The Devonshire Practice

Quality Report

The Devonshire Practice
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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

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection January 2015 – 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 The Devonshire Practice on 22 February 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.
- 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.
- Patients with a learning disability or whose first language was not English were automatically booked an extended appointment time.
- The practice used the Electronic Frailty Index (EFI) for patients over 65 years to help identify and predict risks for older patients in primary care. Patients identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs.
- The practice offered same day appointments and a 'sit and wait' service for patients who did not have an appointment.

Summary of findings

- The practice used a text message system to remind patients of appointments.

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

- Review the clinical auditing and quality improvements processes to evidence positive outcomes for patients.
- Review thetelephone access to increase patient satisfaction.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

The Devonshire 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.

Background to The Devonshire Practice

The Devonshire Practice provides services under a personal medical services (PMS) contract to approximately 5,762 patients.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical, family planning, maternity and midwifery services and Diagnostic and screening procedures and operate from the location;

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The practice population is in the sixth least deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is lower than the national average.

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 conducted safety risk assessments. It had 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 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. We saw evidence that the infection prevention audits had been undertaken annually and demonstrated compliance with infection prevention and control policies and procedures.
- 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.

- 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.

Good

Are services safe?

- 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 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. The practice had documented four significant events in the last 12 months. On each occasion we saw relevant actions had been taken to improve quality of care. Lessons learned had been discussed with relevant staff and during meetings. For example, whilst a member of the nursing team had taken a blood sample from a patient, the patient moved unexpectedly, resulting in a needle stick injury to the staff member. The staff member followed the practice procedures set out in case of a sharps injury. The practice accessed the occupational health needle stick helpline and arranged for a blood test to be taken for the member of staff. The practice reminded staff to be aware of nervous or anxious patients and reiterated the importance of reminding patients to remain still whilst taking blood samples.
- 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- All patients had a names GP including those aged over 75 years old.
- During the last flu campaign in 2017, the practice had achieved the highest number of flu vaccinations administered to patients over 65years old and to patients under 65 years who were 'at risk', in the locality. Results showed the practice had vaccinated 80% of patients aged over 65 years, compared to the second highest practice in the locality who achieved 77%. GPs and nurses contacted 'at risk' patients via phone to invite them to the practice for their flu vaccine. Flu vaccines were also offered and administered to patients opportunistically during appointments. The clinical commissioning group (CCG) had shared these methods with other practices within the locality as an example of best practice.

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 their medicine.
- The practice was a member of the Portsmouth Primary Care Alliance Ltd (PPCA). The PPCA being formed of a group of GP practices working together which was established to reduce hospital admissions and offered an acute visiting service. The practice referred patients who were at risk of hospital admission to the PPCA , who then carried out home visits to those patients.
- The practice used the Electronic Frailty Index (EFI) for patients over 65 years to help identify and predict risks for older patients in primary care. Patients identified as living with severe frailty were also reviewed every month at multi-disciplinary meetings in order to co-ordinate care to meet individual needs.
- 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.

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 offered monthly clinics with a diabetes nurse specialist from the local acute trust to review patients with complex diabetes.

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% in three out of four areas. The practice were below the target percentage of 90% for providing children Haemophilus influenza type b and Meningitis C booster vaccine. The practice were aware of this and were working to increase patient uptake of this vaccine.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 79%, 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.
- The practice did not offer NHS checks for patients aged 40-74 as an enhanced service. The practice

Good

Are services effective?

(for example, treatment is effective)

opportunistically informed patients about this service and signposted patients, during consultations, to external providers such as local chemists. 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. For example, patients at the end of their life were reviewed as frequently as required as well as at monthly multi-disciplinary meetings. These meetings were attended by GPs and the palliative care nurses, Macmillan nurses and the community matron.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- All staff had recently undertaken dementia awareness training.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is 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 the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 93%; national 91%) was above 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. For example, the practice reviewed the appropriateness of referrals for acute admission into hospital over a 12 month period. Results demonstrated that of the 39 patients who were admitted to hospital, 38 had been appropriate referrals. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality and Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 96%. QOF is a system intended to improve the quality of general practice and reward good practice. The overall exception reporting rate was 8% 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.

- The practice used information about care and treatment to make improvements. We saw the practice had undertaken seven clinical audits, one of which was a full cycle audit. The audit data did not always demonstrate how this information had been used to improve outcomes for patients. However we looked at a full cycle clinical audit and saw evidence that care and treatment had been subsequently improved. For example the practice undertook and audit to measure the appropriateness of referrals made to a Non Alcoholic Fatty Liver Disease (NAFLD) clinic as GPs were concerned a high number of patients had been referred. Results showed that 12 patients had been referred to the NAFLD clinic over 11 months and all of the referrals had been appropriate. The practice undertook a second audit ten months later and found that the number of referrals had reduced. All of the seven referrals that had been made during this time had been appropriate.

Effective staffing

The practice had 3 GP partners. The practice also employed 2 practice nurses, a Health Care Assistant, a Practice Manager and 13 administrative assistants.

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.

Good

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. For example, a practice nurse had recently completed a post-graduate respiratory care course and had also qualified as a cervical cytology trainer.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, all staff were invited to attend a half day of face to face training at the practice 10 times a year.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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. For example, staff had telephone and email access to the local tissue viability nurse if they required advice.
- 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, 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, 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.

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 75 patient Care Quality Commission comment cards we received were positive about the service experienced. Comments included that staff were friendly and the practice provided excellent care. 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. 256 surveys were sent out and 109 were returned. This represented about 2% of the practice population. The practice was above or comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% 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%.
- 87% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 92%; national average - 95%.
- 91% 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%.
- 88% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 88% 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. We saw notices in the reception areas, including in languages other than English, 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.

The practice proactively identified patients who were carers. We saw information was available in the waiting room for carers and staff signposted carers to local services and external support. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (1% of the practice list).

- 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 and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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:

- 88% 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%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; 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.

The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country.

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 across all population groups.

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 offered antenatal and postnatal care, travel vaccinations and travel advice, childhood immunisations, cervical screening and contraception advice.
- The practice offered same day appointments and a 'sit and wait' service for patients who did not have an appointment.
- 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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice used a text message system to remind patients of appointments.
- The practice is a member of Portsmouth Primary Care Alliance Ltd (PPCA) which had implemented a 'Winter Pressure Scheme' service by providing a GP service at weekends. This was implemented to reduce the pressure on the out of hours services.
- The practice had recently reviewed all patients who were housebound or vulnerable, following severe weather warnings as the health and social care needs of these patients may be affected by a reduction in services due to severe weather. The practice checked that all patient identified as being at risk or affected by a reduction of services as a result of severe weather, had a carer or family member at home or a care package in place.

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 nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice nurses visited patients who were housebound or found it difficult to access the practice, to provide immunisations against the flu virus. Practice nurses took the opportunity to undertake other relevant health checks such as weight monitoring, blood pressure checks and collecting blood samples.

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 held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients were able to book appointments online. The practice had the highest number of patients that used online services in the locality. In November 2017 results showed that 46% of the patient list used online services compared to the second highest practice within the locality who had 23%.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability or whose first language was not English were automatically booked an extended appointment time.

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 offered regular reviews for patients experiencing poor mental health. Practice staff worked closely with mental health services and the local critical care team. Staff were able to refer patients to external support provisions including counselling and talking therapies.

Timely access to the service

The practice was open from 8.30am until 6pm Monday to Friday, appointments were available during those times. Telephone lines were open from 8am. Extended hours appointments were available every Monday and Tuesday from 6.30pm until 8pm. When the practice was closed patients were directed to NHS out of hours services by dialling NHS111.

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 comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 79% 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 76%.
- 52% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average - 71%. 15 patient Care Quality Commission comment cards we received referred to difficulty patients had experienced getting through to the practice on the phone. The practice had installed another telephone line in 2016 and an upgraded telephone access system to allow five patients to be held in a queue at one time. However, the practice had not implemented further improvements to address telephone access and improve the experience for patients.
- 77% 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 - 84%; national average - 84%.
- 71% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 60% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 72% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; 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. Six complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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, the practice received a complaint after it had booked a 'choose and book' appointment on behalf of a patient they were unable to contact. The practice arranged for the details of the appointment to be sent to the patient. The details of the appointment had been lost in the post and the patient missed the appointment. We saw the practice had apologised to the patient and met with them to discuss the error. The practice subsequently changed the procedure for booking 'choose and book' appointments. The new procedure meant that patients had to hand over a 'choose and book' form to the reception team following a GP appointment. The receptionists would then book the patients onto the system whilst the patient was present and which subsequently ensured confirmation of their appointment before they left the practice. .

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.

- 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. We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion. 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.
- 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.
- 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

Are services well-led?

Good

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

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. However, not all clinical audits were completed as a full cycle to demonstrate positive outcomes for patients. 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.
- 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. For example, following suggestions made by patients, the practice signed up to an e-consultation pilot which was scheduled to start in March 2018.
- There was an active patient participation group (PPG) who met regularly. The practice told us that they had wished to increase the number of PPG members and encourage patients to attend PPG meetings. Receptionists undertook a campaign to increase PPG members by informing patients directly when they arrived for appointments as well as advertising on the website and in the waiting room. As a result 50 patients attended the November 2017 meeting. We saw meeting minutes included discussions about changes to IT systems and staff and encouraged suggestions for the improvement of provision of services.
- 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. For example, the practice had recently supported a receptionist to become a health care assistant (HCA). The practice ensured the HCA had completed relevant training to enable them to carryout procedures which included phlebotomy, ear syringing, blood pressure monitoring, administration of some vaccines and ECG(electrocardiogram) readings. This had increased the number of appointments the practice were able to offer patients.
- 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.

Are services well-led?

Good

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.