Heatherbrook Surgery

Quality Report

242 Astill Lodge Road
Leicester
Leicestershire LE4 1EF
Tel: 0116 235 6324
Website: www.heatherbrooksurgery.co.uk

Date of inspection visit: 15 March 2018
Date of publication: 26/04/2018

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is 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

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 at Heatherbrook Surgery on 15 March 2018 following a change of registered provider of the service on 26 April 2016.

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 routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Complete the remaining actions identified through infection prevention and control audit and risk analysis as part of renovation and extension works taking place in the latter part of 2018 as planned.

Summary of findings

- Continue to monitor and manage the impact of staff changes on the quality of treatment and care patients receive.
- Develop ways of including long-term locum GP staff in the practice clinical team.

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

Heatherbrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Heatherbrook Surgery

Heatherbrook Surgery is registered as a Partnership with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury from one location: Heatherbrook Surgery, 242 Astill Lodge Road, Leicester, Leicestershire LE4 1EF.

Heatherbrook Surgery provides services to patients under a General Medical Services (GMS) contract with NHS England. The practice is a member of the NHS Leicester City Clinical Commissioning Group (CCG).

The practice is located in the north west of inner-city Leicester and has approximately 3,400 patients. The index of multiple deprivation score for the practice area is five (one equals most deprived and 10 equals least deprived). Thirty four per cent of the people in the practice area are from black and minority ethnic groups.

Heatherbrook Surgery is an approved training practice wherein qualified doctors, known as registrars, complete the final stages of their training to become a GP.

The practice is in purpose built premises. All patient areas and facilities are on the ground floor and are wheelchair accessible. The practice has a hearing loop.

The two male GP partners each work at the practice on a part-time basis. Together they make up 1.6 whole time equivalent (WTE) GPs. A female GP works at the practice for one half day every two weeks on a locum basis. They are asked to work more frequently when patient demand for a female GP rises. There is one part time practice nurse (0.54 WTE). The clinical staff are supported by a team of receptionist staff and a part time practice manager (0.81 WTE).

The practice opening times are 8.00am to 6.30pm Monday to Friday. The practice is open for extended hours between 6.30pm to 8.00pm on Mondays and Thursday. It closes for training every third Wednesday afternoon of the month.

Appointments are available between the following times:

- Monday - between 9.30am and 1.00pm and 2.00pm and 7.30pm
- Tuesday – between 8.30am and 1.00pm and 3.00pm and 6.30pm
- Wednesday - 9.30am and 1.00pm and 2.00pm and 6.30pm
- Thursday - 9.30am and 1.30pm and 6.30pm and 8.00pm
- Friday - 9.30am to 1.00pm and 2.00pm and 6.30pm

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Derbyshire Health United. Patients are directed to the out of hours GP service when the practice is closed.

The practice has a website: www.heatherbrooksurgery.co.uk.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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.
- There was an effective system to manage infection prevention and control. Many improvements had been made since the new GP partnership took over the practice, for example the introduction of disposable curtains and modern handwashing facilities in consulting rooms. Some further improvements, for example to run hard flooring in consulting rooms up the walls for a short distance to provide an easy-to-clean coving were planned to be completed as part of the wider renovation and extension works taking place in the latter half of 2018.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. Action was being taken to mitigate risk associated with planned changes in the staff complement: a female GP had retired recently and the practice nurse was leaving. To manage the impact of these changes on the service patients were being redirected to alternative sexual health and contraception services and a member of staff was being trained to be the practice's phlebotomist and to perform some other additional roles such as giving injections. The provider had engaged a replacement female GP locum and there was a female registrar working at the practice. It was in the process of recruiting a replacement practice nurse or an advanced nurse practitioner and was considering recruiting an additional healthcare assistant. The provider was monitoring patients' responses to these changes, for example what they thought of the new female GP locum.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Good

Are services safe?

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. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Its antimicrobial prescribing was comparable to other practices in the Clinical Commissioning Group (CCG).
- There was a protocol in place for verifying the identity of patients during telephone consultations.
- 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 that led to safety improvements.

Lessons learned and improvements made

The practice learned from and made improvements when things went wrong.

- There was a system and policy 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, following an incident in which there was an error in the labelling of a sample there was further training for the member of staff involved, and further checks were built in to system for collecting a sample, labelling it, and sending it for testing with the correct request form.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice 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.
- The practice was not an outlier in respect of prescribing indicators.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other 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 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 not an outlier in respect of quality and outcomes indicators in 2016-17 relating to diabetes, hypertension, atrial fibrillation, COPD (chronic obstructive pulmonary disease) and asthma.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments for immunisation.

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

- The practice's uptake for cervical screening was 83%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

(for example, treatment is effective)

- 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 a register of patients living in vulnerable circumstances including people with a learning disability and people who are deprived of their liberty.

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

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months in 2016-17. This was comparable to the national average.
- 93% 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 comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice rate for dementia was 10% which was the same as the national average.

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. It was carrying out clinical audits:

- As part of national improvement initiatives, such as antimicrobial prescribing.
- To check it was following national guidance, such as reviewing anticoagulation medicine for patients prescribed warfarin for stroke prevention in non-valvular atrial fibrillation.
- To optimise the treatment and care it provides, for example the appropriateness of referrals to a cancer specialist using the two-week urgent referral pathway.

The anticoagulation medicine and two-week urgent referral pathway audits were examples of two-cycle audits in which checks had been repeated and shown changes in practice had resulted in improved outcomes for patients.

The most recent published Quality Outcome Framework (QOF) results in 2016-17 were 99% of the total number of points available compared with the national average of 97%. QOF is a system intended to improve the quality of general practice and reward good practice. The clinical exception rate was 10% compared with a national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, 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.

Good

Are services effective?

(for example, treatment is effective)

- 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 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.
- The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice was not an outlier in respect of the percentage of new cancer cases who were referred using the urgent two week wait referral pathway.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and seventy six surveys were sent out and 106 were returned. This represented about three per cent of the practice population. The practice was above the CCG 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) average of 86% and the national average of 89%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average – 96%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 81%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 88%; national average - 91%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who 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 further information and access community and advocacy services. They helped them ask questions about their care and treatment. A mental health facilitator held a regular clinic at the practice.

The practice proactively identified patients who were carers as part of providing treatment and care to people they cared for. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (just over two per cent of the practice list).

- A member of staff acted as a carers representative to help ensure that the various services supporting carers were coordinated and effective.
- The practice wrote to a patient when it identified them a carer, to tell them about the carers representative, other resources for carers, and carers' eligibility to receive a free NHS flu jab.

Staff told us that when families had experienced bereavement, a member of staff usually attended the person's funeral to represent the practice. During the inspection the provider instituted a condolences letter to send to the family, to extend the practice's sympathies to them and to offer help and support with bereavement.

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 above local averages:

Good

Are services caring?

- 89% 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 83% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 72%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 83%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as 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. Example of this included extended opening hours, online services such as repeat prescription requests and test results, telephone consultations, advanced booking of appointments, and advice services for common ailments.
- 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 help was available for patients who found it difficult to negotiate the entrance to the practice which did not have automatic doors.
- 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 nearby care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked close with a neighbouring pharmacy to ensure patients received the medicines they needed when they needed them.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice's electronic record system enabled all clinicians involved in a patient's care to access and update their medical record. Clinicians were also able to discuss and manage the needs of patients with complex medical issues using this system.

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 were offered a same day appointment when necessary.
- The practice provided a children's phlebotomy service.
- A midwife and a health visitor held regular clinics at the practice.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care; for example, extended opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. Patients were also signposted to a local Leicester City Healthcare Hub which provided GP appointments every week day evening and at the weekend.
- The vasectomy service for the area was based at the practice and provided by one of the GP partners. The practice was looking to expand the range of services it was able to provide closer to patients homes and had successfully bid for funding from NHS England to extend the premises. Works were due take place in the latter half of 2018.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in circumstances that make them vulnerable including dementia, deprivation of liberty, and learning disability.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Home visits were available for those unable to visit the surgery and the GPs visited the care home where a number of their patients lived on a regular and responsive basis.
- The practice supported carers as partners in providing care.

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.
- Care plans were regularly reviewed, at least annually.
- Patients had access to in-house psychological therapy.

Timely access to care and treatment

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and seventy six surveys were sent out and 106 were returned. This represented about three per cent of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG – 59%; national average - 71%.
- 76% 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 - 64%; national average - 76%.
- 75% of patients who responded described their experience of making an appointment as good; CCG - 63%; national average - 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received between 01 April 2016 and 31 March 2017. We reviewed one complaint 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. It had made changes to the way in which prescriptions requests were handled, for example, to make it easier for GPs for fulfil prescription requests properly and in a timely manner.

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 a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capability and integrity 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.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business development plan 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 and nationally. 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 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. The provider was considering how to better involve long-term GP locum staff in the clinical team.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

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 prescribing and referral decisions, for example. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and the GP partners were concerned 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', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had increased the number of telephone consultations, for example.
- There was an active patient participation group.
- 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 at all levels within the practice. The work of the new GP partnership in the two years since taking over the practice had focused on establishing a new ethos and new working practices, and readying the practice to modernise in respect of expanding the range of services it provides and increasing the mix of staff to meet patients' needs. The practice was developing the healthcare assistant and advanced nurse practitioner role within the clinical team, for example.
- The provider had renovated the first floor of the premises to make additional office space and had successfully bid for Estates and Technology Transformation Fund (ETTF) investment to renovate and extend the clinical areas on the ground floor to accommodate more staff and a growing patient list, and to provide more services closer to patients' homes.
- The provider was developing its use of information technology, for example it had a created an electronic index of policies and procedures making these

Are services well-led?

Good

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

documents readily accessible to staff; and had improved its website. It was also investing in creating a practice intranet that would allow all clinical and information governance processes to be fully systemised.

- 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.