The Leven and Beeford Medical Practice

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (Previous rating September 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at The Leven and Beeford Medical Practice on 24 April 2018 as part of our inspection programme.

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 found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw several areas of outstanding practice:

- The practice arranged a twice weekly taxi service to bring patients living in rural villages to the practice for their appointments.
- The funding for a wound management clinic had been removed from the practice and the clinic changed to another location. However, the practice continued to offer this service as an unfunded service to provide patients with a service closer to home.
- The number of patients on the practice palliative care register who died in their preferred place was significantly higher than the national average. Over the past four years 60% of patients had died in their preferred place compared to the local CCG and national average of 23%.

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

- Take action so that dispensary standard operating procedures and PGDs are signed by all staff using them.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a Pharmacist specialist adviser.

Background to The Leven and Beeford Medical Practice

The Leven and Beeford Medical Practice, 29 High Stile, Leven, Beverley Humberside HU17 5NL

is located in a converted property in the village of Leven in East Yorkshire. Parking is available on the street outside the practice. Consulting and treatment rooms are all on the ground floor. There is a branch site, Beeford Surgery, Rectory Lane, Beeford YO25 8BA in the village of Beeford, approximately six miles from Leven. Both sites were visited during the inspection.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 11,066, covering patients of all ages. The practice also offers dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The provider is registered to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The proportion of the practice population in the 65 to 74 year age group is slightly higher than the local CCG and national average and is similar to the local CCG and England average in the 75+ year age. The proportion of the practice population in the under 18 years age group is similar to the local CCG and England average. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The practice has six GP Partners, four male and two female, three work full-time and three part-time. There is one trainee nurse practitioner who works full-time, five practice nurses, (all part-time), and three health care assistants, one full-time and two part-time. All the nurses and HCAs are female. There is a business manager, finance manager and a team of administration, reception and secretarial staff. There are eight dispensers.

The Leven surgery is open between 8am to 6pm Monday to Friday, GP appointments are available between 8.30am to 11.00am and 3.40pm to 5.50pm Monday to Friday. The Beeford surgery is open between 8am to 12.30pm and 3.30pm to 6pm on Monday, Tuesday, Thursday and Friday and 8am to 12.30pm on Wednesday. GP appointments are available between 8.30am to 11.00am Monday to Friday and 3.40pm to 5.50pm on Monday, Tuesday, Thursday and Friday.

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm on weeknights. This has been agreed with the NHS England area team.

When the practice is closed patients use the NHS 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area and on the practice website.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff were aware of the location of emergency medicines.
- 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 including 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.

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

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions that have been produced in line with legal requirements and national guidance and contain specific criteria that nurses and HCAs must follow when administering certain medicines). We saw that two PGDs had not been signed by two staff and that paper copies were not available to view at the branch surgery.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

Good

Are services safe?

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.
- Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). There was no SOP for providing medicines information but staff understood their limitations and referred patients to an appropriate healthcare professional when required. We saw that not all SOPs had been signed by all staff using them.
- The dispensary held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- Staff had completed health and safety, manual handling and use of hazardous substances training.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence of action the practice had taken when they were informed of a patient death by the coroner which required other people to be contacted and screened for an infection.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

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' immediate and ongoing 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.
- A 'loan a TENS machine' service had been set up for patients at both sites. A TENS machine is used by patients to manage chronic pain.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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. For example, practice nurses had completed training in diabetes and respiratory disease.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with the local CCG and national average for nine of the 13 indicators reviewed. The practice performance was above the local CCG and national average for four indicators, including patients with schizophrenia and other mental health conditions, hypertension and diabetes.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 79%, which was just below the 80% coverage target for the national screening programme. The practice contacted patients by letter if they did not attend for screening. Posters and leaflets were displayed in the waiting area for patients which explained the importance of attending for screening.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Good

Are services effective?

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.
- One of the GPs had a diploma in palliative care.
- The number of patients on the practice palliative care register who died in their preferred place was significantly higher than the national average. Over the past four years 60% of patients had died in their preferred place compared to the local CCG and national average of 23%.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- We saw another example of how the practice was supporting a patient who no longer engaged with psychiatric services. The patient had a number of problems and was under the care of health professionals in different parts of the country. The practice liaised with these different services to ensure appropriate information was shared and they all had the necessary information to be able to give required care. The practice ensured the patient was never seen by a locum GP and tried to ensure continuity of care with the same GP in the practice. The patient's physical condition also meant access to the practice could be difficult so they offered email and telephone contact with clinicians.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was above the local CCG and national averages for two of the three indicators.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results were in line with the local CQC or national averages for seven of the 11 indicators, and above the local CQC or national averages for four indicators. (QOF is a system intended to improve the quality of general practice and reward good practice).
- The practice exception rates for some QOF indicators were above the local CCG or national average. (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 reviewed their exception rates and developed an action plan. For example, a protocol for exception reporting had been developed and the practice had identified some training needs for staff to ensure that details about patients' conditions were coded correctly in clinical records.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Good

Are services effective?

- 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. For example, the practice nurses had completed diplomas in diabetes and respiratory disease.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up-to-date.

Coordinating care and treatment

Staff worked together, and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. One member of staff was the sign-posting champion and supported patients in accessing health trainers and smoking cessation advice.
- 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.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Outstanding ☆

Are services caring?

We rated the practice as outstanding for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was very positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were above the local CCG and national averages for three of the questions relating to kindness, respect and compassion and in line with the local CCG and national averages for the other three.
- GPs gave patients (and/or their families) nearing the end of their life their personal mobile numbers so they could be contacted when the practice was closed if needed.
- The number of patients on the practice palliative care register who died in their preferred place was significantly higher than the national average. Over the past four years 60% of patients had died in their preferred place compared to the local CCG and national average of 23%.
- The practice had a 'signposting champion' who supported patients and carers to access local services and group. They had found information about a local club for a patient who had been recently bereaved and was new to the area. The patient had told the practice they now attended the club and had built up a social circle of friends.
- The practice had held a 'Contact the Elderly' afternoon tea event at the Beeford surgery on a Sunday afternoon. One of the GPs had also hosted one in their own home. Staff had volunteered to help with these events and there were plans to hold them periodically.
- Due to limited availability of public transport the practice provided a taxi service, twice a week, at the practice's expense for patients in two local villages to attend appointments. This also improved socialisation for older patients.
- Staff had supported a patient who had become increasingly vulnerable following their parents' death. Staff had helped the patient access food banks and often personally provided them with food. The practice liaised with the safeguarding vulnerable adults team so a multi-agency approach could be taken to support the patient. Although the patient did not always attend appointments the practice continued to invite them for health checks and they had recently attended. The patient continued to call into the practice to chat with staff and the staff let them use the telephone when needed.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. There was a signposting link on the practice website which contained information on a number of areas. For example, health trainers, the local stroke team, mental health support and dates for the Leven Memory Café events. This information was also available in the waiting areas.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were in line with the local CCG and national averages for three of the four questions relating to involvement in decisions about care and treatment and above the local CCG and national averages for one question.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and access to GP advice via the internet were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The Leven practice was located in a listed building so there were restrictions on alterations that could be made. Some patients requiring wheelchair access were therefore seen at the Beeford surgery.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside of the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice delivered a number of services so patients did not have to travel to access them, for example, dermatology, minor surgery and a blood test service for patients with prostate cancer.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service, weekly or monthly blister packs, large print labels.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Due to limited availability of public transport the practice provided a taxi service, twice a week, at the practice's expense for patients in two local villages to attend appointments. This also improved socialisation for older patients.
- Wound and ulcer dressings, were done at the surgery for patients that could not attend the wound clinic in Hornsea, which was six miles from Leven.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition (LTC) 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.
- The practice diabetes nurse and a local hospital diabetes nurse offered regular joint clinics at both surgeries to bring specialist care closer. They initiated insulin treatment within the practice.
- The practice offered influenza vaccines in clinics, on a Saturday, during LTC clinics and in surgery times, at both sites.

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.
- Invitations to join the Patient Participation Group (PPG) were sent out via local schools, with whom they work closely, having regular contact with several local Head Teachers. Four school age children were 'virtual' PPG members.
- One of the GPs was the Child Protection Governor at two local schools, sharing knowledge and experience about safeguarding children with the education team.

Good

Are services responsive to people's needs?

- The practice provided pregnancy testing and condoms for the under 18s, as well as a full range of family planning services, with GPs fully trained in family planning and sexual health.
- There were sections on the practice website specifically for young people and new mums.

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, online booking for appointments and ordering prescriptions, telephone consultations and web advice access.
- For those not able to attend PPG meetings there was a virtual group which was accessible by email, so that the practice could seek the views of this group.
- The practice had been trialling point of care C-reactive protein testing for the local CCG, this is useful for this group of patients in identifying who are most/least in need of antibiotics for respiratory infections.

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.
- Annual face to face health checks were carried out either in the surgery or at the patient's residence. We saw letters from staff at two care homes saying how valuable the health checks were and how understanding and supportive the staff were.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- One of the GPs had provided a patient who was not able to speak with their NHS e mail address. This enabled the patient to contact their GP, giving them a degree of independence in seeking care.

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.
- We saw two examples of how staff had supported patients living with mental health problems including liaising with other health and social care professionals to ensure the patients could access the support and care they needed.

Timely access to care and treatment

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

- Patients had 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.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were above the local CCG and national averages for two of the four questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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 were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The Business Manager, with the support of funding from the CCG was completing an MSc in Leadership in Health and Social Care and team leaders had received leadership training.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plan to achieve priorities.
- 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 care 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. The practice had identified a 'Freedom to Speak Up Guardian' who staff could go to and discuss any concerns they had. This person was independent of the line management chain.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The practice nurses had completed diplomas in diabetes and respiratory disease. Five administration staff had completed medical terminology and notes summarising training.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. One member of staff who had been on long term sick leave was being supported to return to work in a new role. The practice valued the staff member and did not want to lose their knowledge and skills.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Good

Are services well-led?

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. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group with 39 patients as members, 27 attended face to face PPG meetings and 12 received information and provided feedback via e mail. The practice had encouraged younger patients to join the PPG and four of the virtual members were aged between 11 and 15 years.
- The business manager had asked PPG members to act as 'mystery shoppers' and feedback on their experiences when attending the practice.
- The PPG members told us they felt valued and part of the practice team. They were involved in the ongoing development and improvements of the practice. For example, PPG members had spent time showing patients how to use the self-check in screen when it was installed as there was a reluctance by patients to use it at first.
- The PPG had been actively involved in developing the patient survey and the practice newsletter.
- The practice provided feedback on patient suggestions with a 'You said, we did' notice. This was displayed in the waiting area and on the practice website.
- The service was transparent, collaborative and open with stakeholders about performance.
- One of the GPs was the Child Protection Governor at two local schools.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice benchmarked their performance against similar practices and used the knowledge to improve their services where possible.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.