

Hilary Cottage Surgery

Inspection report

Keble Lawns
Fairford
Gloucestershire
GL7 4BQ
Tel: 01285712377
www.fairfordsurgery.co.uk

Date of inspection visit: 01 May to 01 May 2018
Date of publication: 25/06/2018

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection November 2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Hilary Cottage Surgery on 1 May 2018 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.
- There was a focus on health and safety and daily assessments were carried out.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had developed clinical templates which ensured clinicians had access to up to date best practice guidance and enabled them to promptly set tasks to ensure patients were monitored appropriately.

- 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.
- Feedback from patients and the patient participation group was positive regarding the quality of care experienced at the practice.
- There was a focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

The practice had received a certificate of accreditation for meeting the standards for the Workplace Well-being charter. Recognising the practice's commitment to improving the well-being of staff work.

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

- Review the systems for the management of correspondence and test results to ensure these are filed appropriately once they have been actioned.
- Improve the systems and processes so that near misses in the dispensary are recorded, emergency medicines are stored securely and actions are taken promptly when there are signs that the dispensary fridge temperature had operated outside of the normal range.

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

Population group ratings

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 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a member of the CQC medicines team.

Background to Hilary Cottage Surgery

Hilary Cottage Surgery is a semi-rural GP dispensing practice providing primary care services to patients residing in Fairford and the surrounding villages Monday to Friday. The practice has a patient population of approximately 7,500 patients.

The Practice delivers its services under a Personal Medical Services (PMS) contract (A PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.) at the following address:

Keble Lawns,
Fairford,
Gloucestershire,
GL7 4BQ.

Information about the practice can be obtained through their website at: www.fairfordsurgery.co.uk

The practice partnership includes four GP partners. They also employ three salaried GPs. Three are male and four are female GPs. The nursing team includes three practice nurses (one of whom is an independent prescriber), a health care assistant and phlebotomist. The practice

management and administration team includes a practice manager, a deputy practice manager, a reception team leader and a range of administration and reception staff.

Hilary Cottage Surgery is also a dispensing practice. The practice could offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The dispensary team includes a dispensary manager, five dispensers and a prescription administrator.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice, shows the practice area population is in the least deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice has a higher than average patient population aged 65 and over.

The practice is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Maternity and midwifery services.
- Surgical Procedures.

- Family Planning.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by Care UK via the NHS 111 service and are advised of this on the practice's website.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- 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 including 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. Although there were systems in place for the management of correspondence and results, we found some letters and results dating back to 2016 in a general inbox. We found that those letters and results had been actioned appropriately but they had not been filed appropriately.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for the management of medicines at the practice could be improved to keep patients safe.
- Dispensing errors that reached patients were recorded and investigated but the dispensary did not have a process to record near-miss errors to minimise the chances of similar errors occurring again.

Are services safe?

- Fridge temperatures in the dispensary were being recorded daily to ensure that medicines were being stored at appropriate temperatures. No vaccines were stored in this fridge. However, the records showed that it had previously been higher than the recommended range. It was not clear if the thermometer was being reset on each occasion.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Emergency medicines were easily accessible to staff and were checked every month to make sure they were in date and safe to use. However, they were held in an unsecure area and were not tamper evident.
- The practice sent us information following the inspection to demonstrate that a full risk assessment had been undertaken and actions had been taken to mitigate those risks. This included updating Standard Operating Procedures to ensure appropriate actions were taken and recorded should fridge temperatures operate outside of the normal range, and using tamper evident tags to secure emergency medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive 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 of safety that led to safety improvements. The practice manager also carried out a daily health and safety check walk around the practice and actions identified were completed.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff 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. There was dedicated member of staff at the practice who co-ordinated the investigation and sharing of learning with all staff.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used their clinical systems to identify patients on specific treatment and to check whether those patients received care in line with best practice guidance. The practice had also developed an electronic template for various clinical areas with links to best practice guidelines so that clinicians had quick and easy access to these when reviewing patients.
- Staff used appropriate tools to assess the level of pain in patients.
- 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. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. The practice held monthly meetings with the community frailty team where patients were reviewed.
- 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 undertaken 261 health checks of patients over the age of 75.

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

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. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

Are services effective?

- The practice's uptake for cervical screening was 75%, compared to the clinical commissioning group (CCG) average of 76% and national average of 72%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for this service in the last two and a half years was 68%, compared to the CCG average of 62% and national average of 55%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 79%, compared to the CCG average of 75% and national average of 70%.
- 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.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 87% and 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 was above the CCG average of 94% and the national average of 90%. The practice's exception rate was 20% (four patients) which was above the CCG average of 18% and national average of 13%. The practice's exception rate was higher due to a low number of patients on the register. We reviewed the records for patients who had been excepted and found their care were appropriate.

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.
- Seven out of 10 patients with learning disabilities had received an annual health check in the last 12 months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG average of 93% and the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

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 had carried out an audit on subdermal contraceptive implants and repeated this audit annually to monitor the quality of care and records maintained in relation to this procedure. The first audit highlighted that only 77% of patients who had this procedure had their consent recorded. A template was set up to highlight the key areas that needs to be covered and recorded by clinicians when performing this procedure. Subsequent annual audits demonstrated that the practice was achieving 100% in recording patients' consent. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked

Are services effective?

with other local practices in the area to provide improved access appointments to a GP. Practice's took it in turn to offer appointments to GPs and nurses between 6.30pm and 8pm Monday to Friday and Saturday mornings.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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 ongoing support. This 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 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.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- 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 such as the Out of Hours service.
- 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 own health, for example through social prescribing schemes.
- 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. Annual audits were undertaken to ensure consistency in seeking and recording consent.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the National GP Survey (01/2017 to 03/2017) showed the practice was performing above the clinical commissioning group in most areas and above the national average in all areas surveyed.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. There was a social prescriber who held clinics at the practice where patients could receive advice on the different avenues of support available to them.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the patient participation group told us they undertook a survey of the appointment system and the results fed into changes to the system to improve this for patients.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, one of the nurses had started to visit patients living in nursing homes since February 2018 to undertake reviews of chronic disease.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice. For example, the practice worked closely with a charitable organisation which provided funding to a number of local organisations who could then offer a range of additional support for patients who needed these. This included volunteer transport services, counselling services, home nursing care and care in a hospice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service, weekly or monthly blister packs, large print labels.

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. One of the nurses also undertook visits for those patients living in a nursing home to review patient's long-term conditions.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice could arrange for a volunteer transport service so patients can access the practice as well as hospital appointments.
- There was a medicines delivery service for housebound patients.

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 nurse undertook monthly audits of patients who were due a review and a letter, including the necessary blood request forms were sent to patients inviting them to make an appointment.
- 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. Records we looked at confirmed this.
- Systems were in place to follow up on children who were not brought to their appointments and this was co-ordinated with the health visitors.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of 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.
- The practice offered extended hours appointments on Mondays and Wednesdays from 6.30pm to 8pm. Additionally, the practice worked with other local

Are services responsive to people's needs?

practices as part of a cluster to deliver an improved access to GP or nurse appointments initiative. Patients could see any GP at one of the local practices between 6.30pm and 8pm and on Saturday mornings.

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Longer appointments were automatically offered for patients 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.
- There was a named GP for patients with poor mental health.
- The practice worked with other organisations to refer patients in need of prompt intervention.

Timely access to care and treatment

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.
- Patients reported that the appointment system was easy to use.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. They acted as a result to improve the quality of care. For example, when a patient complained that their diagnosis had been missed, a meeting was arranged between a GP, a dedicated member of staff at the practice who handles all complaints and the patient. Through discussion, it was identified that the patients emotional and psychological needs had not been considered. The practice therefore made arrangements so that the patient's needs could be met and additional support was put in place to minimise distress for this patient.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups 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 were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- 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. A business development and quality improvement plan had been implemented to set out clear objectives for the practice for the next 2 years.
- 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. There were monthly management meetings and monthly partners meetings. Additionally, we were told that the partners held six monthly away days to review and discuss the practice performance and future.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The practice manager had completed specific training in the management of health and safety and had implemented several initiatives to improve health and safety. This included daily “walk around” of the premises, providing staff with a health and safety occupational health questionnaire as part of the appraisal process to ensure appropriate support was in place.
- The practice actively promoted equality and diversity. 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

Are services well-led?

- 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 national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- 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. They had developed a set of templates to ensure care and treatment was in line with best practice and that tasks were set up promptly so that these were not missed.
- 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the lead nurse was being supported to undertake a master degree to develop her knowledge and skills. There was a GP identified to provide her with mentorship and support.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information...