Marfleet Group Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection July 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive follow-up inspection at Marfleet Group Practice on 13 December 2017 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.
- The practice implemented service developments using input from clinicians to understand their impact on the quality of care.
- The practice had implemented a new telephone system for patients to allow them to efficiently select the service they need.

Summary of findings

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

- Clinical audits should include a full cycle of events to ensure patient outcomes are improved and reflection and learning is recorded with action points identified.
- Consider Mental Capacity Act training for all staff.
- Consider implementing further systems to ensure patient access to appointments is improved.
- Although team meetings take place on an ad-hoc basis the practice should develop more formal regular reviews for staff to have
- The overall Quality Outcome Framework (QOF) exception reporting rate was 17% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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 should consider further systems to ensure the exception rate figure is improved.

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

Summary of findings

The six population groups and what we found

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

Older people	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

Marfleet Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a second inspector and an expert by experience.

Background to Marfleet Group Practice

The Marfleet Group Practice, Preston Road, Hull, HU5 5HH is situated to the east of the city of Hull on the Preston road estate. There is a branch site located at Hauxwell Grove, Middlesex Road, Hull, HU8 0RB. We visited this branch as part of our inspection visit. The practice provides services under a General Medical Services (GMS) contract with NHS England, Hull Area Team. The practice list size of 14,454 is predominantly white British background with 2% of mixed race.

The practice has six full time GP partners four of who are male and two are female, one advanced nurse practitioner, one pharmacist and five practice nurses. There is one health care assistant, two repeat prescribing administrators, a practice manager, an assistant practice manager, a finance manager and a team of secretarial, administration and reception staff.

The main practice site is open between 8am and 6.30pm Monday to Friday. The Hauxwell Grove branch is open between 2pm and 5.45pm Monday to Friday. Surgery times for the branch site are 3pm to 5.45pm Monday to Friday.

The proportion of the practice population in the 0-4 years age group is higher than the England average. The practice population in the under 18 years age group is also higher than the England average. The practice scored one 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 overall practice deprivation score is worse than the England average, the practice is 50.6 and the England average is 23.6.

The practice, along with all other practices in the Hull CCG area have a contractual agreement for NHS 111 service to provide Out of Hours (OOHs) services from 6:30pm to 8am. 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, in the practice information leaflet and on the practice website. The practice website can be accessed at www.marfleetgroupppractice.nhs.uk

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. There was a safeguarding lead and staff were aware of this.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. The GPs, advanced nurse practitioner and practice nurses were trained to safeguarding children level three and other nurses to level two.
- There was an effective system to manage infection prevention and control (IPC) and there was a lead in this role.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, we saw that some sterile scalpel blades and acupuncture needle to be out of date. These were removed from use and destroyed following our inspection visit. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff (including locums) 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, for example, sepsis. The GPs had discussed sepsis management using the latest NICE guidelines at clinical meetings.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and

equipment minimised risks. However, the practice did not have access to emergency oxygen on-site at the time of our inspection visit at either the main or branch sites. We discussed this with the practice manager who provided us with a full risk assessment following our inspection visit. Additionally, we did not see a defibrillator for emergency use at the branch site and atropine (a drug that is used in an emergency during fitting of an intrauterine device, or IUD sometimes called a coil) was not available. Evidence of requisition of a defibrillator and supply of atropine was provided following our inspection visit.

- The practice kept prescription stationery securely and monitored its use. However, we saw that some hand held prescription pads were not held securely. This was resolved following the inspection.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. Some of these reviews were done by the practice pharmacist and included discussions around the side effects and benefits of medicines.

Track record on safety

The practice had a good safety record.

- There were 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 that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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, a patient had decided to stop taking their own medication and the patient had not been made aware of the risks associated with this. This prompted the practice to conduct a full medication review with the patient and ensure that staff had received appropriate training. The practice made staff aware of the incident and reminded them regarding the safety and risks of patients' wishes. The practice also conducted further searches for medication non-compliance and reviewed the results.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice 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.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice was considering implementing a new on-line electronic system for patients to allow them to log onto a website in order to self-assess their current condition. A GP would then review the information the patient had recorded on the system which would be followed up with a call from an on-call GP.
- 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. Those identified as being frail had a clinical review including a review of medication.
- A home visiting service was in place along with routine telephone access to the practice repeat prescribing unit.
- All patients aged over 75 had a named GP. A number of health check indicators were in place to monitor their health for example, patients were recorded on a frailty index register and palliative patients were reviewed at quarterly meetings. In addition to this, patients with chronic diseases for example COPD, Asthma and Diabetes were invited for annual health checks.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85%, which was better than the local CCG and national averages of 78%.

Families, children and young people:

- The practice team worked routinely with other healthcare professionals for example, school nurses and health visitors.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. From the 2016/2017 data used by the Care Quality Commission, uptake rates for the vaccines given were above the target percentage of 90% in all four indicators.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 76%, which was comparable to the 80% coverage target for the national screening programme.
- The practice indicator rate for patients attending for cervical screening within the target period was 72%, which was comparable the CCG average of 72% and national averages of 72%.
- 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 years. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Good

Are services effective?

(for example, treatment is 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.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice operated a 'helpdesk' system where patients could approach a dedicated member of staff to discuss any concerns in confidence.
- The GPs and nursing staff had undertaken additional training in dementia and palliative care.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was comparable to the national average of 84%.
- The practice ran a substance misuse service for patients which included patients with poor mental health.
- 59% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was worse than the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 65%; CCG 89%; national 90%).
- The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 91%; CCG 96%; national 95%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 17% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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 used information about care and treatment to make improvements. For example, the practice nurses provide ad-hoc appointments and counselling for patients with a pre-diabetes condition. In addition to this, smoking cessation clinics were provided in-house supported by the local authority and another local health care provider.
- The practice was actively involved in quality improvement activity. We saw that four clinical audits had been completed in the last 12 months. Of these four audits only one complete cycle audit had been undertaken in the previous 12 months. For example an audit of the substance misuse service demonstrated that the prescribing was in line with guidelines and patients were being monitored safely and had a zero drop out rate within the programme. The audit also identified a low uptake of Hepatitis B immunisations by this high risk group and the practice had plans to increase the uptake.
- Clinicians took part in local and national improvement initiatives through their links with the CCG, Hull and York Medical School and a local federation of GP practices

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The 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. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Good

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

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

- All appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice 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 health.
- 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. However, staff had not completed training in the Mental Capacity Act.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Most of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. However, some patients told us that they found it difficult making an appointment. This was in line with the results of the feedback received by the practice.

We reviewed additional patient survey information that the practice had completed inline with the pending implementation of their new telephone system. This survey was completed in September 2016 and subsequently in September 2017 when their new telephone system had been implemented. For example the practice asked 'when you contacted the surgery by telephone in the last six months how satisfied were you with getting through'. The survey results showed 53% were satisfied or very satisfied in September 2016 which had increased to 83% for September 2017.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 324 surveys were sent out and 132 were returned. This represented about 1% of the practice population. The practice was worse than CCG and England averages for its satisfaction scores on consultations with GPs and nurses in two of the five areas. For example:

- 75% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 65% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 83%; national average - 85%.
- 87% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We did not see any notices in the reception areas, informing patients this service was available however, staff knew how to access these services.
- Staff communicated with patients 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's computer system alerted GPs if a patient was also a carer. The practice had identified 255 patients as carers (2% of the practice list).

- The practice routinely reminded patients to register as a carer, gave out carers packs, and signposted patients to a (local call number) carers' helpline.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed with one out of three questions scoring below local and national averages:

- 78% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 64% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had an efficient system for the online booking of appointments and repeat prescriptions. The practice was also considering implemented a new on-line electronic system for patients to allow them to log into the practice system from their own home and self-assess their current condition which consulted with a GP.
- Patients were generally unhappy with the access to the practice regarding available appointments, but the provider was working to improve access.

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 at an adult social care service.
- 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 nurse practitioners also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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.

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.
- Baby changing and breast feeding facilities were available.
- In–house sexual health advice was provided as part of routine appointments and specialist advice was referred to the community family planning clinic service.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone and on-line appointments were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- Patients with a learning disability were able to book an appointment with a GP in advance.
- The practice funded a substance misuse service. They had completed an internal audit of this service between 1 April 2016 to 31 March 2017. The audit findings identified that over half of the cohort of these patients were being managed at half the maximum dose or less with a significant number of patients on progressively reducing doses.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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 a register of patients who were in vulnerable circumstances and experiencing poor mental health. However, staff had not completed training in the Mental Capacity Act.
- 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.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. However, some patients told us that they found it difficult making an appointment.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were usually minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly worse to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 324 surveys were sent out and 132 were returned. This represented about 1% of the practice population.

- 64% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 80%.
- 21% of patients who responded said they could get through easily to the practice by phone; CCG – 63%; national average - 71%.
- 49% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 69%; national average - 75%.
- 45% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.

We discussed the survey results with the practice manager and they told us that they were implementing further improvements to their new telephone monitoring system. They had also recently recruited an advanced nurse practitioner and a prescribing pharmacist to assist in the clinical support elements of patient contact via the telephone system.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 47 complaints were received in the last year between April 2016 and March 2017. We reviewed all complaints and found that they were satisfactorily handled in a timely way.
- 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 had categorised the complaints for management and analysis purposes. For example, prescription issues, clinical treatment and waiting time for an appointment.

Are services well-led?

Good

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

Our findings

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

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and 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 care and promote good outcomes for patients.

- 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.

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 consistent 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. However, we did not see regular meeting minutes being records as a result of meetings that had taken place.
- 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, including nurses, 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. It identified and addressed the causes of any workforce inequality. 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.

Are services well-led?

Good

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

- Practice leaders had established proper 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.
- The practice had processes to manage performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. However, some clinical audits required a second cycle review to ensure outcomes for patients remained positive. There was clear evidence of action to change practice to improve quality.
- 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 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.

- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- 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 not fully shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.