

# Westbank Practice

## Quality Report

Westbank Practice  
The Surgery  
Church Street  
Starcross  
Exeter  
Devon  
EX6 8PZ

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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 November 2014 rated 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 inspection at Westbank Practice on 7 November 2017 as part of our planned 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Westbank 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.

## Background to Westbank Practice

Westbank Practice is situated in South Devon. Westbank Practice is comprised of two sites; Starcross Surgery and The Limes Surgery.

The deprivation decile rating for this area is nine (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 8,663 patients of a diverse age group. The 2011 census data showed the majority of the local population identified themselves as being White British.

There is a team of four GP partners, three female and one male; the partners are supported by four salaried GPs and one GP registrar. The whole time equivalent is five. The GP team are supported by a practice manager, a data manager, a reception manager, four practice nurses, one nurse practitioner, two phlebotomists, and additional administration staff.

Patients using the practice also have access to health visitors, midwives, counsellors, district nurses, and physiotherapists who work from the practice. Other health care professionals visit the practice on a regular basis.

The practice is open from 8.30am to 6pm Monday to Friday. Appointments are offered between those times. Extended hours are worked at Starcross Surgery on Wednesdays from 7am to 8am and at Exminster Surgery on Monday from 6pm to 7.30pm. The practice also offers weekend opening as part of Exeter Primary Care federation, approximately once or twice a month. Outside of these times including from 8am to 8.30am and 6 to 6:30pm, patients are directed to contact the out of hour's service and the NHS 111 number. This is in line with local contract arrangements.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (four weeks in advance) as well as online services such as repeat prescriptions.

The practice has a Personal Medical Services (PMS) contract with NHS England.

This report relates to the regulatory activities being carried out at the following two sites:

Starcross Surgery

Church Street

Starcross

Devon EX6 8PZ

The Limes Surgery

Church Stile

Exminster

Devon EX6 8DF

We visited both sites during our inspection.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice conducted safety risk assessments. They had a suite of safety policies which were annually reviewed (or more frequently if necessary) 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.
- 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 Disclosure and Barring Service (DBS) checks 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.
- There was an effective system to manage infection prevention and control, overseen by the lead nurse. The infection control policy was reviewed in October 2017 and reviewed annually. An annual infection control audit had been completed November 2017.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary 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, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice 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.

### 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. The practice kept prescription stationery securely and monitored its use.
- 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.

## Are services safe?

- 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.

### Track record on safety

The practice had a good safety record.

- 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 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 with the same name as another was wrongly identified by a receptionist, and an appointment booked for the wrong patient. The patient received a text message reminding them of their appointment. They contacted the practice and met with the practice manager. The practice manager was able to resolve the matter to the patients satisfaction. The incident was raised at the practice monthly meeting. It was identified that there were several patients with the same name. The data protection act was discussed. The incident was also discussed at a staff meeting to prevent any reoccurrence. The practice had implemented an alert on their computer system which highlighted where there were more than one patient with the same name.

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. The practice manager had oversight of safety alerts and ensured they were disseminated and acted upon.

# 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 supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was not an outlier for the prescribing of hypnotics, antibacterials or antibiotics. All of its prescribing was within a safe range of the national averages for these medicines.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice provided portable ECG (electro cardiogram used to monitor heart activity to reduce risk of heart attacks) monitors which patients were able to take home to support a more effective patient diagnosis and treatment.
- 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.
- 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 the last 12 months the practice had seen 770 out of 781 of these patients (98.5%).
- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. 197 patients over 75 had been admitted to hospital in the last 12 months. Of these 131 had received a referral in the same period.

- Practice GPs carried out home visits to two local residential care homes on request and usually visited once or twice a week.
- All staff had received dementia awareness training. The practice had considered the needs of patients with dementia visiting the practice, for example by having different coloured doors for exits and toilets.

#### 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 COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92% which was comparable with the clinical commissioning group average of 90% and the national average of 89%.

#### Families and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were between 95% to 97% which was slightly above the target percentage of 90% or above.
- 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 95%, which was higher than 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.

# Are services effective?

## (for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 91%; CCG 89%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 95%; CCG 95%; national 95%).

### 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. The GPs were involved in research activities via the GP Primary Care Research Project. This research included studies into lung and bowel cancer, looking at symptoms of healthy patients with potential for future cancer, to see if an earlier diagnosis could be made. Other research work included psychological interventions to help patients experiencing depression, a react study into improving balance and strength for elderly patients, in order to reduce falls and promote independence at home. Home risk assessments had been carried out and chair based exercises prescribed, to prevent future falls.

The most recent published Quality Outcome Framework (QOF) results were 99.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception reporting rate was 5.5% compared with

the clinical commissioning group average of 6.2% and the national average of 5.7%. (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.)

### 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.
- Complete cycle clinical audits had been performed to monitor and improve quality of care. For example, an audit had been completed on Annual Diabetes screening in women with a history of gestational diabetes, to check whether annual recalls were in place in line with NICE guidance. 17 patients were involved in the 2017 audit. 15 had received an annual recall. This was an improvement from the 2016 audit from 0% to 88%. Of the two patients without a recall, one was a new diagnosis and the other was a patient with a past history who had transferred from another practice. Learning and improvement from the audit included sending a covering letter to patients annually explaining the recommendation for testing and inviting them for screening.
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.



# Are services effective?

## (for example, treatment is effective)

- 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.
- The practice held monthly multidisciplinary case review meetings where all patients on the palliative care register were discussed.

### 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.
- The percentage of new cancer cases among patients registered at the practice who were referred using the urgent two week wait referral pathway was 47% which was comparable to the national average of 50%.
- 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 and tackling obesity. A practice nurse was trained to support patients who wished to stop smoking. GPs referred patients to a local health scheme called "One Small Step" which provided counselling for patients who wished to lose weight, stop smoking, reduce their alcohol consumption or stop taking drugs.

- In order to reduce social isolation and promote patient independence, the practice participation group (PPG) had organised "Community Connectors" who were local people who signposted patients to local support through the Exeter Wellbeing Project. The Westbank Centre also supported patients at risk of social isolation through organised activities such as gym membership, walking groups and craft groups. There was also a local memory café to support patients experiencing dementia.

### 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. We saw evidence that written consent had been captured used prior to minor surgery and for other treatments.



# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The practice had received three responses in the last two months, all of which stated they were extremely likely to recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 217 surveys were sent out and 135 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients who responded said they had confidence and trust in the last GP they saw; compared to the clinical commissioning group (CCG) average of 95% and the national average of 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 91%; national average 85%.
- 93% of patients who responded said the nurse was good at involving them in decisions about their care. CCG 94%; national average 91%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 94%; national average 91%.

- 88% percentage of respondents to the GP patient survey gave a positive answer to

"Generally, how easy is it to get through to someone at your GP surgery on the phone?" compared to the CCG average of 82% and the national average of 70%.

### 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 saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Some GPs could speak German, French and Chinese.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The practice was in the process of creating flash cards in different languages.
- 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. The practice used their computer to compile a register of carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as carers (2% of the practice list).

- The practice supported carers, for example the practice offered carer's health checks, and carried out planning for when carer's became ill or respite care.
- GPs 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. The practice signposted bereaved patients to a local bereavement service.

## 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 in line with local and national averages:

- 92% 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 90% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 88%; national average 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 92%; national average 90%.

- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 89%; 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.

The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice was due to review its policy in November 2017.

# 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 responsive**

### 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. For example, home visits were provided according to clinical need.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### 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.

#### 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.
- District nurses worked closely with the practice and were located on the same site. District nurses, health visitors, the complex care team, community matron,

mental health teams, social workers, community therapists and voluntary services met with GPs and nurses at the practice once a month to go through patient's cases in detail.

#### 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.
- Six week postnatal checks for mother and baby were offered. Clinicians asked about depression, and advised patients to book an appointment for immunisations. Maternity discharge summaries triggered a congratulations letter to new mothers where they were encouraged to register their new baby with the practice, book a six week check appointment and immunisations. We spoke with a midwife who provided us with positive feedback about the close liaison with the practice.

#### 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, online appointment booking, online repeat prescriptions and an informative website.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice participated in local arrangements with other nearby practices for weekend opening, via EPC (Exeter Primary Care).
- Text message reminders were sent on the day prior to an appointment. Text messages were also sent with patient consent about urgent blood results or to make appointments.

#### People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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 allowed a support counsellor space at the practice to provide a dedicated ad hoc mental health and dementia clinic. Patients who failed to attend were proactively followed up by a phone call.
- GPs referred patients to the Depression and Anxiety Service (DAS) that dealt with all aspects of talking therapies. There were also online options. This service offered a triage to other relevant local services and online resources through a telephone then face to face consultation. Patients could also self-refer to this service.
- Some practice GPs had an interest in mental health issues and had undertaken additional training in basic talking therapies.

### Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and 30 completed comment cards. 217 surveys were sent out and 135 were returned. This represented about 2% of the practice population.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 88% of patients who responded said they could get through easily to the practice by phone; CCG 82%; national average 71%.
- 96% 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 90%; national average 84%.
- 93% of patients who responded said their last appointment was convenient; CCG 88%; national average 81%.
- 91% of patients who responded described their experience of making an appointment as good; CCG 82%; national average 73%.
- 63% of patients who responded said they don't normally have to wait too long to be seen; CCG 65%; national average 68%.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed the 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. For example, a complaint had been made that a patient's issues had not been dealt with fully. There was a language barrier which caused some confusion. The practice investigated the complaint and the practice manager met with the complainant. Findings from the complaint included the introduction of flash cards in the specific dialect the patient used, which was not presently available on the language line service. The practice also signposted the patient to a local group who provided community links relevant to this patient's needs.

# 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 manager was in the process of implementing a short term business plan 2017 to 18 which included the challenges of workforce development, IT and managing patient population growth.
- 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, 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 about 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.

# Are services well-led?

Good 

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

- GP partners meetings took place monthly, and also an all GP meeting once a month which included salaried GPs. At the all GP meeting prescribing, research, safeguarding, significant events were discussed.
- Once every two months an all staff meeting took place which included available staff. If staff wished to add any items to the agenda they had the opportunity to do this via email or face to face.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The practice manager had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- Clinical meetings took place every two months which discussed risks to patients. Multi-agency meetings took place once a month and discussed patients with complex needs or frailties. A gold standard framework (GSF) palliative care meeting took place monthly.
- 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. For example, text messaging reminders for appointments, alerts on computer systems which had showed long term conditions, vulnerable patients or other relevant information.
- 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. The practice used the NHS friends and family survey, five yearly GP appraisal feedback and planned to implement an annual patient survey in 2018. The practice obtained staff feedback through annual appraisal, through meetings and informally.
- There was an active patient participation group (PPG). The PPG signposted patients to relevant support services, and organised activities itself, such as a local walking football group, a dementia group, chair yoga, finish that kit craft 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.



# Are services well-led?

Good 

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, one member of staff had been developed from receptionist to data controller. A practice nurse was in the process of completing a prescribing course.
- The practice was a teaching practice with two qualified GP trainers.
- 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.