

# Avenue Surgery Partnership

## Inspection report

The Avenue Surgery  
14 The Avenue  
Warminster  
Wiltshire  
BA12 9AA  
Tel: 01985224600  
[www.avenuesurgery.co.uk](http://www.avenuesurgery.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 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 practice is rated as Good overall.**

We previously inspected the practice in March 2015 when we rated them good overall and for all the key questions.

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 carried out an announced comprehensive inspection at the Avenue Surgery Partnership on 15 May 2018, as part of our inspection programme.

At this inspection we found:

- The practice had 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.
- The practice proactively identified patients who were carers, including young carers. This group of patients were offered additional support.
- 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.
- The practice had a Domestic Abuse policy and had developed services to support this.
- The practice was working with the local authority on the national programme to resettle Syrian refugees. They were providing care for a number of families in the area.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review the newly implemented system for sharing learning points from complaints and significant events to ensure it is effective.
- Review their complaints procedure and its implementation against best practice guidance.
- Review their newly implemented system for monitoring the distribution and use of blank handwritten prescription forms to ensure it is effective and in line with recognised guidance.
- Review their system for the recording and governance of staff training the practice considers essential

**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 lead inspector and included a GP specialist adviser.

## Background to Avenue Surgery Partnership

Avenue Surgery Partnership is a GP practice located in Warminster, Wiltshire. It is one of 47 practices within the Wiltshire Clinical Commissioning Group (CCG) area and has around 17,600 patients.

The practice occupies a purpose-built building with patient services located on the ground and first floors. There are eight consulting rooms. There are automatic front doors, a toilet suitable for disabled patients and a lift to the first floor.

The practice has a branch surgery approximately 300 yards away which is used as their urgent care centre. It has six treatment rooms on the ground floor with administration offices on the first floor. There are automatic front doors and a toilet suitable for disabled patients. We visited this building during the inspection.

The practice is registered to provide the following regulated activities:

- Diagnostic and screening procedures;
- Family planning;
- Maternity and midwifery services;
- Surgical procedures;
- Treatment of disease, disorder or injury.

The practice provides a number of services and clinics for its patients including childhood immunisations, family

planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

Data available shows a measure of deprivation in the local area recorded a score of 8, on a scale of 1-10, where a higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). The area the practice serves has relatively low numbers of patients from different cultural backgrounds. 97% of the practice population describes itself as white British. Average male and female life expectancy for patients at the practice is 80 years and 84 years respectively, which is the same as the Wiltshire average and in line with the national average of 79 and 83 years respectively.

There are eight full time GP partners, four nurse prescribers, three practice nurses and seven health care assistants. They are supported by a reception and administrative team of 24 staff and four managers led by the practice manager.

The practice is a training practice for trainee GPs.

The practice is open 8am to 8pm on Monday, Tuesday and Thursday, 7.30am to 8pm on Wednesday and 7.30am

to 6.30pm on Friday. Appointments with a GP 8am to 12pm and from 2pm to 8pm, Monday to Thursday and 8am to 12pm and from 2pm to 6.30pm on Friday. The practice offered extended hours appointments in line with their service contract with the Wiltshire Clinical Commissioning Group, although they had chosen to offer routine appointments over a wider range of hours than the extended hours.

The practice has opted out of providing a full Out Of Hours service to its own patients. Patients can access an Out Of Hours GP service by calling NHS 111. Information about how to contact the out of hours service was available in the waiting area and on the practice website.

The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice provides services from the following sites:

- The Avenue Surgery 14 The Avenue Warminster Wiltshire BA12 9AA

The practice has a website containing further information. It can be found here:  
[www.avenuesurgery.co.uk](http://www.avenuesurgery.co.uk)

# 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. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had 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.) However, not all staff had received up-to-date safeguarding and safety training appropriate to their role. We found that two nurses and one healthcare assistant had not completed Level 2 in Child Safeguarding training.
- The practice had a domestic abuse policy and had a system to alert staff if the patient had been identified as having suffered from domestic abuse, so that appropriate care and treatment could be offered.
- 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.
- 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 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 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. 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

The practice had reliable systems for appropriate and safe handling of medicines, except in relation to the monitoring of blank handwritten prescription forms.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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.
- On the day of our inspection the practice system for monitoring the distribution and use of blank handwritten prescription forms was not in line with recognised guidance. We discussed this with the practice who took immediate action and within 48

## Are services safe?

hours sent us evidence that all except one of the handwritten prescription pads had been destroyed and they had reviewed and revised their monitoring system in line with recognised guidance.

### 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 learnt 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. They discussed the learning points in staff meeting. However, there was no system to ensure these learning points were shared with staff who were unable to attend the meeting. We discussed this with the practice who took immediate action and within 48 hours sent us details of how they were revising their systems to ensure learning points were shared with all staff, including those unable to attend the meetings where they were 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 and all of the population groups as good for providing effective services overall.**

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

## 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.
- Staff used appropriate tools to assess the level of pain in patients.
- The practice used their computer systems to undertake searches of suitable patients for clinical audits to improve their health outcomes and to monitor performance against the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

### 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 above the target percentage of 90%. Three of the four measures were significantly above the target percentage.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- 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):

## Are services effective?

- The practice's uptake for cervical screening was 74%, which was in line with national average of 72% and below the national screening programme target of 80%.
- The practices' uptake for breast and bowel cancer screening was in line 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.

- The practice had a strategy for identifying and supporting patients with dementia. 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. They had completed two complete cycle audits in the last 12 months. (Complete cycle audits are those where a second audit is carried out to check on the effectiveness of changes made after the first audit.) The practice had a regular program to check treatment was in line with best practice guidance. For example, they did regular computerised audits to ensure that patients on high risk medicines had been seen and their medicine appropriately reviewed.

- The practice showed us their unverified QOF data for the year ending March 2018, which showed they had achieved 558 points out of the 559 available.
- 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

The practice could provide assurance that all staff had the skills, knowledge and experience to carry out their roles.

- On the day of inspection the practice was unable to provide evidence that all staff had received such essential training as Safeguarding Children and the Mental Capacity Act, appropriate to their role. However, the practice subsequently provided this information.
- The practice told us they had a policy of being supportive of staff who wanted to undertake specialist

# Are services effective?

training appropriate to their role and additional training to support their career development. Staff confirmed this and we saw examples of additional training completed.

- Staff had appropriate specialist knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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. For example, two GPs had received training to fit contraceptive implants and coils.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The 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.
- 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.**

# Are services caring?

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

## **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.

## **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 patients who were carers. They had information for carers and the benefits of being identified as a carer in the practice waiting rooms and on their website. The practice's computer system alerted GPs if a patient was also a carer. A member of staff acted as a carers' lead to help ensure that the various services supporting carers were co-ordinated and effective. Carers were signposted to local activities, groups, or services as appropriate. The practice held regular carers coffee mornings in partnership with Carers Support Wiltshire (a local carers organisation).
- We saw evidence the practice was working with a local school to identify and offer support to young carers.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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.
- 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.**

## 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, they had identified they had some patients from Poland and Syria who first language was not English. They had identified a Polish speaking GP within the practice who was available as required and they had developed some leaflets in Arabic and Polish.
- When the practice saw some negative feedback about difficulties patients had in getting through to the practice on the phone and the attitude of some staff, the practice developed a plan to improve these areas. This included the purchase of a new telephone system which enabled them to see how long patients were waiting for the phone to be answered and communications training for all staff.
- The practice sent text message appointment reminders to patients who had signed up for this service.
- 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.
- In response to an incident when a patient committed suicide as a result of domestic violence, the practice reviewed how they supported victims of domestic abuse and introduced a number of changes. These included a Domestic Abuse policy, a flag on the patient's records to alert staff if the patient had been identified as having suffered from domestic abuse and a system to communicate silently with a victim if the perpetrator was in the room. There was an action plan setting out

how they were continuing to develop their response to this issue and we saw evidence they had met with local stakeholders such as domestic abuse support groups, the local army welfare officer and lead staff with the local authority.

- The practice kept a record of patients who were licensed to hold a firearm so they could take action if there was concern about the patient's mental health.
- The practice had purchased a blood centrifuge which partially prepared blood samples. This extended the timescale for getting them to the laboratory and enabled them to offer blood test appointments throughout the day rather than between 8am and 10.30am which they had been restricted to previously.

### 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.
- The practice records highlighted patients who were military veterans to help the practice identify and provide support.

### 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.
- The practice supported patients with diabetes and fibromyalgia by allowing the local support groups to meet in the practice premises. (Fibromyalgia is a long-term condition that causes pain all over the body.)

### Families, children and young people:

# Are services responsive to people's needs?

- 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.
- The practice held clinics at a local school and liaised with the school nurse when appropriate.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered routine appointments with GPs and nurses from 7.30am to 8pm, (except for a lunch break), Monday to Thursday.
- The practice had purchased a blood centrifuge which enabled them to offer blood test appointments in the afternoons and evenings.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, patients identified as at risk of domestic abuse and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients with a learning disability were offered an annual health check. The practice had identified 96 patients on their list as having a learning disability and 76 of these had attended for a health check in the previous 12 months.
- The practice had a Domestic Abuse policy and had developed services to support this. For example, they had developed a system to communicate silently with a victim if the perpetrator was in the room.
- The practice was working with the local authority on the national programme to resettle Syrian refugees. They were providing care for a number of families in the area.

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.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice proactively identified patients who were war veterans as they recognised this group were more at risk of having unidentified mental health issues.

## 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.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and usually dealt with 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.
- We were told that complaints were investigated and managed by different team managers depending on the details of the complaint and which staff team it was most relevant to.
- We looked at four individual complaints and saw that they were handled in an appropriate and timely manner. However, there was no evidence one complainant had been made aware of the escalation process if they were dissatisfied with the practice response as recommended in 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.
- The practice learned and shared lessons, identified themes and took action to improve safety in the

## Are services responsive to people's needs?

practice. They discussed the learning points in staff meeting. However, there was no system to ensure these learning points were shared with staff who were unable to attend the meeting.

**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.**

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

## Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, on the day of our inspection the practice staff training records were not up to date.

## 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, when the other local practice closed the practice recognised many of the

## Are services well-led?

other practice's patients would register with them and took immediate steps to review their services and took steps to ensure they could meet the expected increase in demand. One of the actions identified was to recruit new clinicians and we saw they had recently recruited three nurses including an advanced nurse practitioner.

- 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 national and local 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 implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had conducted a staff survey of improvements that were being considered by the practice. This was an anonymous survey completed on-line to ensure staff felt safe to give feedback.
- There was an active patient participation group (PPG) with about 60 members. They met four times a year and communicated by email between meetings.
- The service was transparent, collaborative and open with stakeholders about performance.
- We saw evidence the practice monitored feedback from external websites such as NHS Choices and responded where they considered this appropriate.

### Continuous improvement and innovation

There was evidence of 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.
- 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.**