

Allesley Village Surgery

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. The practice has not been inspected previously.

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 Allesley Village Surgery on 22 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice demonstrated that they had managed risk so that safety incidents were less likely to happen. We saw that when incidents did happen, the practice discussed these at clinical meetings and learned from them and improved their processes as a result. We noted that some significant events had been investigated and learning had taken place but there was not always a reporting form completed.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. We saw evidence that care and treatment was delivered according to evidence-based guidelines.
- Patients reported that staff involved them in decisions about the care and that they were treated with compassion, kindness, dignity and respect.
- The practice operated a triage system for appointments which patients reported they found useful. This was in addition to on the day and pre-bookable appointments up to four weeks in advance.
- There was a strong focus on continuous learning and improvement at all levels of the organisation and a commitment to utilise resources to ensure an efficient and effective service was available for patients.

Summary of findings

The areas where the provider should make improvements are:

- Strengthen the process of significant event reporting
- Review policies to ensure they are personalised to the practice.

- Continue to explore ways of developing a patient participation group

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 

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Strengthen the process of significant event reporting
- Review policies to ensure they are personalised to the practice.
- Continue to explore ways of developing a patient participation group

Allesley Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser and an additional CQC inspector.

Background to Allesley Village Surgery

Allesley Village Surgery is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 4,000 patients living in Allesley Village and the surrounding areas of the West side of Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers. National data indicates that the practice population does not experience high levels of social deprivation. The practice population is predominantly white British with pockets of eastern European ethnic groups.

The practice has recently undergone a complete renovation to update and modernise the premises which has resulted in a modern purpose built premises. The building has three storeys, although all consultations take place on the ground floor. There are wide doors to the entrance which allow easy access for patients who use mobility aids and onsite parking.

The practice is one location of a larger organisation consisting of two other practices who have their own allocated staff but share staff resources when necessary. The practice has three GP partners, two male and one female. They employ a salaried female GP, an advanced nurse practitioner, a part time practice nurse and a health care assistant. The clinical team are supported by a practice manager and a team of administrative and reception staff. Repeat prescribing facilities are managed by dedicated trained staff at a prescribing hub at one of the organisation's other locations in Earlsdon, a short distance away.

The practice is open from 8am until 6.30pm from Monday to Friday except Thursday when opening is from 8.30am until 1pm. During this time calls are received by the out of hours service who contact the on call GP if clinical care is required. Extended hours appointments are available on Mondays from 6.30pm until 7.30pm at this practice. They have also signed up to the local GP Alliance which allows patients to access the extended hours service at three other venues across the area from 6.30pm until 9.30pm Monday to Friday and Saturdays and Sundays from 9.30am until 12.30pm. This provides nurse and GP appointments. The practice does not provide out of hours services to their own patients. Patients are provided with information about local out of hours services which they can access by using the NHS 111 telephone number.

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.

- We saw that the practice conducted safety risk assessments. There was a comprehensive range 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 and 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 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.
- There was an effective system to manage infection prevention and control and we saw that a recent infection control audit had been undertaken.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions and we saw records to demonstrate this. 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. We saw the practice staff had a protocol providing information of specific symptoms and how to respond. The clinicians demonstrated comprehensive knowledge of how to identify and manage patients with severe infections, for example, sepsis and had discussed this in a practice meeting.
- 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. We reviewed a sample of records and saw that these were detailed and showed regular review had taken place and care had involved patients and their carers.
- 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 and tests ordered by locum GPs were reviewed by the GP partners.

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 did not use hand written prescriptions and used a repeat prescribing hub at one of the other practices to manage the issue of repeat prescriptions and prescriptions resulting from home visits were provided electronically. We saw evidence which demonstrated that the GPs monitored patients appropriately prior to issuing repeat prescriptions. All medicines were stored securely and anaphylaxis kits were available in all clinical rooms.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Are services safe?

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 and records we reviewed confirmed this.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, regarding fire and health and safety. We saw that equipment was calibrated and maintained appropriately.
- The practice monitored and reviewed activity which helped them 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. We spoke with staff who demonstrated an understanding of their duty to raise concerns and report incidents and near misses. The GPs and practice manager supported staff when they needed to report significant events. We noted that some significant events had been discussed at meetings and actions taken to prevent recurrence but there had been no corresponding form to record the original event. However, we saw that shared learning had taken place.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice.
- The GP demonstrated knowledge of recent alerts and there was a system for receiving and acting on safety alerts and we saw that searches had taken place in response to alerts. We saw evidence that these were discussed at practice meetings. The practice also learned from external safety events as well as patient and medicine safety alerts.

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. The GP demonstrated comprehensive knowledge of the National Institute for Health and Care Excellence (NICE) guidelines and we saw evidence from patient records of how these had been applied in practice. For example, in asthma treatment, diabetes and primary prevention of coronary heart disease and hypertension. We also saw that the practice had given a presentation to GP trainees regarding changes.

- We saw that patients' needs were fully assessed which included both their clinical and mental and physical wellbeing.
- There was no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice used a risk stratification tool to assess older people who may have been at higher risk of admission to hospital. Older patients who were 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 medicines as well as receiving a special contact card which allowed them to communicate their frail status to staff and gain priority access to care if necessary.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- We saw evidence to demonstrate that patients with long-term conditions had a received a structured annual review to check their health and medicines needs were being met and noted they were in line with current guidelines. For patients with the most complex needs, staff worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training, for example in chronic obstructive pulmonary disease (COPD) and diabetes.
- Patients who were unable to attend the practice for their review were seen at home.
- Data showed that patients with long term conditions such as high blood pressure, diabetes and COPD experienced care comparable to the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within the recommended levels was 73% compared to the CCG and national average of 78%.

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 in line with the target percentage of 90% or above.
- The practice encouraged chlamydia screening as well as the meningitis vaccination for patients reaching their teenage years.
- 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 83%, which was above 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.
- The practice sent patients a card on their 65th birthday to promote uptake of health review, flu vaccination and general health issues as well as abdominal aortic aneurysm (AAA) screening.
- The health care assistant had been trained to carry out NHS Health Checks and the practice had introduced

Are services effective?

(for example, treatment is effective)

these providing 296 health checks in the period from April 2017 – October 2017. These checks had resulted in a 10% increase in rates of significant diagnosis specifically in hypertension and high cholesterol.

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 and we saw evidence of this in patient records.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

The practice worked with the local fire service and encouraged uptake of free fire checks in their own homes.

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

- We saw evidence of detailed comprehensive records of patients with dementia and mental health problems and regular review with involvement of patients and carers as well as interaction with the multi-disciplinary team and timely appropriate referral.
- The practice was involved in a pilot scheme for the dementia service which involved carrying out assessments to identify, diagnose and commence medicines for patients found to have dementia. Staff had undergone training to facilitate this.
- 83% 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 comparable with the CCG average of 88% and slightly below the national average of 90%.
- 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 was 92% compared to the CCG average of 91% and national average of 90%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96% which was comparable to the CCG average of 95% and national average of 95%.

Monitoring care and treatment

The practice monitored the quality and improvement activity provided to patients and routinely reviewed the effectiveness and appropriateness of care. Staff reviewed achievements to identify areas where more focus was required. Where appropriate, clinicians took part in local and national improvement initiatives, for example, the local dementia project to identify and diagnose early signs of dementia.

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 97% of the total number of points available compared with the CCG and national average of 96%. The overall exception reporting rate was 9% 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.)

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 centrally. Staff were encouraged and given opportunities to develop. For example, the health care assistant had undertaken training to carry out health assessments which had had a positive outcome and identified patients who required treatment.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- 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.

Are services effective?

(for example, treatment is effective)

- 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.
- We saw from records we reviewed that 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. We saw the practice provided leaflets with information regarding minor conditions, how to treat them and when to seek help and advice from the GP.
- Staff discussed changes to care or treatment with patients and their carers as necessary and we saw evidence of this in the records.

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 the practice had a comprehensive consent form providing information for patients regarding their procedure as well as a facility to gain written consent.

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 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Patients reported significant improvements in the practice both structurally and in the way they were treated. They reported caring GPs who listened to their problems.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. There were 220 surveys sent out and 106 returned which represented approximately 3% of the practice population. The practice results were comparable to the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs although responses to nurse consultations were less positive. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the CCG average of 87% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time compared to the CCG average of 85% and national average of 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG and national average 95%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.

- 79% of patients who responded said the nurse was good at listening to them compared to the CCG average of 90% and national average 91%.
- 77% of patients who responded said the nurse gave them enough time compared to the CCG and national averages of 90% and 92% respectively.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw which was comparable to the CCG and national average of 97%.
- 75% of patients who responded said the last nurse they spoke to was good at treating them with care and concern which was lower than the CCG and national averages of 90% and 91% respectively.
- 91% of patients who responded said they found the receptionists at the practice helpful which was above the CCG and national averages of 85% and 87% respectively.

The practice had reviewed the lower than average results regarding responses to the nurse. They had recruited a new practice nurse in June 2017. Feedback we received on the day of the inspection indicated that patient satisfaction had improved and the practice expected these to show improvement at the next survey.

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. Staff communicated with patients in a way that they could understand. Communication aids were available such as a hearing loop.
- 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. When registering patients they were asked if they were a carer and they were identified when attending appointments. The practice's computer system alerted GPs if a patient was a carer. The practice had identified 55

Are services caring?

patients as carers which represented 1.35% of the practice list. The practice invited patients for flu vaccination and health checks and directed them to local support organisations.

Staff told us that if families had experienced bereavement they sent them a sympathy card. The GP would decide whether a telephone contact or visit would be appropriate dependent on their previous contact with the family.

Results from the National GP Patient Survey of July 2017 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:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 78% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care which was lower than the CCG and national average of 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.

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 across all population groups.

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 had reviewed and understood the needs of its population and tailored services in response to those needs since taking over the practice 18 months ago. For example, they had introduced longer opening hours, a telephone triage for appointments and included the practice in the prescribing hub system used across their organisation.
- The practice improved services where possible in response to unmet needs. The practice told us that patients reported satisfaction from being able to have their blood taken in the practice by the health care assistant.
- The practice had undergone complete refurbishment in recent months and the facilities and premises were suitable to provide the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There was easy access for patients with mobility difficulties. All consultations took place on the ground floor.
- We saw from care records and minutes of meetings that 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice used specific tools to help identify patient who may be a higher risk of hospital admission. They had developed a 'Daisy' contact card system for older patients to enable them to access the practice as a priority and this alerted staff that they were at greater risk.

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. Patients who were unable to attend the practice were provided with domiciliary visits by the GP. Any patients identified with more complex conditions requiring additional support were referred to community specialist nurses.

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.
- The practice advertised sexual health screening and promoted the Meningitis vaccination to young teenage patients.

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 consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with the fire service inviting patients to take up free fire checks in their home.

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

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had engaged in a local pilot scheme to provide improved and more timely diagnosis of dementia and ongoing support.
- The practice maintained close relationships with patients in residential and nursing homes locally to ensure these patients were supported.
- The practice provided services to patients temporarily housed at local council accommodation and ensured contact with other community services to provide support.

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 completed comment cards. There were 220 surveys sent out and 106 returned. This represented approximately 3% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) and national average of 76%.

- 69% of patients who responded said they could get through easily to the practice by telephone compared to the CCG and national average of 71%.
- 86% 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 compared to the CCG and national averages of 83% and 84% respectively.
- 82% of patients who responded said their last appointment was convenient compared to the CCG average of 79% and national average of 81%.
- 76% of patients who responded described their experience of making an appointment as good which was comparable with the CCG average of 71% and national average of 73%.
- 75% of patients who responded said they don't normally have to wait too long to be seen which was better than the CCG average of 54% and national average of 58%.

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 the process was clear. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had received one complaint in the last year. We reviewed this and found that it had been satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends.

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

The GP partners had the capacity and skills to deliver high-quality, sustainable care.

- We found from discussions with the GP that they had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The GP and practice manager demonstrated knowledge of the local area and issues and priorities relating to the quality and future of services. They understood the challenges in providing effective health care and were addressing them.
- Staff told us that the GPs and practice manager 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.

- We noted that since the partners took over the practice they had developed a clear strategy and supporting business plans to set out their vision and values and how these could be achieved. The GP partners had three locations in their organisation and had an allocated GP to lead at each practice. They were striving to create a closer working relationship between all practices, share resources and achieve more efficient and effective use of resources.
- 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 and enjoyed their work at the practice.
- All staff at the practice demonstrated that their focus was on the needs of patients.
- We saw that the practice addressed complaints and incidents with openness, honesty and transparency and engaged with patients and shared the outcomes with them following these. 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 needed. This included appraisal and career development conversations. All staff had received an 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. Staff had received equality and diversity training and told us they felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care which was led by one of the GPs. This were structures and procedures that ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The practice held joint clinical meetings with all staff across the three sites to ensure learning was shared from significant events and all staff were aware of issues at all practices as well as how each practice was performing.

Are services well-led?

Good 

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

- Practice policies were implemented and were available to all staff. These were updated and reviewed regularly but we noted that some required personalising to reflect the specific location.
- A comprehensive understanding of the performance of the practice was maintained. There had been consistent improvement of achievement in the QOF over the last two years since the provider took over the practice
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw risk assessments for fire and legionella risks and appropriate actions had been taken.
- We saw evidence from the significant event and complaints log that lessons had been learnt and shared with staff. However, although events had been discussed at meetings and we could see learning had been shared, some significant events had not been formally recorded in line with the practice policy.

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. Practice leaders 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. However, we noted that there was limited audit activity specifically focussing on this location, but audit outcomes from the other locations had been shared.
- 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. For example, the provider had introduced a

prescribing hub at one of the other locations and all prescriptions requested from all locations were dealt with at the central hub by staff trained in this area to reduce errors.

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.
- The practice demonstrated good communication of quality and sustainability by regular discussion 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, they had introduced a 'Daisy' system which involved providing patients with a card and logging them on the clinical system to alert staff that these patients were vulnerable and should be given priority.
- The practice submitted data or notifications to external organisations as required.
- There were 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.

- The practice had experienced difficulty in establishing a patient participation group (PPG) and was continuing to advertise to recruit members. The practice manager told us they were planning to hold an open morning in the village hall to raise awareness of the PPG and its function and also advertise in the practice.
- The practice had examined the results of the National Patient Survey of July 2017 which were in line with other

Are services well-led?

Good 

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

practices in the area and nationally in most areas. They had also reviewed the patient comments on NHS Choices which were in the main positive and had taken measures to capture patient feedback in the waiting area using patient feedback forms.

- 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. Since taking over the practice 18 months ago the practice had introduced a variety of improvements. For example, telephone triage, longer opening hours and the skills of an advanced nurse practitioner.
- 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.