Drs Hart, Heighton, Prakash Koteeswaran & Do

Inspection report

Howdale Surgery
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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 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. At the previous inspection in February 2016 the

practice were rated as good overall.

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 Drs Hart, Heighton, Prakash Koteeswaran & Do on 5 July 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.
- Arrangements for dispensing medicines at the practice kept patients safe.
- 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's performance in relation to the Quality Outcome Framework (QOF) results was generally in line with the Clinical Commissioning Group (CCG) and national averages.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- All GPs triaged telephone calls from 8.30am to 9am each morning. Patients spoke to a GP who assessed their call and gave advice, or arranged an appointment or home visit. The practice found this made effective use of the appointments available.
- Results from the July 2017 national GP patient survey were generally in line with or above local and national averages and this was in line with comments received from patients during the inspection.
- The complaint policy and procedures were in line with recognised guidance; however, not all verbal complaints were recorded.
- Staff told us they were happy to work at the practice and felt supported by the management team. Staff told us they were encouraged to raise concerns and share their views.

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

- Implement and embed a system and process for recording and reviewing verbal complaints to encourage improvements.
- Continue to improve the uptake of childhood immunisations.
- Continue to improve the uptake of learning disability health checks.

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 Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Drs Hart, Heighton, Prakash Koteeswaran & Do

Drs Hart, Heighton, Prakash Koteeswaran & Do, also known as Howdale Surgery is situated in Downham Market, Norfolk. The practice is situated in the NHS West Norfolk CCG area. The practice has a General Medical Services (GMS) contract with the NHS. There are approximately 7,146 patients registered at the practice. There is a main practice located in Downham Market and a branch practice located in Marham; both practices have dispensaries. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The practice team consists of four GP partners who hold financial and managerial responsibility for the practice and two salaried GPs (four male and two female). One GP is designated as the senior partner. The GPs are supported by three practice nurses and three health care assistants. There is a practice manager, a team of receptionists, a dispensary team and a number of support staff who undertake various duties.

The main practice is open between 8am to 6.30pm Monday to Friday apart from Wednesday where the practice closes at 12.30pm. The branch surgery is open between 8.30am and 12.30pm Monday to Friday and 4.30pm and 6.30pm on Mondays, Wednesdays and Fridays. Outside of practice opening hours a service is provided by another health care provider, IC24 via the 111 service. Extended hours are available at the main practice in Downham Market between 6.30pm and 7.45pm every Monday and between 6.30pm and 7.45pm on alternate Wednesdays at the branch practice in Marham.

According to Public Health England information, the patient population aged 0 to 4 is below the practice average across England and it has an above average number of patients aged 65 and over compared to the practice average across England. Income deprivation affecting children and older people is below the practice average across England.

Good

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. We saw evidence of safeguarding policies and processes, all clinical rooms had safeguarding information displayed within them. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and there was a lead GP within the practice for safeguarding. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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, discrimination and breaches of their dignity and respect. The practice held multidisciplinary team (MDT) meetings with other agencies where safeguarding concerns were discussed as part of the agenda.
- We saw evidence that the practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis where it was appropriate.
- There was an effective system to manage infection prevention and control. We saw evidence that an infection control audit had been completed at the practice in October 2017 and following this audit the practice had acted upon issues identified in a timely manner. For example, we saw that two new policies had been implemented at the practice; handling of bodily fluids and health and safety policies were updated to include information about personal protective equipment (PPE).
- Arrangements for managing waste and clinical specimens kept people safe.
- The practice had arrangements such as risk assessments, equipment tests, checks and calibration to ensure that facilities and equipment were safe and in good working order.

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, we saw evidence of an induction checklist and information packs for locum staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures, staff we spoke with 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice held multi-disciplinary team (MDT) meetings with other agencies such as social services, community nurses, home visitors and palliative care teams where information was shared.
- Clinicians made timely referrals in line with protocols. Referral letters that we viewed contained adequate information and were made in a timely manner.

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. We saw evidence that medicines and vaccines were regularly checked for out of date stock and equipment was tested to ensure safety.

Good

Are services safe?

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice were aware that the percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones was above both the CCG and national averages. We saw evidence that the practice had audited this and were working towards reducing this figure in future data releases.
- 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. We saw evidence that patients on high risk medicines such as Methotrexate, Lithium and Warfarin were monitored appropriately.
- Arrangements for dispensing medicines at the practice kept patients safe. Prescriptions were always signed prior to dispensing by a GP. Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of the expected temperature range. All dispensed medicines were double checked prior to being dispensed. The dispensary held a range of standard operating procedures which were regularly reviewed and updated.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to building safety issues such as fire safety and health and safety.
- 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.

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, staff we spoke with confirmed this.
- 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. We saw evidence that incidents were discussed in all staff meetings and the practice disseminated learning amongst staff.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We reviewed three patient and medicine safety alerts and found they had been acted upon appropriately.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

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 in the records we viewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. Additional support information was available throughout the practice on noticeboards, for example, where the seek further support and the most appropriate NHS service to attend, if your condition worsened during a time that the practice was closed.

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.
- All patients had a named GP, including those patients in a residential care home.
- Through an agreement with the local Clinical Commissioning Group (CCG) the practice worked with community matrons who helped co-ordinate community services; the matrons could provide short term stays within residential and nursing homes in the community to provide 24-hour care without the need for hospital admission.
- The practice nurses provided home visits to patients who are frail or may be vulnerable to provide services such as influenza vaccinations.
- 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 was able to demonstrate how it identified patients with commonly undiagnosed conditions; for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages. However, the practice was below average in the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less. The practice was aware of this and had implemented an alert system to remind clinicians when seeing patients with hypertension and overdue monitoring to review the patient at any appointment.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above with a range of 86 – 94%. The practice were aware of the lower results and were working with the CCG to improve on these. The practice recognised that they had a population of patients who were active military personnel and told us they frequently moved without deregistering from the practice. They also told us there was sometimes a delay in receiving the immunisation history of new children joining the list. The practice received a list of patients who were eligible for the immunisations but had not attended for them and were contacting patients to arrange the immunisation appointments.

Good

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care.
- The practice held an MDT meeting with school nursing teams, midwives and health visitors on a monthly basis.
- 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 noticeboards with changing health messages and advertising services pertinent to young people as well as general information; for example, sexual health and contraceptive services.

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

- The practice's uptake for cervical screening was in line with local and national averages.
- The practice's uptake for breast and bowel cancer screening was above the local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice held MDT meetings with palliative care nurses to discuss patients who were receiving end of life care and to coordinate their approach.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health checks to patients with a learning disability. At the time of the inspection, the practice had 19 patients eligible for a learning disability health check. One patient had received a health check in the previous 12 months due to staffing issues. However, the practice showed that the remaining 18 patients had been invited for a health check and these invitations were being followed up.
- 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 carried out annual dementia reviews together with medicine reviews in one appointment to ease the anxiety of patients experiencing poor mental health having to attend for multiple appointments.
- 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.
- A Mental Health Practitioner held a fortnightly clinic in the practice and offered appointments to patients experiencing poor mental health.
- The practices performance on quality indicators for mental health was in line with local and national averages.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- For example, we saw evidence of a two-cycle audit in relation to the patients on a high-risk medicine. On the first cycle, 38% of patients that were prescribed the medicine had a documented indication on their care

files. (An indication for a medicine refers to the specific use of that medicine for treating a particular disease.) The practice notified the named GP for each patient and requested that the records were updated to document the indication. On the second cycle, this had improved to 84% of patients.
- We saw evidence of a minor surgery audit where the practice audited whether written consent had been appropriately obtained; the practice found that all patients undergoing minor surgery at the practice had documented consent on their records for the specific procedure undertaken.
- The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the CCG average of 98% and national average of 96%.
- The practice had a lower than average exception reporting rate at 4% compared to CCG and national average of 6%.

(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.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- 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. We saw evidence that staff had completed appropriate training and revalidation to their role.
- 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. For example, a practice nurse with support from the GPs and management team now undertook the role of lead nurse with added responsibilities to support and manage the nursing team.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw evidence of support structures in place for staff and relevant policies and procedures in relation to managing performance.
- 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 a coordinated approach to delivering care and a variety of health and social care professionals were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They 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 vulnerable patients to develop personal care plans.
- The practice ensured, by communicating with palliative care teams, 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

Good

Are services effective?

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. We saw evidence of posters in the practice in relation to Change4Life and Choose Well (an NHS England scheme to signpost patients to the most relevant NHS service to their need).
- 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. We saw evidence of a variety of leaflets and posters throughout the practice in relation to health eating and local exercise classes.

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. Clinicians that we spoke with were aware of the Mental Capacity Act, had received training on the Act and were able to evidence how they put that into practice.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

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 we spoke with was positive about the way staff treat people.
- 26 of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. One comment card was mixed with mainly positive comments and a comment in relation to accessing the practice by telephone.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice was generally in line with or above local and national averages for outcomes relating to kindness, respect and compassion on the national GP patient survey.

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 such as a hearing loop 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. We saw that the waiting room contained various posters and leaflets for advocacy variety of services.
- The practice proactively identified carers and supported them. The practice supported a local dementia friendly lunch group which was held at a local pub for patients with dementia and their carers.
- The practices GP patient survey results were above or in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private area to discuss their needs. To prevent patients waiting too close to the desk the practice had created a secondary waiting area which was monitored from reception via CCTV.
- 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.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups as good for 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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- All GPs triaged telephone calls from 8.30am to 9am each morning. Patients spoke to a GP who assessed their call and gave advice, or arranged an appointment or home visit. The practice found that this ensured that all patients requesting appointments spoke with a clinician and this made effective use of the appointments available.
- 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, the practice offered home visits for patients who were unable to access the practice.
- 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.
- 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, in weekly or medicine individualised boxes or with 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.
- GPs undertook regular visits to the care homes geographically close to the GP practice to ensure they offered proactive care as well as acute care.
- The GP and practice nurses accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice offered home visits for annual reviews of long term conditions for patients who were unable to easily access the practice.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with long term conditions could have a longer appointment when necessary.

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.
- 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. For example, extended hours appointments and telephone consultations during the working day were available.
- Online access was available to allow patients to book appointments and request repeat medicines.
- The practice offered advanced booking of appointments up to at least four weeks ahead.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were booked a longer appointment time.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

Good

Are services responsive to people's needs?

- There were systems to identify and follow up patients who had not attended hospital appointments.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were various information materials around the practice signposting patients who may be experiencing mental health problems to relevant support groups.
- Patients who failed to attend medical appointments were proactively followed up by a phone call from a GP.
- Patients who had not collected their prescriptions or medicines from the dispensary were followed up.
- Receptionists telephoned patients experiencing poor mental health to remind them of their appointment.

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 that we spoke with and comment cards received were complimentary in relation to practice waiting times.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients that we spoke with reported that the appointment system was easy to use.
- The practice GP patient survey results were generally in line with local and national averages for questions relating to access to care and treatment.
- The practice was aware their GP patient survey results in relation to patients accessing the practice by telephone were lower than the local and national averages. The practice had installed additional telephone lines into the practice in an attempt to improve patients' experiences. The practice had not undertaken their own survey results but was waiting for the results of the July 2018 GP patient survey due to be published which they intended to evaluate. The practice shared with us additional actions they planned to implement if improvement was still required.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available, we saw evidence of this in the waiting rooms, on the practice website and in practice literature. Staff we spoke with told us the practice treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice did not record all verbal complaints, however the practice advised us following the inspection that they commenced recording verbal complaints in order to maximise trend analysis. The minutes of meetings at the practice evidenced that complaints were discussed with the practice team and lessons learned were shared.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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 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. Staff that we spoke with confirmed this and were complimentary of the management at the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had developed members of the clinical team who had joined the partnership.

Vision and strategy

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

- There was a clear vision. Staff that we spoke with were aware of this vision and how the practice intended to meet it.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff that we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- 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. We saw evidence of one practice nurse being promoted internally to become the practice nurse lead.
- There was a strong emphasis on the safety and well-being of all staff. We saw evidence that the practice management team providing support to staff when needed to assist them with their well-being.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff that we spoke with advised they felt they were treated equally.
- There were positive relationships between staff and teams and we noted a positive atmosphere and morale amongst staff during our inspection.

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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The practice had a suite of policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Staff that we spoke with were clear on how to access the policies.

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. Practice leaders had oversight of safety alerts and incidents.
- 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. Staff that we spoke with were able to explain their roles during major incidents.

Good

Are services well-led?

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. We saw evidence of this through staff meeting minutes, both clinical and non-clinical staff.
- The practice used performance information such as QOF, 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 usually submitted data or notifications to external organisations as required. Following a recent significant event at the practice, the practice had implement a new reporting process to ensure notifications are submitted in a timely manner when required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The Patient Participation Group (PPG) were largely positive about their relationship with the practice. The PPG were able to provide us with specific examples of when their concerns had been taken on board by the practice and actions had been taken. For example, the PPG were concerned with the car park being overcrowded and it being difficult to manoeuvre in; in response, the practice took action and redesigned the layout of the carpark.
- We saw evidence of meetings with the PPG, which were also available on the practice website.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement, we saw evidence of an audit and review process which clearly identified learning and improvements for the practice to undertake.
- 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. We found that learning was shared amongst the whole staff team 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.