

# The Marches Surgery

## Quality Report

Westfield Walk

Leominster

Herefordshire

HR6 8HD

Tel: 01568 614141

Website: [www.marchessurgery.co.uk](http://www.marchessurgery.co.uk)

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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

#### **This practice is rated as Good 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

At this inspection we found:

- The practice had systems and processes to minimise risks to patient safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared with staff and outcomes had been actioned.
- There was a system for recording, actioning and tracking patient safety alerts. All alerts had been reviewed and action taken where appropriate. All alerts were reviewed in clinical meetings.
- All appropriate recruitment checks had been carried out on staff prior to being employed by the practice. This included medical indemnity checks carried out on locum GPs employed.
- Feedback from patients about their care was consistently positive and this was reflected in the National GP Patient Survey results published in July 2017.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included appropriate arrangements for equipment and medicine that may be required to respond to a medical emergency.
- Information about services and how to complain was available to patients. The practice made improvements to the quality of care as a result of learning from complaints and concerns.
- There was a practice development plan that documented both their long and short-term priorities. This included actions they had taken in response to patient feedback about the difficulty in accessing appointments, and the plans for continued improvements.

# Summary of findings

- The practice had visible clinical and managerial leadership with audit arrangements in place to monitor quality.

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

# The Marches Surgery

## Detailed findings

### Our inspection team

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

a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

## Background to The Marches Surgery

The Marches Surgery is based in the town of Leominster in Herefordshire and provides services to 9,100 patients in Leominster and the surrounding area. This is a rural area with a large elderly population.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice has two GP partners, four salaried GPs, a practice manager partner, a nurse practitioner, three practice nurses, three healthcare assistants, and

receptionists and staff who provide administrative support. They have recently employed a former community paramedic as a primary care practitioner to provide minor illness clinics and attend home visits. There is a branch surgery at Bodenham which has a dispensary. Patients are free to book appointments at either practice. We did not visit the branch surgery.

The Marches Surgery is a training practice with trainee GPs, junior doctors and medical students from Keele University, and Physician Assistant trainees and student nurses from Worcester University.

The practice is open to patients between 8am and 6pm Monday to Friday and closed at weekends. Extended hours appointments are available at the practice on Tuesday and Wednesday evenings from 6pm until 8pm. Emergency appointments are available daily. Telephone consultations are available and home visits for patients who are unable to attend the surgery. Extended hours appointments are provided by Taurus (the seven day access service in Herefordshire) evenings and weekends (from 8am until 12pm both days). The practice does not provide an out of hours services. Patients are provided with information about the local out of hours services based in Hereford which they can access by using the NHS 111 telephone number.

# 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. Safety policies and procedures were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and through regular refresher training.
- There were 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 if staff had concerns about a patient's welfare. We saw records of referrals that had been made. These had been appropriate in the response to concerns and with the action taken.
- 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 Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out staff checks, including checks of professional registration on recruitment. DBS checks were undertaken where required.
- There was a system to manage infection prevention and control. Annual audits were carried out to ensure the system was effective.
- 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 a rota

system to ensure there were enough staff available to meet the needs of patients. A nurse practitioner and a primary care practitioner supported the GPs in the management of patients with acute illnesses.

- There was an effective induction system for agency/locum 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 such as sepsis.
- 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 shared relevant information with appropriate professionals to enable them to deliver safe care and treatment. This included alerting the out of hours services to patients who were likely to contact them to ensure continuous care was provided.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

There were suitable arrangements for managing medicines to ensure patients were kept safe.

- This included vaccines, medical gases, emergency medicines and equipment to minimise risks. Prescriptions were kept securely and their use was tracked and monitored.
- 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 (a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms).

## Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and monitored in keeping with current guidance. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for the safety of the building such as fire and infection control.
- The practice had processes that kept safety under review. This ensured they could understand the risks and provide an accurate, up to date picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned from and made improvements when things went wrong.

- There was a significant events protocol for all staff to follow for reporting incidents. Staff understood their duty to raise concerns and report incidents and near misses. There was a recording form available for staff to complete.
- A thorough analysis of significant events was carried out and discussed with staff at fortnightly practice meetings

and monthly at specific significant event meetings. Shared learning outcomes had been included in the action taken. For example, a problem had been identified that related to scanning letters into patient records. A meeting was held to discuss these and a plan of action was implemented. The action included contact with the local hospital to ensure that all pages of each letter sent to the practice included patient details as an additional safeguard. A review of all actions taken was carried out to ensure that changes made were fully embedded.

- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.
- There was a system for receiving and acting on safety alerts. These were managed by the practice manager and the lead GP to identify relevance to the practice, action, file, share with clinical staff and reviewed to ensure that appropriate responses had been made. For example, where alerts concerned medicines the relevant clinician, such as the dispenser or the lead GP carried out patient searches to determine whether there were any potential risks to patients.

# 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 reviewed needs and provided care that met with current evidence based guidance and standards.

- There was a structured approach to the dissemination of guidance such as those from the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Systems ensured all clinical staff were kept up to date. Staff told us they could access guidelines from NICE electronically, and that this information was used to deliver care and treatment appropriate to patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate. For example, through clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.
- GPs attended local education events to improve practice in relation to new guidance and standards.
- 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.
- Staff advised patients what to do if their condition worsened and where to seek further help and support.

### Older people:

- Herefordshire had a significantly higher proportion of older people than the national average. There were five nursing and care homes within the practice area. The nurse practitioner visited the homes on a weekly basis to plan care, carry out chronic disease reviews, medicine reviews and respond to any acute medical concerns as they arose.
- Older patients who were 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 their medicines.

- Patients aged over 75 were invited for medical reviews. 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 carried out health checks for 399 patients.
- 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.

### 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 such as asthma, diabetes and cervical screening sampling.
- The practice was not an outlier in data relating to long-term conditions for example, diabetes, asthma, chronic obstructive pulmonary disorder (COPD), hypertension (blood pressure) and atrial fibrillation (heart related conditions).

### 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 90% which was in line with the national target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Children under five years of age were seen the same day.
- Weekly baby clinics were held at the practice with the practice nurse, health visitor and the GP available.
- Monthly safeguarding meetings were held at the practice with the lead GP and health visitors to monitor all looked after children and those at risk of harm.

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

- The practice's uptake for cervical screening was 76%, which was in line with the local average of 80% and the 81% coverage target for the national screening programme.



# Are services effective?

## (for example, treatment is effective)

- 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.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including patients affected by substance misuse, refugees, travellers and those with a learning disability. The practice participated in the local prescribing liaison scheme and saw patients who were affected by substance misuse monthly.
- The nurse practitioner visited patients discharged from secondary care to ensure all services were in place and that medicines were reconciled.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was in line with the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which was higher than the national average of 90%.
- The practice worked closely with the local dementia services and recently hosted a joint clinical meeting with them to improve co-working arrangements.

### Monitoring care and treatment

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

- The most recent published QOF results were 99.6% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 98% and

the national average of 95%. The overall exception reporting rate was 12% compared with a national average of 10%. 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).

The practice had a system for completing clinical audits where they considered improvements to practice could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at, particularly the audit in relation to the latest guidance on sinusitis.
- The practice participated in local and national benchmarking to monitor its performance.
- We looked at two full cycle clinical audits carried out over the previous year and saw that findings were used by the practice to improve services. For example, the practice had first audited patients prescribed a particular medicine where blood monitoring was required in May 2016. The first audit showed that changes to dosage was needed for two patients. The audit was repeated in January 2017 and results confirmed that changes made had been embedded.
- GPs attended local clinical meetings at which audits were discussed.

### Effective staffing

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

- All newly appointed practice staff underwent an induction programme covering essential topics. These included health and safety, infection prevention and control, fire safety, confidentiality and accommodating different languages.
- The practice ensured role-specific training and updating for relevant staff. 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal



# Are services effective?

## (for example, treatment is effective)

in the previous 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidation. Two nurses were currently being mentored by the lead GP to complete their Masters' degree at Worcester University.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and face-to-face training.
- The Marches Surgery was a training practice with trainee GPs, junior doctors and medical students from Keele University, and Physician Assistant trainees and student nurses from Worcester University.

### 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 participated in the local prescribing liaison scheme and saw patients who were affected by substance misuse monthly.
- 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 receiving end of life care, carers and those patients at risk of developing a long-term condition.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice worked closely with the local dementia service. A recent joint clinical meeting had been held with them. Annual patient reviews were completed in conjunction with the community dementia nurses. Regular meetings were held with the practice clinical team to monitor patients with dementia.
- The practice offered support including pre-diabetes screening, and encouraged and supported patients to be involved in monitoring and managing their health.

### 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 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they felt they were well treated and cared for. Some patients specifically mentioned members of staff who had given them exceptional care and support, treating them with kindness and compassion.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. There were 224 sent out and 118 were returned. This represented a 53% response rate and 1.3% of the practice population. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 82% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time compared with the local average of 89% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared with the local average of 97% and the national average of 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the local average of 89% and the national average of 86%.

- 94% of patients who responded said the nurse was good at listening to them compared with the local and national averages of 93% and 91% respectively.
- 94% of patients who responded said the nurse gave them enough time compared with the local and national averages of 93% and 92% respectively.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the local and national averages of 98% and 97% respectively.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the local and national averages of 92% and 91% respectively.
- 91% of patients who responded said they found the receptionists at the practice helpful compared with the local and national averages of 91% and 87% respectively.

### 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, although staff told us that requests for interpreters was very rare.
- Staff communicated with patients in a way that they could understand. For example, Information leaflets in easy read and large print were available to patients and their carers.
- The practice identified patients with caring responsibilities. So they could provide advice and support when needed.
- The practice's computer system alerted clinical staff if a patient was also a carer. The practice worked closely with Herefordshire Carers Support and had identified 175 patients as carers, which represented 2% of the practice list.
- The practice achieved a highly commended award in the HCS practice awards in 2016. The practice carers lead attends quarterly meetings with HCS.
- Annual carer's days were held at the practice, with approximately 60 patients attending the latest carers day in June 2017.

## Are services caring?

- Training was planned for the coming year in the carers toolkit to ensure support options were promoted and given to carers.
- Patients were supported by practice staff to use the electronic referral system (E-referral) so they could choose a place, date and time for their first outpatient appointment at a hospital.

Staff told us that if families had experienced bereavement, the practice sent a sympathy card and all staff were notified to ensure patients' families were well supported. GPs would also contact them to offer advice on how to find a support service.

Patient feedback from the comment cards was positive about their involvement in decision making about the care and treatment they received. They told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Feedback from patients on the comment cards confirmed that staff treated them with 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 good for providing responsive services across all population groups.**

### 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, home visits were available for patients who were unable to attend the practice; same day appointments were available for children and patients whose condition required same day consultations; online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- 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, extended hours were offered from 6.30pm to 8pm on Tuesday and Wednesday evenings for both GP and nurse appointments and weekend appointments provided by Taurus (the seven day access service) from 8am until 12pm on both days.
- Care and treatment for patients with multiple long-term conditions and patients approaching their end of life was coordinated with other services.
- A GP (who had a diploma in sports and exercise medicine) worked with a physiotherapist practitioner in musculoskeletal (MSK) conditions (joint and muscle issues) in a Herefordshire pilot project to review the appropriateness of referrals over a three month period. The pilot had seen a 60% reduction in automatic referrals when patients were reviewed by the GP and MSK practitioner. The practice were exploring the possibility of recruiting to this role to provide this service as a result of the pilot.

### 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.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The primary care practitioner also carried out home visits for those patients who were unable to get 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. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients receiving end of life care were given GPs mobile numbers so they could ensure continuity of care.

### 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.

### 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.
- Telephone 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 held a register of patients living in vulnerable circumstances including refugees, homeless people, patients affected by substance misuse, travellers and those with a learning disability.

### People experiencing poor mental health (including patients 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?)

- A primary care mental health worker worked at the practice each Wednesday morning. They also joined the clinical team meeting to discuss patients. The practice actively promoted support through the local Improving Access to Psychological Therapies (IAPT) service, and were one of the highest referring practices in the locality.

### 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 comparable to local and national averages in most areas; although results for telephone access were in line with the national average they were lower than the local average. This was supported by observations on the day of inspection and completed comment cards.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 78% and the national average of 76%.
- 70% of patients who responded said they could get through easily to the practice by telephone compared with the CCG average of 81% and the national average of 71%.
- 90% 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 compared with the CCG average of 87% and the national average of 84%.
- 87% of patients who responded said their last appointment was convenient compared with the CCG average of 86% and the national average of 81%.
- 73% of patients who responded described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.

- 66% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

The practice had analysed the results of the patient feedback and implemented an action plan to improve patients access to the appointments. Action taken included:

- The installation of a new telephone system which allowed patients to queue and be directed efficiently, and enabled recording of all calls.
- Training for all receptionists as care navigators.
- Review of provision of appointments/surgeries across the week by different clinicians to ensure that the maximum appointments were available and monitored.
- Further GP provision when required through existing staff or employment of locums.
- Promotion of on-line booking of appointments and increased provision of availability.

### 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. Seven complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled and in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. Complaints were discussed at the practice meetings and learning from these resulted in improvements to the quality of care. For example, a complaint from a patient who was unhappy about the timeliness of appointment arrangements for specific treatment had been investigated by the practice. Evidence from the patient records confirmed that all processes had been followed. This was discussed in team meetings and highlighted the importance of keeping accurate records.

# 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

GPs and senior staff had the capacity and the appropriate skills to deliver high-quality, sustainable care.

- They 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 the future of services.
- They understood the challenges and were working to address these. They had been open about the challenges they faced which had included significant changes to the staffing structure of the practice during the past year; a review of service needs to inform the restructuring process; and the recruitment of clinical staff.
- The GPs and the practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had experienced a difficult time with significant changes to the team during 2016 and early 2017. This had meant changes to the structure of the business and the staffing of the practice. The practice was affected by the sudden loss of two key members of staff during 2016 and by the resignation of three partners in February 2017. Additional staff had been employed during this restructure and included four salaried GPs and the appointment of a community paramedic as a primary care practitioner, along with the practice manager becoming a managing partner.

The practice had a clear vision and 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 strategy and supporting business plans to deliver high quality services.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners. This information was displayed throughout the practice. 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 felt they all worked together well as a team and spoke about their focus on the needs of patients at all time. There were positive relationships between staff and teams.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that any concerns they had would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This was evident in the sample of complaints we looked at. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The safety and well-being of all staff was actively promoted and maintained.

### 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,



# Are services well-led?

Good 

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

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.
- Policies, procedures and activities had been implemented to ensure safety. These were available on the practice intranet and staff confirmed they knew how to access these.

## 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 Medicines and Healthcare products Regulatory Agency (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 to respond to major incidents and had trained staff to manage and respond to these.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- Practice monitoring of performance including the quality of service delivery was discussed in monthly leadership meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The practice addressed any weaknesses as they were identified.

- 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 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.

- The views of patients, staff and stakeholders were encouraged and acted upon to improve services. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff told us they had been involved in the changes and the development within the practice particularly over the last year. They said they had taken part in development and team building meetings where their feedback and views were welcomed.
- There was an active Patient Participation Group (PPG). The PPG usually met regularly with the practice to provide patient feedback and discuss service provision, but there had been less meetings held during the past year as a result of all the changes that had taken place at the practice. The practice manager told us that they intended to re-establish the meetings now that the situation had stabilised. The PPG told us that the practice had acted on their suggestions where possible and they had been involved in promoting the online services. For example, there were plans to redecorate the practice waiting room following advice from the PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.



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- There was a focus on continuous learning and improvement at all levels within the practice. The practice was part of local pilot schemes, actively involved in trials and wider research to improve outcomes for patients in the area.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

There were plans for continued team and service development that included:

- Employment of a physiotherapist to work in house assessing patients directly (via sign-posting).
- Employment of a practice based pharmacist to assist with all medicine related issues.
- Employment of extra administration and IT support.