

# North Thoresby Practice

## Quality Report

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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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Thoresby Practice on 17 December 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was readily available and easy to understand.

- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should ;

- Ensure recruitment arrangements include all necessary employment checks for new staff, including written references.
- Ensure that information on translation services is made available to patients and staff.
- Ensure that infection prevention and control policies are followed.

Policies should be regularly reviewed to ensure their relevance and efficacy.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. However we found that there were some deficiencies in the recruitment procedures and no recent infection prevention and control audit had been undertaken.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for most aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with NHS England and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat

Good



# Summary of findings

patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However we found that many of the policies were overdue review. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

**Good**



# 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

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs supported practice nurses who had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered, include on-line and 24/7 telephone booking of appointments and repeat prescriptions to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. It had carried out annual health checks for people with a learning disability . It offered longer appointments for people with a learning disability.

Good



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

The practice is rated as good for the care of people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The latest national GP patient survey results available showed the practice was performing in line with local and national averages. There were 124 responses and a response rate of 47.1%.

- 77% of respondents said they found it easy to get through to this surgery by phone compared with a national average of 73%.
- 95% said the last appointment they got was convenient compared with a national average of 92%.
- 77% described their experience of making an appointment as good compared with a national average of 73%.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 97% of patients said they would recommend the practice to someone new to the area compared to the national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received fifteen comment cards which were positive about the standard of care received.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure recruitment arrangements include all necessary employment checks for new staff, including written references.
- Ensure that information on translation services is made available to patients and staff.

- Ensure that infection prevention and control policies are followed.

Policies should be regularly reviewed to ensure their relevance and efficacy



# North Thoresby 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 practice manager specialist advisor.

### Background to North Thoresby Practice

North Thoresby Practice Surgery provides primary medical care for approximately 9,500 patients living North Thoresby, Holton-le-Clay and the neighbouring villages.

The practice has a branch site at Lancaster Gate Holton-le-Clay. The two surgeries share a common patient list and patients can choose to be seen at either site.

The service is provided under a General Medical Services contract with Lincolnshire East Clinical Commissioning Group.

Care and treatment is provided by four full time GP partners, one being female, a nurse practitioner, three practice nurses and a three health care assistants. They are supported by a team of dispensers, receptionists and administration staff.

The practice is a dispensing practice, and dispenses to approximately 40% of its patients.

The surgery at North Thoresby is open between 8am and 6.30pm Monday to Friday, excepting Thursday when it closes at 12.30pm. Holton-le-Clay is open from 8am to 6pm Monday, Tuesday and Friday, 8am to 12.30 pm on Wednesdays and from 8am to 6.30pm on Thursdays.

When the surgery is closed GP out-of hours services are provided by Core Care Links Limited in Grimsby. Out-of-hours services are also provided by Lincolnshire Community Health Services NHS Trust which can be contacted via NHS111.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting 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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

### How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

# Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we spoke with a range of staff including GPs, nurses, dispensers and administration and reception staff. We spoke with members of the patient participation group. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

- There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.
- Staff told us they would inform the practice manager of any incidents. We looked at the records of nine significant events that had occurred in a twelve month period. We found them to have been well recorded with good evidence gathering and analysis. Any actions or learning was clearly defined and had been cascaded to relevant staff and GPs through meetings and this was reflected in the records of those meetings.
- The practice had carried out an analysis of the significant events. No trends were apparent.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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). Only nurses undertook chaperone duties.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Health and safety risk assessments had been undertaken at both surgeries.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and that regular risk assessments were made of treatment rooms in respect of infection control. A nurse practitioner was the infection control lead. There was an infection control policy in place which stated that an infection control audit should be undertaken annually and action taken to address any improvements identified as a result. No such audit had been completed since 2012.
- The arrangements for managing medicines, including drugs and vaccinations, kept people safe.
- The process for obtaining, prescribing, recording, handling, disposal and security of medicines including controlled drugs was well documented and provided assurance that patients were adequately protected. Unwanted medicines, including controlled drugs were disposed of correctly.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. Dispensary staff were appropriately trained and their competency assessed annually by a GP.
- Recruitment checks were carried out. We reviewed the files of nine GPs and members of staff and noted that appropriate recruitment checks had been undertaken prior to employment in most cases, although we did note that written references had not always obtained.

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with 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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were 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 fit for use.

The practice had a business continuity plan in place for major incidents such as power failure, loss of telephony services or extreme weather conditions.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The guidance was available on the practice computer system and also discussed at meetings held every two weeks.

### Management, monitoring and improving outcomes for people

- The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.
- Current results were 99.8% of the total number of points available, which was 5.6% higher than the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed; Performance for diabetes related indicators was significantly higher than the national average. For example The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 94% compared to the national average of 78%. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 99% compared with the national average of 94%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% compared to the national average of 88%.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes.

One such audit had concerned gestational diabetes mellitus which had been re-audited in October 2015 and showed substantial improvement on the previous results.

- Other audits had included an audit into why surgeries ran late.
- These were completed audits where the improvements made were implemented and monitored.
- The management of patients with long term conditions such as diabetes, asthma, chronic kidney disease and chronic pulmonary obstructive disease was undertaken by practice nurses at practice clinics with support from GPs.
- A member of staff was responsible for identifying from the computer system those patients due a review. If they did not attend their appointment they contacted them to re-book or seek a reason why they did not wish to attend.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, coaching and clinical supervision. Nurses told us that GPs were always approachable for guidance and advice.
- We found that there was a thorough system of supervision and appraisal. Staff told us they received an annual appraisal of their performance and we looked at some records that showed this to be the case and also highlighted how managers had highlighted sub-optimal performance and had documented as how they could improve.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to training modules and in-house and external training resources.
- GPs had special interests in areas of medicine such as children's health, psychiatry, gastroenterology, minor surgery and cardiology.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.
- Incoming mail and pathology results was all dealt with by a GP. A 'buddy' system was in operation to ensure that results for GPs who were not in the surgery, for example on holiday, were not missed.
- Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.
- The practice provided a wealth of health promotion and advice material both in paper format at the surgery and also on its website.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, and when they were referred, or after they are discharged from hospital.
- We saw evidence that multi-disciplinary meetings took place and included GPs, community nurses and Macmillan nurses. Records of those meetings were comprehensive and informative.

## Consent to care and treatment

- Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

- We saw examples of how patients consent for minor surgery was recorded in writing and scanned on to the patient record.

## Health promotion and prevention

- Patients who may be in need of extra support were identified by the practice. These included, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.5% which was above both the CCG and national average .
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We noted that the rates for breast screening were low at 44.1%. The senior GP partner told us that they encouraged eligible patients to attend for screening but felt that the distance they need to travel was the major contributory factor in this low uptake.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.4% to 95.5% and five year olds from 84.4% to 94.6%.
- Flu vaccination rates for the over 65s were 69% and at risk groups 43% These were comparable to CCG and national averages.
- Patients had access to appropriate health assessments and checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- For those patients aged 75 or over, the practice invited them in for a health check if they hadn't been seen at the practice in the previous three years.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs and there was a notice to this effect.
- The patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Upon reaching the age of 100 the practice sent patients a birthday card.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the national average of 89%.
- 94% said the GP gave them enough time compared to the national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the national average of 95%

- 91% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.

### Care planning and involvement in decisions about care and treatment

Patient feedback indicated that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were significantly better than local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.

Although no hearing loop was fitted, reception staff told us that there were plans to install one.

### Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations, including the Lincolnshire Carers and Young Carers Partnership.
- The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.
- GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other healthcare professionals.
- Staff and GPs told us that if families had suffered bereavement, their usual GP contacted them. This call

## Are services caring?

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. A condolence card was sent to their next of kin.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those who needed to be seen that same day.
- The practice was well equipped to meet the needs of patients and others with restricted mobility for example wheelchair users.
- Information on translation services was not displayed and reception staff we spoke with were not aware of what to do in the event that a patient required the services of a translator.
- The practice had a number of elderly patients who were a local residential care home with nursing. A particular GP routinely visited the home on a weekly basis to meet the needs of this particular patient group and to help establish and enhance continuity of care. All the residents are registered with the practice and the practice also delivers dispensed medicines to the home.

### Access to the service

- Patients could access the practice at either of the two surgeries between 8am and 6.30pm Monday to Friday. North Thorsby closed on Thursday afternoons and Holton-le-Clay on Wednesday afternoons.
- A third of all appointments were pre-bookable 3 weeks in advance and two thirds were booked on the day.
- Appointments could be booked in person, by telephone or on-line. In addition telephone booking using an automated system called Patient Partner enabled appointments to be booked 24 hours a day.
- In the out-of-hours period patients were provided with the telephone number for Core Care Links Limited, an

out-of-hours provider in Grimsby. Patients were also able to access alternative services provided by Lincolnshire Community Health Services NHS Trust via the NHS 111 telephone system.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment exceeded national averages in all the indicators. For example:
- 83% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 77% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 77% of patients described their experience of making an appointment as good compared to the national average of 73%.
- 79% of patients stated that the last time they wanted to see a GP or nurse they were able to get an appointment compared with the national average of 76%.
- 97% of patients said they would recommend the practice to someone new to the area compared to the national average of 76%.

### Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. posters displayed and the practice information leaflet. Comprehensive complaints information was easily accessible on the practice website.
- We looked at the 14 complaints that had been received over a period of 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complainant. None needed to be referred to the Parliamentary and Health Service Ombudsman.

Where lessons needed to be learned as result the matter had been discussed, for example at practice meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

- The practice staff displayed a clear intention to deliver high quality care and promote good outcomes for patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Succession planning was evidenced by the recruitment of an additional health care assistant to ensure a seamless transition upon the impending retirement of another health care assistant.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

- The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Two of the partners had joined within the last nine months. The practice prioritised safe, high quality and compassionate care.

- The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.
- The partners encouraged a culture of openness and honesty.
- Staff told us and we saw evidence that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.
- The patient participation group had been in existence for four years. We met with two members of the group who told us they had met quarterly and saw their role as helping the practice to maintain and improve GP services. They told us they were well supported by the practice and that meetings were well attended.
- The group showed us an example of how they had been influential in implementing a system using numbered tickets to reduce queuing at the dispensary and to help protect patients confidentiality.
- The practice had been one of the pilots for the 'Friends and Family Test' prior to it being rolled out across all practices as part of the GP contract. Results were overwhelmingly positive.