

# The Village Surgery

## Inspection report

113 East Barnet Road

Barnet

Hertfordshire

EN4 8RF

Tel: 02084496443

[www.thevillagesurgerynewbarnet.nhs.uk](http://www.thevillagesurgerynewbarnet.nhs.uk)


Date of inspection visit: 13/09/2018

Date of publication: 20/11/2018

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?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This comprehensive inspection was undertaken on 13 September 2018 following a period of special measures, the practice is now rated as good.** (Previous rating December 2017 – *Inadequate*)

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

We had previously carried out an announced comprehensive inspection at The Village Surgery on 13 December 2017. Overall the practice was rated as inadequate and placed in special measures. We identified concerns with regards to safe and well-led care provided by the practice.

We served a Warning Notice under regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report for the comprehensive inspection can be found by selecting the 'reports' link for The Village Surgery on our website at: .

The practice sent us a plan of action outlining how it would become compliant with the requirements of the regulations. We undertook a focussed inspection on 19 June 2018 to review the breaches of regulation identified at the inspection in December 2017 and to ensure the service had made improvements. At the focussed inspection we found that the practice was compliant with the regulatory breaches we had identified at the comprehensive inspection in December 2017. The report for the focussed inspection can be found by selecting the 'reports' link for The Village Surgery on our website at: .

This report relates to the follow up comprehensive inspection carried out on 13 September 2018. At this inspection we found that the practice had sustained the improvements we had noted at our focussed inspection in June 2018.

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

- There was a comprehensive system in place to ensure the safe management of high risk medicines.
- Improvements to governance systems had been made. For example, the practice was able to provide evidence that processes for managing pathology results and patient safety alerts were improved and staff were adhering to the improved protocols.
- Systems for managing staff training and induction were significantly improved.
- Patient feedback was significantly above the local and national averages.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to The Village Surgery

The Village Surgery is located in the London Borough of Barnet within the NHS Barnet Clinical Commissioning Group. The practice holds a Personal Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice has a patient list size of 5,200 and provides a full range of enhanced services including childhood immunisation and vaccination, extended hours access, dementia support, influenza and pneumococcal immunisations, and shingles immunisation.

The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures.

The clinical team at the practice included two GP Partners (one female, one male), two female salaried GPs and one practice nurse (female). The non-clinical team at the practice included one business manager, one practice manager and nine administrative staff.

The practice is open Monday to Friday from 8.30am to 6.00pm. Phone lines closed daily between 1pm and 2pm and were covered by an out of hour's service during this time. The surgery closes one Wednesday per month between 1pm and 4pm for a practice meeting and staff training. The practice is covered by an out of hour's service during this time.

Urgent appointments are available each day and GPs also provide telephone consultations for patients. An out of hour's service is provided for patients when the practice is closed. Information about the out of hour's service is provided to patients on the practice website and the practice phone system.

# Are services safe?

**We rated the practice as good for providing safe services.**

**At our previous comprehensive inspection on 13 December 2017 the practice had been rated as Inadequate for providing safe services.**

**Specifically, at that time we found that:**

- **The practice nurse was reviewing all incoming pathology results in the absence of clinical oversight by the lead GP or any written guidance.**
- **There was no clinical oversight for uncollected prescriptions.**
- **There was no protocol for managing medical emergencies and we were not assured that staff had the knowledge to safely handle medical emergencies.**
- **There was no fire risk assessment completed since 2015, the practice did not conduct fire drills and staff had not completed fire safety training.**
- **We found that there were gaps in the system for managing infection prevention and control.**

**At our focussed inspection in June 2018 we found that significant improvements had been made. At this comprehensive inspection in September 2018 we found that these improvements had been sustained. As a result we have rated the practice as 'good' for providing safe services.**

## Safety systems and processes

At our comprehensive inspection in December 2017, we identified concerns to patient safety around the management of pathology results and the protocols for infection prevention and control (IPC). For example, we found that the practice nurse reviewed all incoming pathology results without GP oversight. We were not assured that this task was inside her scope of clinical competency.

At the focussed inspection in June 2018 and the most recent comprehensive inspection in September 2018 we saw that the practice had made significant improvements to the management of pathology results and sustained these improvements. The practice were able to demonstrate that the system had been significantly

improved. All incoming pathology results were reviewed by GPs only, the results came into the practice via a central inbox which could be accessed by all GPs at the practice. We reviewed a sample of incoming pathology results and saw that there was no backlog and results were actioned where results were abnormal; there was a clear practice specific policy in place about the management of pathology results.

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. We saw evidence that all staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. All staff received a 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.
- We saw evidence that alerts on the clinical system were used to notify staff of vulnerable patients.
- When we inspected the practice in December 2017 we found no evidence that learning from significant events was shared. When we inspected again in June 2018 and the most recent inspection in September 2018 we found that there was a clear audit trail for all significant events including the sharing of learning and outcomes. For example, we reviewed minutes from clinical meetings and practice meetings where learning from significant events was shared. Staff we spoke to on the day of inspection were able to demonstrate they were aware of recent significant events and the outcomes.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, 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.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- We reviewed arrangements for managing waste and clinical specimens and found that these systems kept people safe.

## Infection and Prevention Control

## Are services safe?

At our comprehensive inspection in December 2017, we identified concerns to patient safety around the protocols for infection prevention and control (IPC). For example, we found that there were gaps in the system for managing IPC. Specifically, we found that not all staff had completed IPC training, the premises were not cleaned prior to minor surgery clinics, there was no cleaning schedule and actions picked up by the IPC audit had not been completed.

At the focussed inspection in June 2018 and the most recent inspection in September 2018 we found that significant improvements had been made to IPC protocols and these improvements had been sustained.

We spoke to the IPC lead and found that significant improvements had been made to IPC protocols. We saw evidence that all staff were up to date with IPC training and staff we spoke with at the inspection demonstrated they had the knowledge and skills to effectively manage their IPC responsibilities. Staff told us there was a practice meeting to discuss IPC and provide a demonstration to all staff on how to correctly use a spill kit; we reviewed minutes from the meeting which covered IPC responsibilities.

We asked to review the cleaning schedule and saw that there was now a comprehensive cleaning schedule in place which detailed the area, method and frequency of required cleaning. In addition, the practice manager was assigned as the lead for visual quality checks following the premises being cleaned; the quality checks were documented.

An IPC audit was completed in May 2018; we reviewed the action plan and found actions were assigned a lead and given a timescale. We saw evidence that actions had been completed within the designated timescale. For example, the audit identified that the practice did not have a policy which detailed the decontamination process for medical equipment. The policy had been created and was available to all staff on a shared drive and in hard copy.

### Risks to patients

At the inspection in December 2017 we identified concerns around the management of medical emergencies. We were not assured that non-clinical staff were prepared to respond to medical emergencies and there was no written protocol for medical emergencies. For example, staff we

spoke with were not able to identify the location of the emergency equipment and medication and did not mention the use of the panic alarm to alert all staff to an emergency.

At the focussed inspection in June 2018 and the most recent inspection in September 2018 we found that the practice had made and sustained improvements to staff training for medical emergencies including written reminders in staff only areas of what to do in a medical emergency, a practice specific policy for medical emergencies and documented practice meetings where staff were reminded of the protocol for handling medical emergencies. Staff we spoke with told us where the medical equipment and medicines were kept and that they would use the panic alarm if a medical emergency occurred.

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 a comprehensive induction system for all new 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 including sepsis. Non-clinical staff were able to identify 'red flag' symptoms for 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. There was a documented approach to managing test results.
- 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

## Are services safe?

At the comprehensive inspection in October 2017 we identified concerns around the management of uncollected prescriptions. For example, we found there was a lack of clarity and clinical oversight with regard to the management of uncollected prescriptions. For example, staff told us they checked the uncollected prescriptions every three months and put them in confidential waste. However, there was no clinical oversight and staff did not make a record of uncollected prescriptions in patient's notes.

At the focussed inspection in June 2018 and the most recent inspection in September 2018 we found that improvements had been made and sustained to the management of uncollected prescriptions. For example, we found that staff were aware of the new uncollected prescription policy and we were assured that GPs now had oversight of the process. We saw evidence that a GP and a member of the admin team carried out a monthly check of uncollected prescriptions, the quality check was documented and included any action taken.

In addition to the improved process for uncollected prescriptions 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 pads were securely stored and there was a system in place to monitor their use.
- Staff prescribed, 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.

### 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 activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### 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. For example, we reviewed minutes from clinical meetings and practice meetings where learning from significant events was discussed.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**



# Are services effective?

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

**At our previous comprehensive inspection on 13 December 2017 the practice had been rated as requires improvement for providing effective services. At that inspection we had concerns around staff training and outcomes for patients with long term conditions. Although staff had access to online training there was no formal system in place to monitor staff training. The practice was unable to provide evidence of fire safety training, infection prevention and control training and safeguarding training for all members of staff.**

**We found that performance for managing diabetes and hypertension was lower than the local and national averages.**

**At the focussed inspection in June 2018 and the most recent inspection in September 2018 we found that improvements to managing patients with long-term conditions and staff training had been made and sustained. Please refer to the evidence table for details of these improvements.**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based guidance. We found that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, we reviewed clinical audits which included the most recent NICE guidance.

- 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

## Population Groups

Older people:

This population group was rated good for effective because:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.
- If patients were unable to visit the practice nurse's upstairs consulting room, alternative appointments were arranged for a downstairs consulting room to be used.
- The practice worked collaboratively with a psychogeriatrician to support this population group.
- Patients in this population group were encouraged to register with a local scheme that provides support, transportation and collection of medicines.

People with long-term conditions:

This population group was rated good for effective because:

- Performance for patients with diabetes and hypertension showed improvement, please refer to the evidence table for details on the improvement.
- 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.
- Text reminders for health checks sent to patients; the practice actively followed up non-responders with letters and phone calls.

Families, children and young people:

This population group was rated good for effective because:

- We saw unpublished evidence that childhood immunisations were carried out in line with the national childhood vaccination programme, please see the evidence table for details of this improvement.

## Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- There was a comprehensive alert system in place for vulnerable children.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- There was online access for appointment booking and repeat prescription requests.
- Booking of routine appointments offered up to 12 months in advance.

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were offered to vulnerable patients.
- Collaborative working with a local drug and alcohol service to manage patients with addiction problems, including a fortnightly clinic with drug and alcohol counsellors hosted by the practice.

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

This population group was rated good for effective because:

- 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.
- 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.

### 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 comparable to or above the local and national averages.
- The practice was actively involved in quality improvement activity and had a programme of clinical audits in place to monitor the quality of care. We found that care had been improved as a result of clinical audit, please refer to the evidence table for detail of the improvements.

### Effective staffing

**At the comprehensive inspection in December 2017 we had concerns regarding the ineffective systems for managing staff training and induction. Specifically we found that there were gaps in mandatory training and no formal method for keeping record of staff training needs.**

**At the focussed inspection in June 2018 and the most recent inspection in September 2018 we found that the practice had made significant improvements to**



# Are services effective?

**the training system which had been sustained. The practice were able to provide evidence that new and long-term members of staff were given the support and training required to fulfil their roles.**

## Staff Training

At the comprehensive inspection in December 2017 we had concerns regarding the systems for managing staff training. The practice had difficulty providing evidence to show that staff had the skills and knowledge to deliver effective care and treatment. Specifically, they were unable to provide staff training certificates for fire safety, infection prevention and control and safeguarding.

At the comprehensive inspection in September 2018 the practice told us that they had introduced a training matrix along with a list of required mandatory training for the management of staff training. We reviewed staff training files for all staff and found that mandatory training had been completed. The practice had a proactive approach to training and as well ensuring all staff had access to online training and the practice provided face to face training programmes. For example, all staff completed the online fire safety training, the practice also hired an outside agency to teach staff how to use fire extinguishers in person. In addition, all staff had received extra fire safety training to the level of fire warden.

In addition to the improvements made to the training programme we found that 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 and older people.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. 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.

## 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. For example, we reviewed minutes from multi-disciplinary meetings and found that care pathways for vulnerable patients and patients with complex needs were discussed.
- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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 and 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.

## Are services effective?

- 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.**

# Are services caring?

**We rated the practice as good for caring.**

**At the comprehensive inspection in December 2017 we rated the practice as good for providing caring services. At our comprehensive inspection in September 2018 we found that the practice had maintained a good standard of providing caring services.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was 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 practice's GP patient survey results were above the local and national averages for questions relating to kindness, respect and compassion.

## 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.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above the local and national averages for questions relating to involvement in decisions about care and treatment.

## 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.**

# Are services responsive to people's needs?

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

**At the comprehensive inspection in December 2017 we rated the practice as good for providing caring services. At the comprehensive inspection in September 2018 we found that the practice had maintained a good standard of 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 GP consultations 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 practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

*This population group was rated good for responsive because:*

- 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.
- Longer appointments are provided for this population group.

People with long-term conditions:

*This population group was rated good for responsive because:*

- 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 worked closely with the local district nursing team, social workers and palliative care nurses to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

*This population group was rated good for responsive because:*

- 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.

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

*This population group was rated good for responsive because:*

- 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.
- In addition to urgent daily appointments, the practice kept appointments free for patients who may be referred to their GP by NHS 111.

People whose circumstances make them vulnerable:

*This population group was rated good for responsive because:*

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

# Are services responsive to people's needs?

*This population group was rated good for responsive because:*

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff understood their responsibilities in relation to the mental capacity act.
- Inhouse counselling services were available.

## Timely access to care and treatment

Feedback indicated that patients were able to access care and treatment from the practice within an acceptable timescale for their needs. For example:

The practices GP patient survey results were significantly above the local and national averages for questions relating to access to care and treatment.

- 98% find it easy to get through to this GP practice by phone, compared to the local average of 63% and the national average of 70%.
- 100% find the receptionists at this GP practice helpful, compared to the local average of 86% and the national average of 90%.
- 74% are satisfied with the general practice appointment times available, compared to the local average of 62% and the national average of 66%.
- 79% usually get to see or speak to their preferred GP when they would like to, compared to the local average of 45% and the national average of 50%.

- 77% were offered a choice of appointment when they last tried to make a general practice appointment, compared to the local average of 59% and the national average of 62%.
- 82% were satisfied with the type of appointment they were offered, compared to the local average of 68% and the national average of 74%.
- 87% describe their experience of making an appointment as good, compared to the local average of 62% and the national average of 69%.
- 95% describe their overall experience of this GP practice as good, compared to the local average of 80% and the national average of 84%.

## 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.**

# Are services well-led?

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

**At the comprehensive inspection in December 2017 we rated the practice inadequate for providing well-led services. Specifically, we identified the following concerns:**

- **Ineffective governance systems including lack of written policy and protocols and lack of minutes from clinical and practice meetings.**
- **There was no evidence that leadership had oversight of patient safety alerts and complaints or that learning from these areas and from significant events was shared.**
- **There was no business development plan.**

**At the focussed inspection in June 2018 and the most recent inspection in September 2018 we found that the practice had made and sustained significant improvements to governance arrangements, and that this had resulted in an improved rating of good.**

## 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.

## 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 produced a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. These were posted in staff only areas as a reminder to all staff.

## 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- 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

At the comprehensive inspection in December 2017 we found significant gaps in the governance arrangements of the practice including a lack of a written governance policy and protocol, lack of evidence that clinical and practice meetings were held and no evidence that learning from patient safety alerts, complaints and significant events was shared.

When we inspected in June 2018 and at the most recent inspection in September 2018 we found that the practice had made and sustained significant improvements in all of these areas.

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

- There was a comprehensive suite of practice specific policies available to all staff. We reviewed these policies and found that the practice had not only created new



# Are services well-led?

policies but was working to update all existing policies. For example, we found that 18 policies had been reviewed and updated since our inspection in June 2018.

- There was a clear audit trail showing that learning outcomes from patient safety alerts, significant events and complaints were shared. For example, we reviewed three sets of recent meetings which recorded discussions around the learning and outcomes of investigations relating to complaints, patient safety alerts and significant events. The partners had clinical oversight for all of these areas and this was clearly recorded within the process for each system.
- 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

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. For example, the practice manager maintained a live risk log and this was reviewed with the partners on a monthly basis, with reviews recorded on the log.
- 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 the 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, this can be evidenced by the improved outcomes for patients with diabetes and hypertension. Please refer to the evidence table for more detail on these improvements.
- 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. For example, improving outcomes for patients with diabetes and hypertension;
- 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, members told us that clinical partners at the practice were always in attendance for patient participation group meetings.
- Patients were encouraged to leave feedback on their experience within the practice.

## Continuous improvement and innovation

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

## Are services well-led?

- There was a focus on continuous learning and improvement.
- We saw evidence that newly implemented systems were evaluated and improved. For example, the staff training programme.

- Partners recruited a Business Manager to help improve governance arrangements.

**Please refer to the evidence tables for further information.**