

Lower Broughton Medical Practice 4

Quality Report

Lower Broughton Health Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lower Broughton Medical Practice 4 on 22 September 2015. Overall the practice is rated as good.

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

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

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

We saw one area of outstanding practice:

- There is a weekly "welfare rights/citizen advice/debt advisory" clinic at the health centre for patients. This is well used and the health centre is one of the highest referrers into this service.

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

Importantly the provider should :

Summary of findings

- Ensure that there is a record of all meetings that take place both internal and external to the practice and actions from these meetings are recorded.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

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

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff at practice meetings.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. Staff had received inductions attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 65 who had more than one attendance at A&E within a 3 month period were identified and reviewed to assess their needs and prevent any further A&E attendances if possible.

Good



People with long term conditions

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

Good



Families, children and young people

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

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired). The needs of the working age population and those recently retired had been identified and the

Good



Summary of findings

practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice provides appointments at a range of times, including later evenings to accommodate this population group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and these patients had received a follow-up if necessary. The practice offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. There is a weekly “welfare rights/citizen advice/debt advisory” clinic at the health centre for patients. This is well used and the health centre is one of the highest referrers into this service.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

The practice had told patients experiencing poor mental health about how to access various health services, support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 99 responses which represents about 4.4% of the practice population.

- 75% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 83% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 85% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 61% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 62% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 60% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

We spoke with five patients who used the service on the day of our inspection and reviewed 12 completed CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also complimentary about the service provided.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that there is a record of all meetings that take place both internal and external to the practice and actions from these meetings are recorded.

Outstanding practice

- There is a weekly “welfare rights/citizen advice/debt advisory” clinic at the health centre for patients. This is well used and the health centre is one of the highest referrers into this service.

Lower Broughton Medical Practice 4

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector and included a GP specialist advisor and an expert by experience who is a member of the public trained by the CQC.

Background to Lower Broughton Medical Practice 4

Lower Broughton Medical Practice 4 has about 2,250 patients registered. It is overseen by NHS Salford Clinical Commissioning Group (CCG). The population experiences higher levels of income deprivation affecting children and older people than the practice average across England. There are a lower proportion of patients above 65 years of age (13.6%) than the practice average across England (16.7%). There are a high proportion of patients registered who are from a socially deprived background.

There are two partner GPs supported by a practice nurse. There is also a practice manager, and supporting administration and reception team.

The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice is open between 8.00am and 6.30pm Monday to Friday on a Saturday with extended hours available on Tuesdays until 8pm. Appointments are available daily from 9am to 11.30am and from 3.30pm to 5.30pm, and on Tuesdays from 6.30pm to 8pm.

Patients can book appointments in person or via the phone. Emergency appointments are available each day. Salford Royal NHS Foundation Trust provide urgent out of hours medical care when the practice is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

Detailed findings

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 22 September 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However there was not always a record of all meetings that took place.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One partner GP took the lead for safeguarding vulnerable adults and the other for safeguarding children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and 75% of staff had received a disclosure and barring check (DBS) and we saw that a DBS check had been applied for all other staff. (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies and procedures available with a poster in the staff reception area. This included information on reporting, risk assessments, equality and disability, discrimination compliance and responsibilities of staff. The practice had an up to date fire safety policy and risk assessment, and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and cleaning schedules were strictly adhered to. The deputy practice manager was the infection control lead supported by the practice manager. There was an infection control policy in place and staff had received up to date face to face training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of a pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There were also reciprocal arrangements in place with the other practices co-located in the building in the event of unforeseen staff absences in order to maintain continuity of care.

Arrangements to deal with emergencies and major incidents

There were panic buttons fitted in the premises that alerted a monitoring service to an emergency that required an immediate police response. All staff received annual basic life support training. The practice had a defibrillator

available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a continuity planning and recovery toolkit in place for major incidents such as power failure or building damage. This was based on a risk assessment and identification system that included what to do in case of loss of computers, personnel, clinical services and premises. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 77.1% of the total number of points available, with 0% exception reporting. However we saw that figures had improved from previous submissions. Data from 2013-14 showed;

- Performance for diabetes related indicators was below the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was below the CCG and national average.
- The dementia diagnosis rate was below the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that included such topics as an introduction to the service, terms and conditions of employment, equal opportunities and worker development, and health and safety.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Both partner GPs had undertaken revalidation.
- Staff received training that included: safeguarding, fire safety, infection control, diversity, chaperoning, basic life support and dementia awareness. Staff had access to and made use of e-learning training modules through a system called "blue stream academy" and face to face training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two weeks and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and . Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 72%, which was below the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.7% to 100% and five year olds from 94.7% to 100%. Flu vaccination rates for the over 65s were 70.1. These were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 10 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey from July 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was below average or similar to what was expected for its satisfaction scores on consultations with doctors and nurses

- 78% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 76% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 83% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

There was a weekly "welfare rights/citizen advice/debt advisory" clinic at the health centre for patients. This was well used and the health centre was one of the highest referrers into this service. 45 patients accessed this service based at the health centre in 2014/15 (0.5% increase on last year) and secured additional income of £101,564.42 (75% increase on last year) for 17 patients. This, together with the other two practices in the health centre, was the highest figure of all the health centres in the local area.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available through language line for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

There was a deceased persons protocol in place and we saw evidence how staff followed this in a sympathetic and dignified manner. Staff told us that if families had suffered bereavement, their usual GP contacted them and sent

them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

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

- Consultations sessions were booked at 10 minute intervals.
- The practice offered appointments from 6.30pm to 8pm on Tuesdays for working patients who could not attend during the regular working days.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older or other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions daily.
- Telephone consultations were available for patients if required.
- Non-urgent appointments were available to patients within five working days.
- Appointments were made available daily for those patients who presented at A&E, but after triage, but were referred back to their GP.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday on a Saturday with extended hours available on Tuesdays until 8pm. Appointments are available daily from 9am to 11.30am and from 3.30pm to 5.30pm, and on

Tuesdays from 6.30pm to 8pm. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally below the local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 75% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 61% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 62% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This included notices and a complaints information in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written complaints. We looked at all complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was a culture of openness and transparency by the practice when dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear statement of purpose which was to provide people registered with the practice with a wide range of NHS primary medical services under the General Medical Services (GMS) contract. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly reviewed.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held though a record of these meetings was not always retained. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through a practice survey, discussions, comments and complaints received. Patient comments had influenced the recent renovations and redecoration of the building.