

GP Suite - Dr Rasib and Partners

Inspection report

Cannock Chase Hospital
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

GP Suite – Dr Rasib and partners is a new registered practice and this is the first inspection of this service under this provider.

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

We carried out an announced comprehensive inspection at GP Suite – Dr Rasib and Partners on 23 April 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was 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.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events. When incidents did happen, there were arrangements in place to ensure learning was shared to improve processes. Staff understood their duty to raise concerns and report incidents and near misses.
- The practice had effective systems in place for the management of patients prescribed high risk medicines.
- 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.
- There were clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse and for identifying, assessing and mitigating risks to the health and safety of patients.
- The practices worked proactively with other organisations to ensure patients had access to range of services to support their health and wellbeing. These services contributed to an improved patient experience.

- The service sought and acted on feedback from patients and staff.
- Staff had the skills, knowledge and experience to carry out their roles and arrangements were in place to assess the competence of clinical consultations.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice acknowledged they were generally below local and national outcomes on the GP patient survey and had taken action to undertake their own satisfaction survey and were working towards improving patient access and reviewing their workforce model.
- The practice responded to complaints in a timely and open manner.
- There were clear responsibilities, roles and systems of accountability to support effective governance.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice had reviewed the needs of its patients and had made considerable efforts in working with external agencies to provide patients with a range of services. They worked in partnership with variety of external partners and helped facilitate a range of support clinics for patients to access within the practice and local community. The practice had identified four percent of its patient list as carers and actively supported them. They were a dementia-friendly practice and were also registered as a disability confident committed organisation. (The Disability Confident is a scheme that is designed to help organisations recruit and retain disabled people with health conditions for their skills and talent).

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

- Continue to improve patient access and review the actions identified in the internal patient satisfaction surveys.
- Ensure recruitment procedures are operated effectively to ensure only fit and proper persons are employed.

Professor Steve Field CBE FRCP FFPH

Population group ratings

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 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager advisor.

Background to GP Suite - Dr Rasib and Partners

GP Suite – Dr Rasib and Partners was registered with the Care Quality Commission (CQC) on 23 November 2017 as a partnership provider and has not previously been inspected. The practice is located on the first floor of Cannock Chase Hospital in Staffordshire and provides primary medical services to approximately 5,514 patients. The practice is part of the NHS Cannock Chase Clinical Commissioning Group and holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice population is in the fifth most deprived decile in England. The practice population of children aged 0 to four years is slightly below local and national averages. The practice population of patients in paid work or in full time education is above local and national averages. Of the patients registered with the practice, 98% are White or White British. The percentage of patients with a long-standing health condition is comparable to local and national averages.

The opening times at the practice are between 8am and 6.30pm Monday to Friday. Extended hours are available on Monday evening between 6.30pm and 7.30pm and a Thursday evening between 6.30pm and 7pm for telephone consultations only. Patients can book

appointments in person, on-line or by telephone. The practice does not provide an out-of-hours service to its own patients but patients are directed to the out-of-hours service provided by Staffordshire Doctors Urgent Care when the practice is closed. Information is provided to patients about how to access out of hours care through the NHS 111 service. The practice also participates in the Cannock Practices Network Surgery based within the practice from 3.30pm – 8pm each night and weekends between 9am to 1pm and therefore is also able to refer and book appointments through the Network Surgery. The practice is closed from 12.30pm one afternoon per month for staff training. Notice of forthcoming closure dates are displayed on the practice site.

The practice team is made up of one male lead GP who is a partner and one female regular locum GP. There are two female practice nurses and one part time male practice pharmacist. The practice manager is the managing partner and is assisted by the lead GP in the management of the practice. There is also a team of reception and administrative staff.

The practice provides a range of services. For example, long term condition management including high blood

pressure, asthma, heart disease, contraceptive services, childhood immunisations, minor surgery and joint injections in addition to a range of health and wellbeing clinics.

Further details about the practice can be found by accessing the practice's website at www.drrasibandpartners.nhs.uk

Are services safe?

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. 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 their role and had received a DBS check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had not carried out all of the required staff checks prior to staff commencing work. For example when staff joined the practice, an older DBS check from a previous employer had been obtained, however an assessment to mitigate potential risks had not been carried out whilst awaiting the new DBS checks.
- There was an effective system to manage infection prevention and control and audits were regularly undertaken. The practice had a designated lead for infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Due to significant difficulties with recruiting a permanent GP, the provider had reviewed their workforce model to provide improved access and looked at the introduction of a consultant led model. They had secured a further regular locum GP in addition to a second part-time

pharmacist, who was due to commence at the practice shortly. The provider had considered alternative options to increase their workforce such as a physiotherapist, physician associate and an advanced nurse practitioner to improve patient access.

- 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. Staff had taken part in a recent medical scenario to assess their skills and responses and to train them in dealing with specific medical conditions.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. The practice had reviewed their sepsis policy and shared information with patients and staff about sepsis. Reception staff told us they would immediately alert a clinician to any patient in the waiting room with deteriorating health.
- 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe 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, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had undertaken an audit of its antibiotic prescribing in 2016-17 and had

Are services safe?

re-audited the process and had taken action to support good antimicrobial stewardship in line with local and national guidance by reducing the number of antibiotics prescribed. An audit had also been carried out to ensure that prescriptions for supplements for malnutrition were given based on guidance. The re-audit showed that the number of patients prescribed supplements appropriately had increased.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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 acted on and learned from external safety events as well as patient and medicine safety alerts. The practice had taken appropriate action in relation to the majority of the medicines and devices alerts we sampled and had obtained most of the safety alerts issued. However, they had not obtained a medicines safety update for medicine commonly prescribed to treat leg cramps and similar conditions. However, we identified there had been no risk to patients at the practice. A further update had not been obtained for a specific medicine used to treat epilepsy, neuropathic pain, hot flushes and restless leg syndrome. Following the inspection the practice told us they had reviewed their processes and explained the actions they had taken to address these areas.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff we spoke with had access to both written and online best practice guidance, however new guidance was not discussed in clinical meetings held.
- Patients' immediate and ongoing needs were 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 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:

- All patients over 75 were informed of their named GP.
- The practice followed up on older patients discharged from hospital to ensure that they had returned home safely and to identify any additional concerns, including carer's needs, dependant's needs or medication concerns.
- The practice offered a telephone triage service to prioritise patients who were over the age of 75. This determined the patient being offered a call back from the practice or a convenient appointment time.
- The practice worked with local organisations to provide 'Safe Well' visits to arrange assessments and provided help to reduce any risk of harm occurring to patients in their own home. They also worked with Age UK to provide regular walks to help reduce social isolation which promoted physical and mental wellbeing.
- Staff had knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice had a register of patients with different long term conditions for example, heart disease, cancer, diabetes, rheumatoid arthritis, hypertension, asthma, stroke and peripheral vascular disease.
- Patients with long-term conditions had structured reviews to check their health and medicines needs were monitored and 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 worked in partnership with an external organisation to form the 'Live Well' Community Café. This service helped provide access for patients who were living with a long-term condition to access additional resources and support within their local community.
- The practice were involved in supporting research by providing 'Osteoarthritis Clinics' to help patients benefit from new treatments.

Families, children and young people:

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- 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% in three out of four target areas.
- The practice provided access to a midwife to help monitor pregnant women and worked alongside other staff in addressing any physical and mental health needs
- The practice provided family planning services, including coil fitting.

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

- Patients had access to appropriate health assessments and checks, which included new patient checks and until recently included 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.
- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the

Are services effective?

national screening programme. The practice was aware of this and continued to raise awareness during patients' consultations to improve screening rates further.

- The practices' uptake for breast and bowel cancer screening was below the national average and were aware of this and encouraging patients to attend screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice had 84 patients on their register, 26 had received an annual health check in the previous year.
- The practice provided additional support for people who looked after others and offered them a 'Carers Review' with a GP.

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

- The practice assessed and monitored the physical health of people with mental illness. They worked in partnership with a Recovery Hub to review patients who were experiencing poor mental health, and offered them appointments at a Mental Wellbeing Clinic based at the practice. The practice also provided a Serious Mental Illness Clinic to review all patients with a mental health condition.
- The practice was a member of the Cannock Chase Dementia Action Alliance and worked with a Clinical Research Institute to help promote finding a treatment for dementia. They provided a Dementia Chat Clinic which offered patients and others the opportunity to discuss any concerns they may have about dementia, as well as providing access to further investigations and treatment.
- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was significantly above the local average of 84% and the national average of 84%.

- 90% 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 local and 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, an audit was carried out to ensure that prescriptions for prescribing supplements for malnutrition were given appropriately, safely and based on guidance. The re-audit showed that the number of patients prescribed supplements appropriately had increased.

- The practice had introduced clinical monitoring analysis sessions and provided constructive feedback to team members regarding their consultation and prescribing (if applicable) thus identifying areas of strength and further development.
- The practice acknowledged that the rate for exception reporting had increased over the previous two years compared with local and England averages, for example diabetes indicators. As a result they had undertaken a learning event and defined areas for improvement, development and change and had shared the required action with staff. The learning from the review identified how proper exception coding and reporting should be conducted in ensuring and maintaining good clinical practice and probity.
- The practice used information about care and treatment to make improvements. The practice had undertaken a comprehensive case matrix linked to the five key CQC questions and the six population groups. The matrix provided examples of the action taken in response to these areas. Examples included how the practice had handled a patient with suspected meningitis, how they had addressed specific safeguarding concerns and examples of how they had obtained patient consent and alerting external agencies to patient specific needs.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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 and have their competency assessed.
- 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 for example, the practice pharmacist 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- 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 own health, for example through social prescribing schemes.
- 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 provided by external agencies and tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the national GP survey, published in July 2017 showed patient satisfaction was mixed in how they felt treated. Patients expressed positive satisfaction levels in relation to their last experience of nurse consultations compared with local and national averages but were less favourable of the last time they had seen a GP. The practice was aware of these results and had undertaken their own internal survey in conjunction with the patient participation group and had developed a number of action plans to address the survey findings. We saw the practice had acted on concerns raised in relation to the attitude of clinicians and had taken action to address these concerns.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, most staff had received training in basic sign language (BSL) and easy read materials were available. The practice website advised patients that the practice was also able to provide a braille or spoken CD version of the practice leaflet upon request.

- Staff helped patients and their carers find further information and access community and advocacy services. The practice had proactively identified 207 patients as carers (4% of the patient list) and actively supported them. For example, the practice had appointed a Carers Champion who acted as a link between carers and the GPs and provided a range of information in relation to advice and support for carers in addition to holding monthly clinics run by an external carer organisation.
- Results from the national GP survey, published in July 2017 showed patient satisfaction was mixed in how they were involved in decisions about their care and treatment. The practice were aware of these results and had undertaken their own internal survey in conjunction with the patient participation group and had developed a number of action plans. Results for the most recent satisfaction survey, undertaken in March 2018, demonstrated a significant improvement with GP's listening to patients and involving them in decisions about their care compared with the national GP survey.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect and were able to share good examples of how they promoted privacy and dignity in their work.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- 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 over the age of 75 had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to the practice.
- The practice worked with the local fire service to provide 'Safe Well' assessments and to help reduce any risk of harm occurring to patients in their own home.
- The practice worked with an external charity to provide regular walks to help reduce social isolation and promote physical and mental wellbeing of their patients.

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 worked in partnership with an external organisation to form the 'Live Well Community Café, a service that provided access, support and resources for patients living with long-term conditions.
- The practice held regular multi-disciplinary meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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.
- Parents or guardians calling with concerns about a child 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 on a Monday evening and telephone consultations on a Thursday evening.
- The practice provided a telephone triage service offering advice and support to benefit without the need to take time off work.
- The practice also promoted access to online facilities, which also included patients being able to send messages directly to the GPs for non-urgent issues, and these were responded to outside the usual 'core hours'.
- In conjunction with the local department for work and pensions office and offered a 'Work Support Clinic' to support patients needing additional help in returning to work. This service allowed patients to have their medical and employment needs reviewed in one convenient location.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances which included homeless people and those with a learning disability and were offered appointments at a time convenient to them. Longer appointments were offered to patients with a learning disability and easy read packs were sent to them to help prepare them for attending their annual review.

Are services responsive to people's needs?

- People in vulnerable circumstances were welcome to register at the practice, including those with no fixed abode.
- The practice was a registered Foodbank Voucher provider and were able to provide support to individuals and their families who had reached a point of crisis in their lives. The service was also available for those who were not registered at the practice.
- The practice worked in conjunction with a registered charity to help improve the health of homeless patients in the local area and held regular meetings to discuss and manage any issues in relation to their physical, mental and social needs.
- The practice was an 'Armed Forces Veteran Friendly accredited GP Practice' and had a dedicated clinician with specialist knowledge of service related health conditions.

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.
- Patients experiencing poor mental health and their families were able to access a mental wellbeing clinic held at the one morning a week and was facilitated by an external recovery worker.
- The practice was a member of the Cannock Chase Dementia Action Alliance and worked with a clinical research institute to help promote finding a treatment for dementia. A dementia chat clinic was offered to patients and provided them with the opportunity to discuss any concerns about dementia, as well as providing access to further investigations and treatment.

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 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.
- Most patients reported that the appointment system was easy to use.

Results from the national GP Survey, published July 2017, showed that patients' satisfaction with how they could access care and treatment was below the local and national averages in relation to access to the service, with the exception of patients being satisfied with the practice opening times. The practice had worked in conjunction with their patient participation group (PPG) and developed an internal questionnaire to gain patient views about the service. A detailed action plan had been developed and was kept under regular review. The practice was aware that getting through on the telephones had been an on-going problem and was working with the hospital to try and introduce a new telephone system. The practice were actively encouraging patients to use alternative methods of booking appointments, for example through the 24 hour Patient Access online service and were advertising this facility through their website, the waiting screen and on their social media page. Leaflets explaining patient access were available in the practice and were also added to new patient packs. The triage telephone consultation system was also being advertised so that patients were able to access advice from a clinician when no appointments were available. The practice were reviewing their workforce to improve patient access to care and treatment. For example, the practice had employed a part-time pharmacist to deal with minor ailments to enable GPs to deal with the more complex cases. Care Navigation had also been introduced at the practice so patients were encouraged to share reasons for their call so that they could be directed to the most appropriate service without the need to wait to see a GP.

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. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient felt that a clinician had not spoken with them in a respectful manner. The matter was

Are services responsive to people's needs?

discussed with the patient and the patient was offered an apology and offered an alternative GP to see in the future. The matter was also discussed with the clinician concerned and raised at a management meeting held.

Please refer to the Evidence Tables for further information.

Are services well-led?

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 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 although a few patients told us they would like to see a greater practice manager presence. Managers 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, sustainable care.

- 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 providing 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 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. 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

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

- 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 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 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.
- 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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 to include competency assessments and review.

Please refer to the Evidence Tables for further information.