Heathcote Medical Centre

Quality Report

Heathcote,
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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

Overall summary

Letter from the Chief Inspector of General Practice

Heathcote Medical Centre was previously inspected in December 2015 and was rated good in all domains and overall.

At this inspection in January 2018 the practice is rated as Good in all domains and overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Heathcote Medical Centre on 17 January 2018 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.

At this inspection we found:

- The practice had clear systems to manage risk, including risk assessments, 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.
- Staff were supported in personal development and training and received regular appraisal.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. However, the patient survey showed lower than average results for the question ‘how easy

Summary of findings

is it to get through to someone at your GP surgery on the phone'. We explored this with the surgery and found that the surgery was putting measures in place to improve patient satisfaction.
- The practice ensured patients had good access to care by offering extended hours surgeries, and telephone consultations, as well as offering appointment booking on the practice website.
- The practice had several GPs who were on maternity leave and to provide continuity of care they had employed long term locums to cover their patients.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Consider ways to identify and support more patients who are carers.
- Continue to review ways to improve patient satisfaction when contacting the practice.
- Consider ways to identify when risk assessments are due.
- Review the recording of information for those patients requiring additional care by using registers and centrally recording information.

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

Heathcote Medical Centre

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 adviser.

Background to Heathcote Medical Centre

Heathcote Medical Centre offers primary medical services via a general medical services (GMS) contract to approximately 12,000 registered patients. The practice provides services to a higher number of patients who are aged 65 years and over, when compared with the local clinical commissioning group (CCG) and England average.

Care and treatment is delivered by three GP partners, two male and one female and five associate (salaried) GPs. There is a good mix of male and female GPs. The practice also has an advanced nurse practitioner, two practice nurses, two healthcare assistants and a team of receptionists and administration staff and team leaders. Operational management is provided by the practice manager.

The practice runs a number of services for its patients including a minor illness clinic, asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

The practice is open between 8.00am and 6.30pm Monday to Friday with extended opening Tuesday and Thursday evenings from 6.30pm until 8:30pm. The practice is also open on some Saturdays 9am to 11am.

The practice is part of a hub of GP practices that offer evening appointments until 9pm and weekend appointments 9am until 1pm. These appointments are not run from the practice but from separate locations in Leatherhead, Epsom and on the Downs.

There are arrangements for patients to access care from an Out of Hours provider via the 111 service. The out of hours provider is Care UK.

Services are provided from the following addresses:

Heathcote Medical Centre, Heathcote, Tadworth, Surrey, KT20 5TH

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 a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. We noted that one health and safety risk assessment was overdue. The practice sent us an updated assessment shortly after the inspection.
- 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 had changed their training and human resources system to improve the management of safe recruitment, management of leave, staff appraisal and training. The system had the ability to generate automatic reminders based around contract start/end dates, training dates and analyses of sickness.
- 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). We noted a DBS check for a recently employed locum GP was yet to be received. The practice had ensured they had the correct recruitment checks in place including references and had reviewed the previous DBS check and was monitoring the GPs work while waiting for the check to come back.
- 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 (IPC). The practice nurse was the IPC lead and conducted IPC audits for the practice. We saw an action plan had been created for any areas that needed to be improved with dates for implementation and who was responsible for the action.
- 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. Reception staff had awareness of symptoms for potentially seriously ill patients and to highlight these for clinical triage.
- 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.

Good

Are services safe?

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.
- Systems were in place to monitor fridge temperatures for refrigerated medicines, and for stock control and reordering.
- 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.

- 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. However, we noted that some information was not recorded centrally but rather on patient notes. This included reviews for vulnerable patients or those receiving palliative care. After the inspection the practice sent us a new template which would centrally record the details of patients on the different registers, the information discussed and any actions required. (For example, safeguarding and palliative care registers).
- 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. Staff were able to give examples of recent safety alerts such as drug alerts and side effects. This information was disseminated to all clinical 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. GPs held daily informal morning meetings which could be used to discuss patients if necessary. We saw that the advanced nurse practitioner was also included in these meetings.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Percentages of antibiotic and hypnotics prescribing were comparable to other practices in the CCG and England averages
- The practice used their computer systems to undertake searches of patients to undertake clinical audits and monitor performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).
- 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.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social 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.
- Nationally reported data showed that outcomes for patients were positive for conditions commonly found in older patients.
- Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues.
- Older patients, where necessary, were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice had devised a frailty protocol to enable doctors to code and enter information on their clinical system.
- Polypharmacy reviews were conducted. Polypharmacy is the concurrent use of multiple medications by a patient. Polypharmacy is most common in the elderly, affecting about 40% of older adults living in their own homes.
- The practice provided a weekly doctors round to local nursing homes.

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.
- Patients who were pre-diabetic or diabetic received information packs. These contained detailed information about their condition and the management of it.
- Nursing staff had lead roles in chronic disease management and had received specific training.
- The percentage of patients with chronic obstructive pulmonary disorder (a chronic lung disease) who have had a review in the last 12 months (2016/17) was 91% compared to the CCG average of 92% and national average of 90%.
- Longer appointments and home visits were available when needed.
- Patients could attend a weekly diabetic clinic with access to Diabetic Specialist nurse.
- The practice ran weekly smoking cessation clinics.
- The practice was one of two local pilot practices referring pre diabetic patients to the National Diabetes Prevention Programme.

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 comparable with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Good

Are services effective?

(for example, treatment is effective)

- Specific services for this group of patients included family planning clinics, antenatal clinics and childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

- The practice's uptake for cervical screening was 91%, which was above 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Evening and telephone consultations were available. Extended hours were provided Tuesday and Thursday evenings for patients who found appointments during working hours difficult to attend.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

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 could offer longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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..

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

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84% and the local average of 81%.
- 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 national average of 90% and the local average of 92%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 88% of patients experiencing poor mental health had received a discussion and advice about alcohol consumption (CCG 90%, national 91%).

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. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 98.4% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96.5%. The overall exception reporting rate was 6.8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- 83% of patients with diabetes, whose last measured total cholesterol was in the range of a healthy adult (within the preceding 12 months). This was in line with the CCG average 80% and national average 80%.
- 71% of patients with asthma had an asthma review in the preceding 12 months which included an assessment of asthma control. This was in line with the CCG average 74% and national average 76%.
- 91% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. This was in line with the CCG average 92% and national average 90%.
- 81% of patients with hypertension had regular blood pressure tests performed. This was in line with the CCG average 80% and national average 83%.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided protected learning time and the local Clinical Commissioning Group (CCG) provided hot topic training. For example, the practice had recently received training for Sepsis management from the CCG.
- 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.
- 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.
- The practice informed us that there had been a recent outbreak of measles within the CCG area. Staff had reviewed their young patient immunisations and had written to those who had not been immunised inviting them into the practice.

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.

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.
- Eighteen of the twenty patient Care Quality Commission comment cards we received were positive about the service experienced. We received two comment cards which were negative in relation to appointments and the use of locums. Two patients we spoke with also echoed this but were positive about the care they had received. We also spoke with two members of the patient participation group who were positive about the care they received. We spoke with the practice about their use of locums. They explained that they had several GPs who were on maternity leave and to provide continuity of care they had employed long term locums to cover their patients.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 236 surveys were sent out and 110 were returned. This represented less than 1% of the practice population. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 87%; national average - 85%.
- 82% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 89%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 92[CN1]%.

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 patients and their carers can access and understand the information they are given). We saw a poster within the waiting area explaining Accessible Information Standards.

- Interpretation services were available for patients who did not have English as a first language. We saw the electronic booking in screen within the reception areas, included 11 different languages other than English.
- Staff communicated with patients in a way that they could understand, for example, using communication aids.
- 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 identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 122 patients as carers including one young carer. (1% of the practice list).

- Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice was part of the Surrey GP Carers Breaks scheme which allows GPs to prescribe a limited number of carers, a break worth up to £300, based on a clinical assessment of health.

Staff told us that if families had experienced bereavement, their usual GP contacted them and could give them advice on how to find a support service.

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:

Good

Are services caring?

- 75% 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%.
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 83%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice was part of a hub of GP practices that offer evening appointments until 9pm and weekend appointments – Saturday and Sunday 9am until 1pm. These appointments were not run from the practice but from separate locations in Leatherhead, Epsom and on the Downs.
- The practice offered text messaging appointment reminders.
- GPs held their own patient lists
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- 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 nurse also accommodated home visits for those who had difficulties getting to the practice.

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. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings to discuss and manage the needs of patients with complex medical issues.
- Flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

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.
- The practice offered contraceptive implants and coil fitting.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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, evening and weekend appointments via the hub.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability where necessary.
- Translation services were available for patients who did not use English as a first language.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had sign-posted patients experiencing poor mental health to various support groups and local organisations. The practice worked closely with the local mental health team and consultants.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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 mixed when compared to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 236 surveys were sent out and 110 were returned. This represented less than 1% of the practice population.

- 67% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 80%.
- 32% of patients who responded said they could get through easily to the practice by phone; CCG – 66%; national average - 71%.
- 59% 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 - 75%; national average - 75%.
- 48% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 72%.

The patient survey showed a lower than average results for the question 'how easy is it to get through to someone at your GP surgery on the phone'. We explored this with the surgery and found that the surgery was putting measures in place to improve patient satisfaction. For example, the practice was aware that calls took longer than normal when patients required the GP to call them back or if they required an emergency appointment but no appointments were available. Reception staff were ensuring that as much details was taken from the patient as possible to pass to the GP. This ensured the GP would be able to see from the notes taken the nature of the call. The practice was in the process of having one to one meetings with each reception staff member to review recorded calls to see where improvements could be made. We were told that during busy times of the day four members of the reception staff were dedicated to answer phones in to the surgery. The practice had also put in place e-mail communication with local pharmacies and care homes so that phone lines would be freed up.

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. We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, 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.
- The practice had two reception team leaders. Staff we spoke with felt this was a positive role in supporting reception staff and the GPs. For example, the team leaders were reviewing calls into the practice with individual team members to help with training.

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. Patients received an apology when things went wrong and were informed of actions taken to prevent the same things happening again. 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. Administration staff showed us a list of external training events that they could attend. They told us that management was open to training requests.
- 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 felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Are services well-led?

Good

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their 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. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- Patients were encouraged to provide feedback. The practice had received numerous compliments and positive feedback in relation to the caring attitude of staff members including reception staff and GPs.
- 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 was working as part of a hub with other neighbouring practices to provide extended appointments at several locations locally. This would enable patients to access GP appointments until 9pm during the week and until 1pm at weekends.
- The practice had changed their training and human resources system to improve the management of safe recruitment, management of leave, good governance, staff appraisal and training. The system had the ability to generate automatic reminders based around contract start/end dates, training dates and analyses of sickness.
- The practice was one of two local pilot practices referring pre diabetic patients to the National Diabetes Prevention Programme.
- 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.