

Townside Surgery - Dr Cooke

Quality Report

Townside Primary Care Centre
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Bury
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection January 2016 – 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 Townside Surgery - Dr Cooke on 6 March 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.
- Safeguarding procedures were well managed.
- 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.
- The majority of patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Townside Surgery - Dr Cooke

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Townside Surgery - Dr Cooke

Townside Surgery - Dr Cooke, Townside Primary Care Centre, 1 Knowsley Street, Bury, Lancashire BL9 0SN is located in Bury, Greater Manchester and provides general medical services to patients within the Bury Clinical Commissioning Group area.

The practice website contains comprehensive information about what they do to support their patient population and the in-house and online services offered.

Information taken from Public Health England placed the area in which the practice is located as number four on the deprivation scale of one to ten. (The lower the number the higher the deprivation). In general, people living in more deprived areas tend to have greater need for health services.

The practice is responsible for providing services to 5007 patients. The practice offers direct enhanced services that include meningitis provision, the childhood vaccination and immunisation scheme, extended hours, support for patients with dementia and learning disabilities, influenza and pneumococcal immunisations and minor surgery.

There are four GPs working at the practice, two are partners (one male and one female) and two salaried GPs (one male and one female). There are two practice nurses, a health care support worker, a practice manager, reception manager and a team of administration staff.

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 range 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The Bury Clinical Commissioning Group (CCG) had audited the practice's safeguarding procedures in 2017. Their report showed the practice was operating in line with good practice at all levels. The practice had also carried out its own safeguarding audit in May 2017. The audit looked at, amongst other things, the safeguarding activity, governance arrangements, policies and procedures, patients' experience and inter agency working.
- There was a thorough staff recruitment policy to support senior staff in the recruitment and selection of new staff. The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- 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.

Are services safe?

- 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.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety improvements needed. For example, Bury CCG carried out an infection control audit in 2016. Their report indicated the practice was compliant in all areas.

- Regular fire safety checks were completed by the building maintenance company.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. 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, the temperature of the vaccine fridge had fallen to below recommended temperature guidelines and vaccines were disposed of. A review of the actions taken following this incident had taken place to ensure all the appropriate actions had been taken in these circumstances to ensure patient safety.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data showed that the number of hypnotic drugs prescribed was comparable to the CCG and national averages. (Hypnotic drugs are a group of drugs that reduce anxiety, aid sleep or have a calming effect)
- The number of antibacterial prescription items prescribed was lower than the CCG and national average.
- The number of antibiotic items prescribed that were Cephalosporins or Quinolones was lower than the CCG and national average. Practice average – 4%; CCG average - 6%; national average – 9%.
- Staff were trained in equality and diversity relating to lesbian, gay, bisexual and transgender patients and their healthcare. We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology to improve treatment and to support patients' independence. For example, text reminders were sent to patients about their appointment times and the practice website had recently been updated to provide patients with information about health care issues.
- 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. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. This ensured that their care plans, including medicines were updated to reflect any changed care needs.
- Patients were informed about influenza and pneumococcal vaccination clinics.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 86%; CCG average - 82%; national average - 80%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 Royal College of Physicians (RCP) questions was 86%; CCG average - 80%; national average - 76%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94%; CCG average - 93%; national average - 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 87%; CCG average - 86%; national average - 83%.
- Patients were recalled for regular and ad-hoc follow-up appointments as necessary.

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 above the target percentage of 90%.
- Family planning services were available.

Are services effective?

(for example, treatment is effective)

- Child 6/8 week assessment clinics were held at the same time as health visitor appointments so that parents did not have to visit the practice twice.
- Immunisation / baby clinics were available.
- Quarterly health visitor meetings were held to discuss patients with specific health care issues.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme.
- 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.
- There was a telephone triage system in place to ensure patients got to see the most appropriate health care professional.
- The practice website provided a range of health care information about how to keep well.

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 those with a learning disability.
- Staff were trained on safeguarding procedures.
- The practice had received the Pride in Practice silver award for delivering fully inclusive healthcare services to their patients. This meant that the practice recognised that all patients should be treated equally regardless of their sexual orientation and gender identification.
- The practice had a designated safeguarding lead for both children and adults, and all staff were aware of safeguarding procedures.
- The staff supported patients who were vulnerable by signposting them to services that could help them, for example, the identification of carers and providing details of the carers group.

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

- 85% 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 91% and the national average of 84%.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. CCG average 95%; national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92%; CCG average - 94%; national average 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 94%; this was the same as the CCG average; national average - 95%.
- Registers were kept of patients with dementia and 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, we saw evidence of how staff had supported a vulnerable patient. The staff had kept in close contact with their current support services and referred the patient on to other services for monitoring and additional support.

The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines through postnatal assessments and six weekly baby checks. GPs worked closely with the Bury CCG and the medicines management team in this area of care.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good

Are services effective?

(for example, treatment is effective)

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 percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 89%. CCG average - 82%; national average - 80%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 82%. CCG average - 79%; national average - 80%.

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. 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 ongoing support. This included an induction process, one-to-one meetings, appraisals and informal clinical supervision and support for revalidation.
- We spoke to the apprentice administration staff member who confirmed they received training when they were first employed and had a mentor with whom they could discuss any work related issues and learning. They told us they enjoyed their work and felt well supported in their role. A training plan was in place for the year.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when 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, and patients at risk of developing a long-term condition and carers.
- Patients were referred to Health Trainers who gave patients advice on how to maintain a healthy lifestyle in relation to smoking, diet and exercise.
- 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 and 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.

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

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 46 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 which indicated overwhelmingly that patients would recommend the practice to their friends and family.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 292 surveys were sent out and 109 were returned. This represented about 2% of the practice population. The practice was in line with the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%
- 87% of patients who responded said the GP gave them enough time; CCG and national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG and national average - 86%.

- 92% of patients who responded said the nurse was good at listening to them; CCG and national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG and national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG and national average - 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG and national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; 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. Health information was available in different languages. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find information about community and advocacy services.

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 101 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time or by giving them advice on how to find a community based support service.

Are services caring?

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:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.

- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG and national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- 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, there were disabled facilities, a hearing loop and interpreter services available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GP and practice nurse also accommodated home visits for those patients who had difficulties getting to the practice due to limited local public transport availability.
- One GP was the dementia care lead which meant patients received a full assessment of their care needs and a care plan was developed for their ongoing care.
- GPs met fortnightly to discuss patients who needed end of life care to ensure their care needs were being met.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being met appropriately. Plans were being made to provide extended appointments with the practice nurse so that patients with multiple conditions were reviewed at one appointment. These appointments were flexible to meet each patient's specific needs.
- The practice held regular clinical meetings 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.
- All parents or guardians calling with concerns about a child under the age of 12 years were offered a same day appointment.
- Flexible appointments for childhood immunisations were available to fit around school times.
- All staff were trained in safeguarding procedures so they knew what to do if they had concerns about patients' welfare.
- Flu clinics were held at the weekends.
- Nurse clinics started at 8am
- NHS Health Checks were available as required.
- The practice was a part of the Bury GP Federation and utilised the Bury East extended working hour's appointments. This meant the practice was able to offer patients appointments from 6.30pm to 8.00pm Monday to Friday and 8.00am to 6.00pm at weekends.

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 and Saturday appointments.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- There were weekly extended opening hours for GP appointments.
- Flu clinics were available on Saturdays.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A weekly drug support service was available to patients.
- Interpreter services were available on the telephone or face to face.
- Interpreter services were available for patients who were deaf.
- There was a hearing loop for patients who were hard of hearing.
- There was an audio visual call system in the patient waiting area.

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 monthly GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Staff were trained in dementia and learning disability care.
- Referrals were made to the learning disability services as needed to ensure patients received the specialist care they needed.
- Longer appointments were available as necessary.

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 higher than or the same as local and national averages. This was supported by observations on the day of inspection and completed comment cards. 292 surveys were sent out and 109 were returned. This represented about 2% of the practice population.

- 87% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 89% of patients who responded said they could get through easily to the practice by phone; CCG - 69%; national average - 71%.
- 85% 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 - 78%; national average - 76%.
- 88% of patients who responded said their last appointment was convenient; CCG - 84%; national average - 81%.
- 79% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 72%.
- 62% of patients who responded said they don't normally have to wait too long to be seen; this was the same as the CCG average; national average - 58%.

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. 13 complaints were received in

Are services responsive to people's needs? (for example, to feedback?)

the last year. We reviewed a number of these complaints and found that they were satisfactorily handled in a timely way. There was evidence of staff learning in order to prevent the issue reoccurring.

- 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.

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, and all of the population groups, as good for providing well led services.

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.
- They 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 care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- 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 needed. 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 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

Are services well-led?

Good 

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

- 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.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture. Staff were surveyed for their views of working at the practice. Results showed that staff were happy with their working environment and had the tools and support to carry out their role.
- There was a small patient participation group (PPG). We spoke with a member of the PPG who explained the practice had experienced some difficulty in recruiting new members. However, the group was kept informed about changes to the way the practice operated and they were asked for their views on any proposed changes. They confirmed their views were listened to and acted upon. For example, they had met with the practice staff to talk about the recent changes made to the practice website.
- 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 nurse and health care support worker were currently involved in training to develop their role. For example, the practice nurse was studying for a diploma in diabetes care and the apprentice administrator had a programme of training in place for the forthcoming year.
- The practice was working towards achieving the Pride in Practice gold award to further enhance the services provided to lesbian, gay, bisexual and transgender patients.

Are services well-led?

Good 

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

- The practice was reviewing the appointment recall system for patients with multiple conditions so they could attend one appointment for a holistic review of all their conditions.
- 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.