Parsons Heath Medical Practice

Quality Report

35A Parsons Heath,
Colchester
Essex
CO4 3HS
Tel: 01206 864395
Website: www.parsonsheath.co.uk

Date of inspection visit: 28/11/2017
Date of publication: 21/02/2018

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

The practice was rated as Good overall. (Previous inspection 19 January 2016 - Good)

The key questions were 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 Parsons Heath Medical Practice as part of our continued inspection programme.

At this inspection we found:

- The practice used systems to manage risk and safety incidents to reduce the likelihood of occurrence.
- When incidents happened, learning was shared with all staff and their procedures were improved at the practice.
- Incidents were regularly reviewed for effectiveness and appropriateness of the care provided at the practice.
- We saw care and treatment was delivered according to evidence-based guidelines.
- All staff had received a 'Disclosure and Barring Service' (DBS) check.
- Policies were practice specific, had been updated, and reviewed. All staff knew where and how to access them.
- The emergency equipment and medicine monitoring processes were found to be effective.
- Evidence of the two-week wait referral procedure was well managed to ensure patients were not missed.
- Patients told us they were involved in their treatment and treated with compassion, kindness, dignity and respect.
- The appointment system was easy for patients to access when needed.

Summary of findings

- There was a strong focus on learning and improvement throughout the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

The six population groups and what we found

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

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

Parsons Heath Medical 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.

Background to Parsons Heath Medical Practice

- Parsons Heath Medical Centre provides primary care services via a General Medical Services (GMS) from 35a Parsons Heath, Colchester, Essex, CO4 3HS. www.parsonsheath.co.uk.
- The practice population of approximately 10,700 had deprivation levels comparable with the national average.
- There are six female GPs, one female GP registrar (a training GP), one male nurse practitioner, three female practice nurses, and two female health care assistants in the clinical team. They are supported by 12 staff members with roles ranging from management, secretaries, prescription clerks, receptionists and administrators in the non-clinical team.

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 systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. There were safety policies, which were regularly reviewed and discussed with staff. Safety information was received by staff as part of their induction and refresher training. There were safeguards in place for children and vulnerable adults to protect them from abuse.
- The practice worked with other local agencies to support patients and protect them from neglect and abuse. Staff safeguarded patients from abuse, neglect, harassment, discrimination and protected their dignity and respect.
- The practice management carried out on staff that included checks of professional registration where relevant, on recruitment and on an on-going basis. All staff had a Disclosure and Barring Service (DBS) check undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- The infection prevention and control at the practice was managed by a lead nurse that had received training to provide an effective safe environment, which included audits, and monitoring.

The practice ensured that facilities and equipment were safe and that equipment was annually checked to maintain them according to manufacturers' instructions. There were systems for the safe management of healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

There were arrangements to plan and monitor the number and mix of staff needed.

The induction process for staff was effective and tailored to their role.

Staff understood their responsibilities to manage emergencies on the premises and recognised those needing urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The patient record system reminded clinicians to consider sepsis when certain monitored patient readings were entered on the system.

When there were changes to services or staff the practice assessed and monitored the impact on their safety.

Information to deliver safe care and treatment

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

- Patient treatment records were written and managed to ensure patients safety.
- Treatment records seen showed the information to deliver safe care and treatment was available to the relevant staff in an accessible way.
- The practice communicated and shared information with staff and other health and social care agencies to enable the delivery of safe care and treatment.
- Referral letters included all the information necessary to ensure safe onward care.

Safe and appropriate use of medicines

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

- There were monitoring processes and procedures to manage medicines, including vaccines, medical gases, emergency medicines, and equipment to minimise risks. The practice kept prescription stationery securely and tracked its use.
- Staff prescribed, administered or supplied medicines to patients, and gave advice on medicines in line with legal requirements and current national guidance. The practice monitored the prescribing of antimicrobial medicine to ensure national guidelines were followed.
- Patients' health was followed up appropriately to provide assurance medicines were used safely and appropriately. The practice involved patients in their regular medicine reviews.

Track record on safety

The practice had a good safety record.

Good

Are services safe?

- Risk assessments of safety issues were comprehensive and well documented.
- The practice monitored and reviewed activity to identify or understand risk and make 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; the staff were supported when they did.
- There were effective systems to review and investigate when things went wrong. The practice learned and shared lessons with staff and stakeholders. They identified any trends and took action to improve safety at the practice. For example, several staff reported trouble locating the blood monitoring machines. It was clear the location of the newly purchased and calibrated machines had not been explained to all clinicians. The lesson learned was to ensure all relevant staff knew the new location to save time when patient blood monitoring was needed.
- There was an effective procedure to receive and act on safety and medicine alerts. The practice learned from external safety events as well as patient and medicine safety alerts and acted on them appropriately.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

Clinicians were updated with current evidence-based practice using clinical web based national guidance for example the National Institute for Health and Care Excellence (NICE). We saw records that showed clinicians assessed patient needs, delivered care and treatment in line with current legislation, standards and guidance supported by best practice clinical pathways and protocols.

- The clinical, mental, and physical wellbeing of patients were fully assessed.
- Hypnotics and antibacterial prescribing data for the practice showed they were effective at reducing unnecessary prescribing in the local area.
- We saw no evidence of discrimination for patients when making care and treatment decisions.
- Patients were advised what to do if their condition got worse and provided them information about where to seek further help and support.

Older people:

- The practice provided assessments on a on a regular basis to reduce the chance of older people's health deteriorating.
- Older patients who were 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 their medicines during their assessments.
- All patients aged over 75 had a named GP and were invited for a health check. If necessary, they were referred for additional services such as voluntary services, and supported by a personalised care plan. Over a 12-month period, those people reaching 75 years of age had been offered a health check and those that wanted one had received a check.
- The practice followed up on older patients discharged from hospital to ensure patients treatment plan and prescription was updated to reflect any change.

People with long-term conditions:

- Patients with long-term conditions also had a structured six monthly or annual review to check their health and medicines needs were being met. For patients more complex needs, the GPs worked with other health and care professionals to deliver coordinated care.
- Staff responsible for reviews of patients with long-term conditions had received specific training to carry out the task.
- The practice scored higher for all quality indicators attributed to long-term conditions in comparison to local and national practices.

Families, children and young people:

- Childhood immunisations provision met the requirements of the national childhood vaccination programme. Uptake rates for the vaccines given were considerably higher at 94% to 97%, than the national target percentage of 90%.
- Arrangements were available to review the treatment of newly pregnant women taking long-term medicines.
- Parents we spoke with confirmed babies, children and young people were always seen on the day.

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

- The practice had adapted their services to be accessible, flexible, and provide continuity of care for working age people, those recently retired, and students.
- Patients aged between 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage was 75% (compared locally 75% and nationally 76%).
- The practice computer system informed staff when eligible patients should have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments including NHS checks for patients aged 40-74. There was appropriate follow-ups on the outcome of assessments when abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a multidisciplinary, co-ordinated way that took account of the situations that may make people vulnerable.
- People living in vulnerable circumstances had been identified; this included those with a learning disability, homeless people and those living in care.

Good

Are services effective?

(for example, treatment is effective)

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

- 79% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This is comparable with local average 82% and the national average 84%.
- 96% 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 higher than the local average 89% and the national average 90%.
- The practice considered patients physical health needs with poor mental health and those living with dementia. For example, patients experiencing poor mental health had received a discussion and advice about alcohol consumption. The practice average that had received this advice was 90%, compared with the local practices average of 91%, and 93% for national practices.

Monitoring care and treatment

The practice had a comprehensive schedule of quality improvement activities and routinely reviewed the effectiveness and appropriateness of the care provided. For example, patients reported finding it confusing when medicine that was no longer needed remained on their repeat forms 'so just ticked everything'. An audit was run on acute medicines like lotions, dressings, testing strips and stockings to identify and remove medicine no longer needed from repeat prescription forms. This resulted in a clearer request form for patients, a reduction of wasted medicine, and a cost saving for the practice.

The most recently published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. The overall exception reporting rate was 8% compared with a local average of 8% and 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. For example, although the practice received high satisfaction rates, they developed an action plan from all the sources of patient feedback they received. One area showed only 40% of patients said they found it easy to see or speak to preferred GP. This was below the CCG average. The practice added more telephone consultations each with all the GPs working each to improve satisfaction.

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 maintained their competencies.

- The practice understood their staff training and learning needs, providing protected time for them to achieve this. We saw staff records of updated skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop and were provided with on-going support.
- Staff support included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles with close monitoring and daily discussions of their clinical decision-making, including non-medical prescribing.
- There was a process to support and manage 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.

- Patient records showed all appropriate staff, including from different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- This included when patients moved between services, were referred, or after discharge from hospital.
- Personal care plans were developed with patients, and shared appropriately with relevant agencies.
- End of life care was provided in a coordinated way ensuring the specific needs of each patient was clearly documented. This included those who may be vulnerable due to their circumstances.

Helping patients to live healthier lives

Good

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 additional support and guided them to relevant services. This included patients in the last 12 months of their lives, those at risk of developing a long-term condition, and carers.
- Staff encouraged and supported patients to be involved in the monitoring and management of their health.
- Staff discussed changes to care or treatment with patients and their carers when appropriate.
- National priorities and initiatives to improve the practice population's health was promoted for example, stop-smoking campaigns, tackling obesity and managing medicines effectively.

Consent to care and treatment

- The practice obtained consent before care and treatment was provided 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.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Feedback from people who use the service, those who were close to them and stakeholders were positive about the way staff interacted with patients.

- We saw a person-centred culture that was valued by staff and promoted by practice leaders.
- Staff recognised and respected patients' needs and understood personal, cultural, social and religious needs.
- Patients were provided timely support and information in the practice and on their website.
- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed, they could offer privacy in a free room.
- The results of the NHS Friends and Family Test most recent results showed 50% of patients replied they were extremely likely or likely to recommend their GP practice to friends and family if they needed similar care or treatment.
- We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 246 surveys were sent out and 123 were returned. This represented a completion rate of 50%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time, CCG 85%, national average 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG 95%; national average 92%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 84%, national average 86%.
- 94% of patients who responded said the nurse was good at listening to them; CCG and national average of 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG and national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 96%; national average 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 89%; national average 97%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG 86%; national average 87%.

Involvement in decisions about care and treatment

Staff ensured personalised care and support planning for patients with long-term conditions. They worked with patient's carers to clarify and understand what was important to them.

- Staff encouraged patients to identify their goals, support and implement treatment plans, and monitor progress. This was a planned, continuous process that staff monitored and updated accordingly.
- Interpretation services were available for patients who did not have English as a first language. The practice had processes in place for non-English speaking patients registered at the practice.
- 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 actively encouraged patients that were carers to inform the staff so their records could be updated. We saw several different posters in the waiting area signposting carers to support groups and services available to them. The practice had identified 291 patients as carers (3% of the practice list).

- Patients on the practice carer's register were offered flexible appointments, seasonal flu vaccination and wellbeing checks when they attended an appointment.
- Staff told us the practice had a protocol for supporting families who had undergone bereavement. GPs told us

Good

Are services caring?

that they individualised their response accordingly to the family's requirements. Usually following bereavement, families were contacted when appropriate, and an appointment or other support was provided.

Patients told us they felt involved in the decision-making about care and treatment received. They also told us they felt listened to and supported by staff and had enough time during consultations to make informed decisions about the choice of treatment available.

We saw that personalised treatment plans were in place for the most vulnerable patients with long-term conditions and complex care needs. Health reviews were shared with patients.

Results from the July 2017 national GP patient survey showed patients responded positively to questions about involvement in planning and making decisions about their care and treatment. The practice was comparable or higher for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% 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 85% 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 79%; national average 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 89%; national average 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG and national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. Staff involved patients in their care, treatment and support.

- Consideration of patient's privacy and dignity and awareness of any specific needs were recorded and communicated to all relevant staff.
- The practice complied with the Data Protection Act 1998.
- Patients told us they valued the relationships they had with staff members and felt they provided excellent care and support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

Flexibility, informed choice and continuity of care was seen throughout the practice. Patient preferences were considered and acted on to ensure services were delivered in an effective way. The practice understood the needs of its population and tailored services in response to those needs.

- Appointments could be booked in advance with GPs and nurses. Urgent appointments were available including telephone appointments.
- The practice opening hours were between 8am until 1pm and 2pm until 6.30pm. Monday evening there was an extended hour until 7.30pm, and Tuesday mornings there was an early-extended hour from 7am.
- The practice staff had comprehensive knowledge of their patient needs and improved services where able.
- Three of the four patient Care Quality Commission comment cards we received were very positive about the practice. Comments on one card spoke of difficulty obtaining a nurse appointment.
- The facilities and premises were appropriate for the services being delivered.
- The practice had reasonable adjustments when patients found it hard to access services. This included a hearing loop and a stair lift to access the 1st floor treatment rooms.
- Care and treatment for patients with multiple long-term conditions and people approaching the end of life was coordinated with other appropriate services.

Older people:

Nationally reported data showed that outcomes for patients were above the national average for conditions commonly found in older people. The practice had introduced initiatives to improve the care of older people.

- The practice had identified an increasing number of older people and organised care to better meet their needs.
- This included early memory loss recognition and documentation.
- Housebound older patients were offered home visits and urgent on the day appointments. The visits included blood checks and diabetes reviews. They also offered same day telephone consultations.
- The practice used a frailty tool to monitor patients identified as moderately and severely frail with the aim to improve their wellbeing and reduce hospital admissions.
- Older people's emergency hospital admissions were reviewed after discharge to ensure carers and medicine needs where met. People admitted following a fall were referred to the 'Falls Team'.

People with long-term conditions:

- Regular chronic disease clinics were held for people with long-term conditions to check their health and medicines needs were appropriately met. Multiple conditions were reviewed at a single appointment, to meet each patient's specific needs.
- Shared care with Colchester General Hospital was in place to monitor various disease-modifying medicines. The practice arranged and reviewed blood results as part of this process.
- Flu vaccinations were provided for patients with long-term conditions each year.

Families, children and young people:

- We found systems to identify and follow up children at risk, for example, children and young people with a high number of accident and emergency (A&E) attendances. Records seen confirmed this.
- Looked after children were monitored to ensure they were up to date with immunisations and were regularly reviewed.
- Appointments were available before and after school hours.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when requested.
- Routine child health surveillance at 6 to 8 weeks and also at 3.5 years if required were provided.
- Antenatal care for patients not able to see the community midwife and perform a postnatal review alongside the baby check were also provided.
- Regular family planning clinics including coil and contraceptive implant fitting were available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- The practice had adjusted the services it offered to ensure accessibility, and flexibility was offered for continuity of care. For example, extended opening hours.
- Patients can see a GP or healthcare assistant, during the extended hour's periods.
- Telephone consultations were available to support those unable to attend the practice during normal working hours.
- Online appointments and repeat prescriptions were available to request via the internet.

People whose circumstances make them vulnerable:

- The practice-identified patients living in vulnerable circumstances this included those with a learning disability.
- Flexible services and appointments were available for patients who found it stressful waiting in a busy waiting room.
- There was a procedure in place to follow up patients in this group if they did not attend their appointment.
- The practice had a process in place to register patients with 'no fixed abode' using the practices address where necessary.
- Patients are signposted to further sources of support wherever appropriate.

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

- Staff we spoke with understood how to support patients with mental health needs and those patients living with dementia.
- Patients with poor mental health who failed to attend an appointment were followed up.
- When a new diagnosis of dementia was confirmed, a care plan that involved the patient, family and appropriate health care professionals was put in place. Plans were reviewed, kept up to date; shared with appropriate services.
- Patients were referred for counselling or specialist mental health team input when required.
- Patients taking medicine for mental health conditions received regular reviews. Clinicians understood yearly heath checks provided the opportunity to screen for other underlying health conditions, which people from this population group were at high risk of developing.

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 appointments, 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 and accessible via telephone, the internet, or a visit to the practice.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with practice accessibility for care and treatment was comparable with local and national averages. This was supported by observations on the day of inspection and completed comment cards. 246 national GP patient surveys were sent out and 123 were returned. This represented a completion rate of 50%.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 70% of patients who responded said they could get through easily to the practice by phone; CCG 67%, national average 71%.
- 78% 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 83%; national average 85%.
- 77% of patients who responded said their last appointment was convenient; CCG 79%; national average 84%.
- 65% of patients who responded described their experience of making an appointment as good; CCG 71%; national average 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen; CCG 57%; national average 58%.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 in the practice in an easy to use format. Staff treated patients compassionately when a complaint was made.
- The complaint policy and procedures followed recognised guidance. 11 complaints had been received in the last year. We reviewed all 11 complaints and found they were handled in a timely appropriate manner.
- The practice had 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; when a complaint was received about the new appointment system and not seeing their GP of choice. The practice manager telephoned the complainant to explain the new system and the alternative ways that appointments could be made.

We found the practice had audited and analysed their complaints and concerns to ensure there were no trends or themes.

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 within the practice had the capacity and skills to deliver high-quality, sustainable care.

- Practice staff had considerable local knowledge and experience, the capacity and skills, to deliver the practice strategy and address practice and patient risks.
- They were knowledgeable about issues and priorities relating to the quality and future of services. Leaders understood the challenges and were addressing them with plans for collaborative working with other local practices.
- 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 all levels.
- The practice had effective processes to develop leadership, capacity, and skills, including planning for 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 to achieve them.
- Their strategy was in line with health and social priorities across the local region. The practice designed its services to meet the needs of the practice population.
- The practice monitored progress against delivery of their strategy.

Culture

The practice had a culture to provide quality sustainable care.

- Staff said they felt respected, supported and valued. Each staff member we spoke with were proud to work at the practice.
- The practice focused on the needs of patients and said they provided patient-centred care.
- Leaders and managers acted on staff behaviour and performance if this was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This was seen when a patient wanted to make a complaint. The practice manager gave the patient all the information and details they would need to make the complaint and was sympathetic that they had felt the need to take this action. This showed 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 gave examples were procedures had been improved to address concerns raised.
- There were processes for providing all staff with the development they need. This included appraisals and career development conversations. All staff had received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered highly valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. This was seen in the auditing and monitoring processes seen at the practice.
- There was a strong emphasis on the safety and well-being of all staff and patients, seen in the well-documented risk assessments to ensure the safety of equipment, premises, and processes used.
- The practice actively promoted equality and diversity. This was seen in the recruitment and employment processes used at the practice. Staff had received equality and diversity training. Staff told us they felt treated equally.
- There were positive relationships between all staff throughout the practice that promoted an excellent team spirit recognised by patients.

Governance arrangements

Are services well-led?

Good

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

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

- Systems, and processes used supported good governance and management. We found all policies and procedures had been up updated to meet current best practice, legislation, and staff knew where and how to access them.
- Practice leaders had established credible policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff were clear about their roles and responsibilities including in respect of safeguarding and infection prevention and control.

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 audits of consultations, prescribing and referral decisions. This was seen in clinical meeting discussions, along with 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 processes to improve quality.
- The practice had planned and trained staff in the event of major incidents.

The practice implemented service developments and changes, clinicians input gave their understanding of the impact on care quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to improve performance. Performance information was combined with the views and feedback received from patients.
- Quality and sustainability were discussed in relevant practice meetings where staff had sufficient access to information.
- The practice used performance information, to hold the practice, management, and staff to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Any identified weaknesses were addressed, and plans made against reoccurrence.
- The practice used reporting systems on the computer medical records to monitor and identify improvements of patient quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements regarding data security standards. This was for availability, integrity and confidentiality of patient identifiable data, the records held 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 them to provide a high-quality sustainable service.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and practice culture. Leaflets and information were available for a number of support organisations within the reception and waiting room.
- An active patient participation group provided the practice with opinions to ensure they met patient needs.
- 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.

- We found a proactive focus on continuous learning and improvement at all levels within the practice.
- Staff identified improvement methods, and had received training to gain these skills.
- The practice made use of internal and external reviews of incidents and complaints. Learning from these were shared and used to make improvements.
- The lead GP and practice management encouraged staff to take time out to review individual and team objectives, processes and performance. This was seen in the individual team meeting minutes and the practice meetings minutes.

Are services well-led?

Good

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

The practice had plans for the future development of the practice with other local practices to protect primary care for patients living in their practice population.