Acorn Practice

Quality Report

May Lane Surgery
Dursley
Gloucestershire
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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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 26/08/2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Acorn Practice on 14 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice employed a care coordinator and made use of social prescribing to provide effective support to frail elderly patients. Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.
- The practice fully engaged with programmes developed in the local area to support patient's health and wellbeing in a number of different ways. For example, an art group for cancer survivors.
- 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 easy to use and reported that they were able to access care when they needed it.
- Services were tailored to meet the needs of individual patients and delivered in a way that ensured flexibility and choice. For example, the practice worked

Summary of findings

collaboratively with local practices to set up a travel clinic which was accessible to the entire locality and also delivered a sexual health clinic at the practice for the locality.
- There was a focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- A GP had undertaken additional training in drug and alcohol misuse in order to better support patients where there was a need. The GP had also become a mentor for others wishing to gain certification for working in substance misuse . The practice ran a substance misuse service for patients registered with them and the adjoining practice. It was the only practice in Gloucestershire to offer this service to patients.The practice worked effectively with specialist workers who also consulted with patients at the practice. Routine screening and vaccination was offered and the practice worked collaboratively with the local pharmacists.
- Due to the rurality of Dursley, access to family planning clinics was difficult for local residents. A GP from the practice worked with a nurse practitioner employed by the other practice in the building, to deliver a sexual health clinic for the whole locality including patients registered at other practices.

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

- The practice should ensure that actions are taken to improve patient feedback.

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

Acorn 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 specialist adviser and a second CQC inspector.

Background to Acorn Practice

Acorn Practice www.acornpractice.co.uk provides primary medical services to approximately 4,000 patients living in Dursley and the surrounding area. The provider is registered to deliver services from May Lane Surgery, Dursley, Gloucestershire GL11 4JN. Dursley is situated 12 miles south of Gloucester and 25 miles north of Bristol.

Data from Public Health England show that the age distribution of the practice population is similar to the national picture. The practice was situated in an area with lower deprivation with a deprivation score of 13% compared to a clinical commissioning group average of 15% and the national average of 22%.

The practice shares the premises with another practice. Nursing and administrative staff are employed and shared by both practices and the practice manager has responsibility for both practices.

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 patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies had been recently reviewed and were accessible to all staff. Staff were able to easily access information on who to contact 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. We saw examples of where the practice's processes had operated effectively.
- 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 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). Only clinical staff carried out chaperone duties within the practice.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Good

Are services safe?

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, a cleaner found a sharp item in a bin not intended for the disposal of sharps. Following investigation it was recognised that there were two yellow bins in the room which may cause confusion. It was decided to remove all non-essential bins from rooms and improve the labelling of bins to minimise the possibility of this happening again.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- In 2016 the practice had recognised that their antibiotic prescribing was above similar practices in the area and invited a consultant for microbial biology to advise the practice on their antibiotic usage. The practice implemented an action plan which included patient education. Further analysis in November 2017 demonstrated that the practice had achieved a 93% reduction in antibiotics use compared to their previous result.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs using the nationally recognised comprehensive geriatric assessment (CGA) toolkit. Frailty was assessed using the Rockwood scale. Those patients identified as being frail had a clinical review including a review of medication.
- The practice employed a care coordinator who visited patients at home as well as in the practice and where appropriate, made referrals to other voluntary services and supported an appropriate care plan. The practice participated in the county wide social prescribing scheme that supported patients with needs that were non-medical, such as social isolation.
- 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.
- 94% of patients diagnosed with chronic obstructive disease (a chronic lung disease) had received a review including an assessment of breathlessness which was comparable to the local the average of 93% and the national average of 90%.
- The number of patients diagnosed with diabetes whose blood pressure reading (measured in the preceding 12 months) was within target range was 94% which was higher than the local and national averages of 87%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The percentage of children aged one who had received a received a full course of recommended vaccines was 87% which was slightly lower than the target rate of 90%. When we raised this with the practice, they reported that the shared data base with the other practice impacted on the reliability of data and was one of the reasons that the decision had been taken to split the data bases when the computer system is changed.
- Uptake rates other vaccines given were higher than the target percentage of 90% or above. For example 95% of children aged two had received a pneumococcal booster vaccine and 95% of children aged two had received the measles mumps and rubella vaccine.

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

- The practice's uptake for cervical screening was 87%, which was higher than the 80% coverage target for the national screening programme
- The practice wrote to each eligible patient inviting them to attend the surgery 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.

Good

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

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

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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the local average of 87% and the national average of 84%.
- 100% of patients diagnosed with a serious mental health disorder had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than 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 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption compared to the local average of 80% and the national average of 88%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice undertook regular clinical audits to monitor the quality of care at the practice. We reviewed a complete cycle clinical audit where actions had been implemented and improvements monitored.

Patients with a diagnosis of Coeliac disease were identified and the gold standard for diagnosis, management and review of these patients was discussed, as well as the implementation of new local guidelines. A re-audit of these patients demonstrated improved evidence based management of the condition.

Where appropriate, clinicians took part in local and national improvement initiatives. For example working with the West of England Academic Health Science network, the practice had undertaken a project to reduce the risk of patients having strokes as a result of abnormal heart rhythms called “Don’t wait to anticoagulate”, which looked at whether patients were being managed in accordance with the latest guidance and most appropriate blood thinning treatment.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. Published data for the practices exception reporting rate was 0%, however the practice felt that this was incorrect and a result of the shared data base with the other practice, which was likely to have impacted on the reliability this data. The practice was able to demonstrate from their own data that the exception reporting was lower than CCG and national averages for all clinical domains. (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.)

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 on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Good

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.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 24 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. Of the 220 surveys sent out, 107 were returned. This represented about 2.5% of the practice population. The practice was above average in a number of areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time; CCG - 92%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 92% 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%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 97% of patients who responded said the nurse gave them enough time; CCG -94%; national average - 91%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 93%; national average - 91%.
- 94% 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%.
- 92% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; 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.
- 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 91 patients as carers (approximately 2% of the practice list).

- The practice's care coordinator signposted carers to appropriate support agencies
- If families had experienced bereavement, their usual GP contacted them and sent them a sympathy letter. In the letter patients were invited to call and speak to, or make an appointment with their GP for advice and further support.

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 in line with local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 89%.

Good

Are services caring?

- 92% 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%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 90% 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.

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 outstanding for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs. For example the practice had led and initiated the prescription ordering service project for the locality. This service was hosted at the practice and provided benefits for both patients and the health economy. The service allowed patients to request repeat medicines over the telephone, which was normally not allowed. However with dedicated trained staff assigned solely to this role it had been found that error rates were no higher than requests made in writing. The service was appreciated by patients and it also allowed the local practices involved in the scheme to ensure patients were not over ordering medicines which reduced wastage for the NHS.
- The facilities and premises were appropriate for the services delivered and the practice made reasonable adjustments when patients found it hard to access services. For example a hearing loop was available for those hard of hearing.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice participated in a clinical commissioning group (CCG) led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen by a GP at the local community hospital. The appointments were triaged at the practice and available under strict criteria and this resulted in greater emergency appointment availability for patients.
- The practice had created a wall display in the reception area to inform patients of the various avenues of support available to them.

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.
- The practice employed a care coordinator who undertook comprehensive holistic reviews of frail patients and identified areas where interventions could be made to reduce the risk of falls in these patients.
- In order to promote health and wellbeing of older people the practice ensured appropriate patients were actively encouraged to participate in wellbeing services such as arts, dance, better balance and walking groups which were all available within the local community and supported by the practice.

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.
- The practice delivered a locally enhanced service to provide deep vein thrombosis (a blood clot in the leg) diagnosis and treatment. Since delivering this service patients were able to receive timely and convenient management and also we were told by the practice that secondary care referrals for this condition were now rare.
- The practice worked collaboratively and engaged with the local area to ensure patients benefitted from local health improvement programs. For example the Vale Hospital Allotments project. The project supported people with a variety of chronic health conditions, as well as those suffering from bereavement. There were 46 allotments that were shared between local people and patients who have received an allotment prescription by their GP.

Families, children and young people:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Due to the rurality of Dursley, access to family planning clinics was difficult for local residents. A GP from the practice worked with a nurse practitioner employed by the other practice in the building, to deliver a sexual health clinic for the whole locality including patients registered at other practices.
- The practice had collaborated with other practices in the local area to set up a travel clinic at one site as a shared resource for all patients registered with any of the five local practices. The service started in October 2017 and in the first two weeks, over 100 patients accessed the clinic. Streamlining this service was delivering improved efficiency for the health economy and better access for patients, particularly those who were working.

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 worked with the local food bank and issued food vouchers for those patients that would benefit from this support. This meant that patients could go to the food bank without the psychological barrier of having to justify their eligibility.
- A GP had undertaken additional training in drug and alcohol misuse in order to better support patients where there was a need. The GP had also become a mentor for others wishing to gain certification for working in substance misuse. The practice ran a substance misuse service for patients registered with them and the adjoining practice. It was the only practice in Gloucestershire to offer this service to patients. The practice worked effectively with specialist workers who also consulted with patients at the practice. Routine screening and vaccination was offered and the practice worked collaboratively with the local pharmacists.

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.
- The practice had recognised that patients who had survived cancer often needed additional support to overcome the psychological distress of the illness. The practice worked with a group called Flourish to ensure these patients were able to receive the support needed. For example an art group for cancer survivors called Art2Gether.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 89% of patients who responded said they could get through easily to the practice by phone; CCG – 81%; national average - 71%.
- 94% 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%.
- 89% of patients who responded said their last appointment was convenient; CCG - 87%; national average -81%.
- 83% of patients who responded described their experience of making an appointment as good; CCG - 87%; national average - 81%.

The practice had recognised that low scores had been received in two areas. Patients we spoke to on the day also reflected this.We saw that this had been documented on their action plan but actions to be taken to improve feedback were not detailed.

- 33% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.
- 29% of patients who responded said that they usually wait 15 minutes or less after their appointment time to be seen; CCG – 69%; national average – 64%.

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. Four complaints were received in the last year. We reviewed one complaint and found that it was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example when a patient was unhappy that one of their repeat medicines had not been issued, the practice found that the systems and processes in place did not support locum doctors who were not familiar with the practice. The practice changed their procedures to minimise the risk of this happening again.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. The GP partners had undertaken leadership training and one GP had undertaken an advanced leadership course.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice worked collaboratively with other local practices to deliver improved services for patients. For example the travel vaccine clinic had been streamlined, by setting up one clinic for the locality, delivering improved efficiency for the health economy and better access for patients.
- 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. An additional GP partner had been recruited. This GP was currently undertaking a leadership course which the practice felt was important for the future of general practice and would join the practice on completion of this.

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.
- There was a demonstrated commitment to a system wide collaboration within the locality to improve health. For example delivering a sexual health clinic for the whole community including patents registered at other local practices.
- 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. For example the employment of a care coordinator to support frail patients in their own homes to ensure their medical and social needs were met.
- 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. There were high levels of satisfaction across all staff groups, demonstrated by a very low staff turnover for many years.
- 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. 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. The staff meeting structure as well as the inclusive culture of the practice supported this.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Leadership recognised that staff retention was integral to delivering a high quality service and encouraged staff development in line with the needs of the individual, as well as the practice, and worked hard to ensure high staff satisfaction.

Are services well-led?

Good

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example the practice's proactivity in improving their antibiotic prescribing to ensure good antimicrobial stewardship.
- 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 had a shared data base with the practice located in the same building. The practice had recognised that whilst there were advantages to this, the present computer system also presented challenges. The practice had taken the decision to change their computer system to resolve these issues.
- 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 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 practice had worked in partnership with a local charity and a local artist to produce a pack to promote local groups and activities that people could get involved with, close to their homes, in order to improve health and wellbeing.

Are services well-led?

Good

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

- There was an active patient participation group (PPG). We spoke with members of the PPG on the day of the inspection who told us that the practice were receptive to their suggestions. The PPG had conducted a patient survey which led to the practice making changes to the telephone system benefitting patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice was a teaching and training practice and supported Registrars and medical students (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine).
- The practice was working with other local GP practices to develop a system of bookable appointments on a Saturday morning to provide improved access for working age patients. Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints and shared these with the neighbouring practice.
- Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.