national average – 84%.

- 97% of patients who responded said their last appointment was convenient; CCG – 87%; national average – 81%.
- 95% of patients who responded described their experience of making an appointment as good; CCG – 79%; national average – 73%.
- 80% of patients who responded said they don't normally have to wait too long to be seen; CCG – 66%; national average – 58%.
- 30% of patients usually wait fifteen minutes or less after their appointment time to be seen; CCG – 71%; national average – 64%.

While a low percentage of patients said they waited 15 minutes or less for their appointment time, this was because of the open access system in operation. Patient feedback we gathered for the inspection showed patients were happy with waiting times for appointments.

### 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. One formal complaint related to another service and one verbal complaint were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example the practice had made changes to the systems used in the dispensary following a complaint.

# 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

The GP leading the practice had the capacity and skills to deliver high-quality, sustainable care.

- The GP 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.
- The GP was visible and approachable. They worked closely with staff 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.

- All staff acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.

### 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 set out appropriately for a practice of this size. They were understood and effective. The governance and management of 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. Where improvements were identified on the day of inspection, the GP acted quickly to ensure these were made.



# Are services well-led?

Good 

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

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process in place 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. The GP had oversight of patient safety alerts, incidents, and complaints, however the system to manage patient safety alerts could be improved.
- 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. Patients told us they were happy to raise concerns or make comments for improvements directly to the GP or to other staff. For example, the practice had installed a loop for attaching a dog lead under a covered area outside the practice for a patient who brought their dog with them to appointments so that they could leave their pet safety outside.
- The practice was making active attempts to establish a patient participation group. We saw evidence of this on the day of inspection.
- 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. All members of staff were able to give examples of improvements that had been suggested and made to the service.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff were encouraged to take time out to review individual and team objectives, processes and performance.