

Royston Group Practice

Quality Report

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Date of inspection visit: 21 November 2017
Date of publication: 16/01/2018

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection December 2014 the practice was rated overall as 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 Royston Group Practice on 21 November 2017. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had systems in place to keep patients safe and safeguarded from abuse.
- 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.
- 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.

Summary of findings

- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The practice staff had a culture of providing high-quality sustainable care.
- Patients were able to access care when they needed it.
- 22 responded patients in comment cards that they found the service was good and met their needs. Ten patients spoken with made positive comments about the clinical staff.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- We found the practice had not monitored the vaccine fridge temperatures correctly. Staff had regularly recorded the upper limit of the fridges as above the recommended temperatures but had failed to record the reason why or the actions they had taken to make sure the vaccines were safe. Following the inspection the practice reported this to NHS England, who have investigated the incident and confirmed that the practice were now taking the correct actions. The actions the practice had taken were; nursing staff had received one to one

training to ensure they understood fully how to store and manage vaccines and plan to attend a two day vaccination and immunisation training course. The provider had purchased a new fridge to avoid over stocking vaccines and external fridge monitors, to ensure each fridge had three points of recording temperatures. The practice had implemented a live-stock recording on system that records every vaccine that comes into practice and who it is administered to. This also records any wastage in a more comprehensive and accurate method.

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

- The provider should ensure that vaccines are consistently stored following Public Health England Protocol for ordering and storing and handling medication.
- The provider should consider following the Department of Health Estates and Facilities Alert Ref:EFA/2015/001 issued 26 January 2017, this recommends that the provider should secure blind cords to prevent a risk to young children.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Royston Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Royston Group Practice

Royston Group PMS Practice is situated within a purpose built surgery in Royston, Barnsley. The practice provides General Medical Services for approximately 8,100 patients in the NHS Barnsley Clinical Commissioning Group (CCG) area. The practice is situated in an area of high deprivation.

There are four male GPs, who are supported by three practice nurses and two health care assistants. There is a large reception and administration team led by a practice manager. Locum GPs are used as required to support the practice.

The surgery is open Monday to Friday 8:30am to 6pm and Saturday mornings 8:30am to 12:30am.

When the practice is closed patients who call the surgeries are referred to the Barnsley out of hours service.

Further information can be found on the practice website; www.roystongrouppractice.co.uk

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. 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 practice carried out staff checks including checks of professional registration where relevant, on recruitment, and on an on going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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.
- The infection control nurse had only recently taken over the role. They had introduced new systems to manage infection prevention and control, and had recently carried out a risk assessment. They were in discussion with the provider to mitigate any risks found. There were systems for managing healthcare waste.

- The practice ensured that most of the facilities and equipment were safe and that staff maintained most of the equipment according to manufacturers' instructions.
- The treatment and consulting room windows had unsecured loop cords and chains. Staff had risk assessed the blind cords and instructed that staff must always be present in the rooms. However, the Department of Health Estates and Facilities Alert Ref:EFA/2015/001 issued 26 January 2017, recommends that the provider should secure blind cords to prevent a risk to young children.

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.

- Staff recorded and managed Individual care records 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

Are services safe?

The practice-stored vaccines in two fridges and the fridge temperatures were recorded by a thermometer and a data logger. One the day of the inspection we found the practice had not monitored the fridge temperatures in line with the practices protocol or national guidance. For example;

- From May 2017 to present time, staff had regularly recorded the upper limit of the small fridge as 9 degrees centigrade and had not recorded the reasons why this occurred.
- Staff had recorded the larger fridge temperature higher than recommended on other occasions and staff had failed to record the reasons why or the actions they had taken to make sure the vaccines were safe. For example, one fridge was recorded at 11.9 degrees centigrade on the 1 November, and on the 3 November 12 degrees centigrade and on the 16,17 and 18 November 2017 as 9.6 degrees centigrade .
- Public Health England Protocol for ordering, storing and handling vaccines, states that a validated vaccine fridge must be suitable for the storage of vaccines between temperatures higher than 2 degrees centigrade and less than 8 degrees centigrade and a mid-range of 5 degrees centigrade as good practice.
- A nurse working temporarily at the surgery had raised an incident form in August 2017 regarding the temperature of the fridges. The vaccination and immunisation staff leads had investigated this and found the practice was not at fault.
- On the day of the inspection, we raised our concerns with the practice and the lead practice nurse took immediate action to ensure safety. The nurse reported the incident to the NHS screening and immunisations team, commenced an investigation and quarantined all vaccines until they had established they were safe to use. The provider and the NHS screening and immunisation team have both confirmed to CQC that the provider has taken immediate actions in response to these concerns. The actions taken were:-

One to one training with all Nursing staff took place to establish correct monitoring and the importance of investigating, reacting, recording and reporting any temperature recordings outside 2-8 degree.

A further two day vaccination and immunisation training for both practice nurses and HCAs has been booked with Sheffield University.

Another large fridge had been purchased to avoid over stocking. Three external fridge monitors and another data logger had also been purchased. Each fridge now had three points of recording fridge temperature. Data loggers temperature recordings were set to record every 15 minutes to ensure further accuracy of recordings.

The provider had reviewed the cold chain policy and discussed this with the nursing team.

The practice had implemented a live-stock recording on system that recorded every vaccine that comes into practice and who it is administered to. This also recorded any wastage in a more comprehensive and accurate method.

- The systems for managing 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.

Track record on safety

The practice had a mostly good safety record.

- There were risk assessments in relation to safety issues. However, we saw that the staff had not carried out all of the six monthly checks as recommended by the Legionella risk assessment. The practice manager explained that the practice contracted with a company to carry out the checks and the contract had expired. The staff had identified this prior to our visit and reinstated the contract.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate, and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Are services safe?

- 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, a patient presented with lower abdominal pain. Clinical staff referred the patient to hospital and they were found to have a serious condition. The doctor's had reviewed the patient's notes, and recognised the need to carry out further checks in older patients for serious conditions when they presented with vague symptoms in the lower abdominal region.
- 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 as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw that the staff followed both National Institute for Health and Care Excellence (NICE) and local Clinical Commissioning Group (CCG) protocols and guidance.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had a named GP for older patients.
- 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.
- The practice had carried out a clinical audit to review the fragility fracture and secondary prevention of osteoporosis. The audit aimed to determine the current management of adults aged over 65 with a suspected fragility fracture with a focus on secondary prevention of osteoporosis in the practice. This resulted in the practice contacting patients to ensure they had a DEXA scan (bone density) and those patients who were not taking medication were contacted to explain the need to start medication as per clinical guidelines.
- 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. It ensured that their care plans and staff updated patients prescriptions to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was planning to promote the 'Year of Care'. (This promoted GP practices to carry out care and support planning with people with long term conditions (LTCs). To have better conversations and emphasizes the importance of the care and support planning process itself in achieving outcomes, rather than the written care plan that may emerge at the end.)

Families, children and young people:

- Uptake rates for the vaccines given were in line with the target percentage of 90% or above with the exception of the percentage of children aged under 24 months with pneumococcal conjugate booster vaccine where the practice was below target at 70.1% for 2015 to 2016. In response, the practice had increased the number of immunisations in 2016 to 2017 to 96%.

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

- The practice's uptake for cervical screening was 84%, 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.

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.

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

Are services effective?

(for example, treatment is effective)

- 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 a discussion and received advice about smoking cessation was above average. (practice 98%; CCG 95%; national 95%).
- 93% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was above the CCG average of 76% and comparable to the national average of 91%.
- 95% 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 85% and comparable to the national average of 90%.

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. The staff described it as a team effort; the provider had allocated a specific clinical lead to each area who was supported by a member of the administration staff.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 95%. The overall exception reporting rate was 8% compared with a CCG average of 9% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice scored 100% for the majority of the clinical domain groups, for example, chronic obstructive pulmonary disease and heart failure. With the exception of diabetes, where the practice scored 96% which was above the CCG and national average.
- The practice used information about care and treatment to make improvements. The staff had carried out four clinical audits in the last year. These had reviewed the use of antibiotics and the management of patients with chronic heart disease in the practice.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role was taking samples for the cervical screening programme had received specific training and demonstrated 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 support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- 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 staff 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.
- We spoke with the community matron and district nurses who confirmed they had a good working relationship with the practice clinical team.

Helping patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

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

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.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, and social 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 22 patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with ten patients, who raised issues about the availability of appointments but all spoke positively about the clinical staff.

Results from the July 2017 annual national GP patient demonstrated the practice was mostly comparable with other practices for its satisfaction scores on consultations with GPs and nurses. (252 surveys were sent out and 92 were returned. This represented about 1.1% of the practice population.) For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 76% of patients who responded said the GP gave them enough time compared with the CCG and national average 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG and national average of 95%.
- 71% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 84% and the national average 86%.

- 95% of patients who responded said the nurse was good at listening to them, compared to the CCG average of 92% and the national average 91%.
- 92% of patients who responded said the nurse gave them enough time, compared to the CCG and national average 95%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw, compared to the CCG 98% and the national average 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG and national average 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful, compared to the CCG average of 85% and the national average 87%.

In response to the lower scores the practice had reviewed the survey and were looking at ways of improving. We also found this was not reflected in the patient comment cards, in the surgeries own patient satisfaction survey or from the comments made by patients we spoke with.

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.
- Staff helped patients and their carers find further information and access community services.

The practice proactively identified patients who were carers. staff recorded the next of kin and carers details, and created alerts in the notes. Where appropriate they obtained consent to share record with next of kin and other agencies.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients as carers (1.5% of the practice list). The practice used the list to offer the patient the opportunity to agree for their carer to be involved in their treatment and care.

Staff told us that if families had experienced bereavement, were referred to the local bereavement services.

Results from the national GP patient survey showed patients showed the results were mostly in line with local and national averages. Where the results were lower the GPs told us that they were looking at ways to improve:

- 73% 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 75% and the national average of 76%.
- 65% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared to a CCG average of 81% and a national average 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 90% and the national average of 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compare to the CCG average of 86% and the national average of 85%.

The practice carried out a patient satisfaction survey from April to June 2017, 210 patients completed the survey. This showed:

- When asked if their overall satisfaction with the treatment and care 84% of patients were satisfied or extremely satisfied.
- When asked on your most recent visit how satisfied are you with the doctor, nurse or health care assistants' ability to listen to you? 84% of patients stated they were satisfied or extremely satisfied.
- When asked how satisfied are you with the doctor, nurse or health care assistants' explanations? 85% of patients stated they were satisfied or extremely satisfied.

In response to the findings of the satisfaction survey the practice had implemented an action plan to respond to any issues found. These included a review of appointment times, a grumble form to encourage patients to participate further and recognition that some patients would like the opportunity to be treated by a female GP.

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 their needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, opening from 8am in a morning and Saturday morning appointments, online services such as repeat prescription requests, advanced booking of appointments, and referral to advice services for common ailments.
- The practice improved services where possible in response to unmet needs and referred patients to a social prescriber. (Social prescribing is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.)
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- 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.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health. Clinicians reviewed multiple conditions at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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. The practice monitored and followed up children who did not attend appointments.
- For all parents or guardians calling with concerns about a child under the age of 18 staff offered a same day appointment when necessary.

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

- The practice had identified the needs of this population group 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.
- The practice held a weight management clinic, which from April 1 2017 had supported 66 patients with weight loss.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those 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.
- The practice had a dementia champion who helped patients and their carers to find support from voluntary sector and other support services.
- The practice offered double appointments for patients with complex mental health needs.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed the practice was comparable with other practices for its satisfaction scores on accessing the service. For example:

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 71% of patients who responded said they could get through easily to the practice by phone; which was above the CCG average of 61% and comparable to national average 71%.
- 86% 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, which was comparable to the CCG average of 81% and the national average of 84%.
- 86% of patients who responded said their last appointment was convenient, which was above the CCG average of 70% and the national average 81%.
- 73% of patients who responded described their experience of making an appointment as good, which was comparable to the CCG average of 68% and the national average of 73%.

- 73% of patients who responded said they don't normally have to wait too long to be seen, which was comparable to the CCG average of 68% and the national average of 73%.

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. The practice had received nine complaints in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient's medication was changed and the patient complained that the prescription was incorrect. The practice learnt that it was necessary to make sure all patients were contacted and informed of any changes in their medicines.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- The provider 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.
- The providers 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.

- Staff were aware of a clear vision and set of values.
- 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.

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.
- 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, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

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 mostly effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended.
- The practice was a member of the local GP Federation and contracted with them to supply management support to the administration staff and nurses.

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.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for incidents.

Are services well-led?

Good 

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

- 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.
- 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 a sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services. For example, they collected and reviewed views from the PPG, NHS choices website, the GP survey and their suggestion box in reception.
- There was a patient participation group. The group had been active for three years, had 12 members, and had regular meetings. They described the same issues as raised in the patient survey, for example a lack of a female GP. The last meeting was held in October 2017.
- 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.

- 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.
- The GPs were involved in improvements within the local CCG.