

# Beechwood Surgery

## Quality Report

Pastoral Way,  
Brentwood,  
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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?

Requires improvement 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (This practice was previously inspected February 2015 and rated as good).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

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 Beechwood Surgery on 28 November 2017. We carried

out a comprehensive inspection as part of our inspection programme under Section 60 of the Health and Social Care Act 2008. The 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

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported difficulty accessing the telephone and found it difficult to book an appointment.
- The practice sought and acted on feedback from patients and had listened and responded to surveys completed. However patients reported reduced satisfaction with access to appointments and the telephone system.
- The practice was clean and tidy and staff had reviewed infection prevention control and policies.
- Patient safety and medicine alerts were shared amongst the clinical team and were consistently actioned and recorded.

# Summary of findings

- The practice maintained a good relationship with its patient participation group (PPG) who were proactive and responsive to the local populations needs.
- We saw staff treated patients with kindness and respect, and maintained patient dignity and information confidentiality.
- Training had been completed by all clinical members of staff however we found members of the non clinical team had not carried out refresher training for safeguarding. We found non clinical staff were aware of local protocols and had adequate knowledge to safeguard vulnerable adults and children. Since the inspection the practice have provided the remaining non clinical staff with time to complete their training.

- The practice had effective systems in place for temporary staff to allow them to carry out their roles efficiently.

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

- Ensure there is an effective process to identify carers to enable support and advice to be offered to those that require it.
- Ensure staff complete refresher training when required.
- Continue to improve on patient satisfaction levels relating to access to service.

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

# Beechwood Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead Inspector and was supported by a GP specialist adviser.

## Background to Beechwood Surgery

Beechwood Surgery is located in a purpose built premises in Warley, Brentwood.

- The practice provides services at Pastoral Way, Brentwood.
- There are approximately 12,457 patients registered at the practice.
- The practice is registered with the Care Quality Commission as a partnership, with four GP partners and

three salaried GP's. The practice employs three practice nurses, one health care assistant, practice manager and a team of administrative and reception staff who support the practice.

- The practice is open between 8am and 6.30pm on weekdays with surgeries running from 8.30am to 6.30pm.
- Beechwood Surgery is a teaching practice with one GP accredited trainer. The practice offers training opportunities and currently hosts one trainee GP.
- When the practice is closed patients are advised to call the surgery and be directed. Alternatively they may call the national NHS 111 service for advice. Out of hours provision is commissioned by Basildon and Brentwood CCG, and provided by IC24.
- The practice has a clear well produced comprehensive website. It provides details of services and support agencies patients may find useful to access.

# 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 training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All clinical staff received up-to-date safeguarding and safety training appropriate to their role. We found six members of the non-clinical team had not updated their online refresher training however they had carried out face to face safeguarding training. Since the inspection the staff had carried out their online training. We spoke to a range of staff members all of which had a good understanding of protecting vulnerable adults and children. 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.
- 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 which included a comprehensive starter pack for GP locums, training registrars and students.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety however they had found challenges when recruiting new doctors and nurses.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

## Are services safe?

- 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. For example, the reception team were given further training on the computer system following a significant event.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used equipment to improve treatment and support patients independence. For example, they allowed patients to monitor their own health using a 24 hour blood pressure machine at home.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice were supported by their CCG to monitor and improve their prescribing of antibiotics, we found that their prescribing data was in line with local and national averages.

The practice held regular meetings with the CCG medicines management team to discuss any areas that needed reviewing. From these meetings the practice had identified areas for improvement and had audited prescribing of antibiotic items. The practice reviewed the prescribing of Quinolone (an antibiotic) for 2016/17, where they had prescribed 3% compared with the CCG average of 6%.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.

- 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. They were supported by external organisations to ensure this was done effectively.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- All patients on repeat medicines had an annual review.

This practice was not an outlier for any QOF clinical targets. Data from 2016/2017 showed:

- Performance for diabetes related indicators was higher compared to the CCG and national averages. For example, was 88% compared to CCG average of 77% and national average 78%. Exception reporting in this indicator was 3% which was below the CCG average 7% and national average 9%.
- Performance for stroke related indicators were comparable to the CCG and national averages. For example, was 84% compared with CCG average of 84% and 88% national average. Exception reporting in this indicator was 1% compared with 2% CCG average and 4% nationally.
- Performance for mental health related indicators was higher compared to the CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record in the preceding 12 months was 94% compared with CCG average of 92% and national average of 90%. Exception reporting in this indicator was 0% compared with 8% CCG average and 13% nationally.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

# Are services effective?

## (for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice provided a maternal six week postnatal check with an emphasis on mental health and contraception and an eight week baby developmental check at the same time as first vaccination to optimise uptake.

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

- The practice's uptake for cervical screening was 83%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Vulnerable patients were given priority appointments which are often extended to a twenty minute appointment or longer if required.

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

- 76% 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%.
- 94% 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 above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol

consumption was 92%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96%.

### 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. The practice had completed nine audits in the last two years. We reviewed two audits, one relating to Gestational Diabetes Mellitus and another relating to the prescribing of infant formulae for cow's milk protein allergy. Both audits had highlighted changes to improve clinical performance and were re-audited once changes had been implemented, overall conclusions showed improvement to their clinical performance. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had reviewed their antibiotic prescribing rates and as a result they were below the CCG average for prescribing antibiotics.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 4%; lower than the CCG average of 8% and the 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.)

### Effective staffing

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

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



# Are services effective?

## (for example, treatment is effective)

appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.

- 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.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and flu vaccination clinics.

### 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.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 262 surveys were sent out and 117 were returned. This represented a 45% return rate. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 80%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; CCG - 90%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.

- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 79% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Information aids in other languages were available as well as larger print leaflets.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them answer questions about their care and treatment.

The practice proactively identified patients who were carers. They had a dedicated carers' information board in reception and it was also a question on the new patient registration form. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (0.7% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective and that relevant health check-ups were conducted.

Staff told us that if families had experienced bereavement, their usual GP would visit the family to offer their support, receptionists invited family members in for consultation if needed for advice on how to find a supportive service.

## Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 91% 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 80% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 75%; national average - 82%.

- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as requires improvement 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, online services such as repeat prescription requests, advice services for common ailments).
- The practice enabled patients to make advance bookings. However, a percentage of appointments were book on the day appointments which enabled patients to be seen at shorter notice which had resulted in a reduction in the number of appointments where patients did not attend.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example extra reception staff had been allocated to answering the phone during peak times.
- 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 accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### 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.
- Patients could request a longer appointment if required.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

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

#### 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. The practice currently did not offer extended hours however there were future plans in progress to accommodate patients.
- Email consultations and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice audited their online usage and found they were one of the highest users in their local area.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice referred patients to local services if needed.

#### 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.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice referred patients to two dementia support groups and also undertook visits at a care home dedicated to patients with dementia.
- The practice held GP led dedicated bi-monthly vulnerable adults meetings. Vulnerable patients who did not attend appointment were followed up with a telephone call.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. However patients spoken with on the day of the inspection expressed difficulties in booking an appointment. We reviewed the next available appointment and found there were appointments for both the GPs and nurses within the same week.

- 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 by the duty doctor.
- Patients we spoke with said the appointment system was difficult to access due to busy phone lines. The practice had acknowledged this challenge and were working on improving appointment and telephone access.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages in some cases. This was supported by observations on the day of inspection and completed comment cards. 262 surveys were sent out and 117 were returned. This represented a 45% return rate.

- 61% of patients who responded were satisfied with the practice's opening hours; CCG - 71%; national average - 76%.
- 43% of patients who responded said they could get through easily to the practice by phone; CCG - 66%; national average - 71%.
- 74% 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 - 82%; national average - 84%.
- 65% of patients who responded said their last appointment was convenient; CCG - 77%; national average - 81%.

- 49% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.

The practice told us they had faced many staff challenges such as recruitment, sickness and leave. The practice were aware of their feedback and had acknowledged access as one of their challenges. As a result they had:

- Changed the number of pre-bookable appointments on the day so there were more available to patients when they called in the morning.
- Purchased a new telephone system.
- Added additional phone lines and extra receptionists during peak hours.
- Responded to patient feedback with their actions and displayed this in their waiting room.
- Monitored the number of appointments where patients had not attended. Letters and phone calls were made in order to reduce the amount of unused clinical time. As a result, they had also changed their telephone system which introduced the option to cancel an appointment without having to wait to speak to a member of staff.

### 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. 25 complaints were received in the last year. We reviewed five 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. For example, additional information leaflets were added for patients to view in the waiting room as a result of the complaint to ensure patients knew the services that were offered to them.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them for example the practice had promoted the use of Web GP (an online consultation system) to reduce waiting times.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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. Although we found two members of the nursing team had not had an appraisal within the last year, the practice said this was due to staffing constraints. Following the inspection the practice had scheduled in their appraisals for the next month. All other staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. However regular meetings between the GPs and the practice nurses were not carried out, nurses were informed of clinical changes via email.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.



# Are services well-led?

Good 

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

- 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.

- 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. For example the practice had conducted internal survey, acted on feedback they had received and displayed actions in the waiting room to inform patients.
- There was an active patient participation group who helped organise charity events and flu clinics. They worked closely with other organisations to inform the practice of local programmes.
- 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 encouraged staff promotion and advanced skills and they were exploring technology such as Web GP to overcome the challenges they faced with appointment availability.
- 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.