Carden Surgery

Quality Report

County Oak Medical Centre
Carden Hill
Brighton
East Sussex
BN1 8DD
Tel: 01273 500155
Website: www.cardensurgery.co.uk

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

Ratings

Overall rating for this 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Carden Surgery was previously inspected on 25 August 2015 and was rated as good overall and for safe, effective, caring, responsive and well-led services.

At this inspection on 1 December 2017 the practice is rated as good overall.

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

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 said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and phone consultation services were available. Urgent appointments for those with enhanced needs were also provided the same day.
- There was an active patient participation group in place who told us that they had seen improvements within the practice.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice worked closely with other services in order to provide and improve care for their patient populations.
- Staff were positive about working in the practice and were involved in planning and decision making.
- Patient survey results were positive and higher than average in a number of areas.

We saw one area of outstanding practice:

- The practice encouraged registration and engagement for patients from a local travellers' site by registering patients permanently rather than as temporary residents. The practice also offered help to complete registration forms and prescription requests. The practice told us this had helped to increase engagement and health awareness within this community. For example, there was an improvement in the number of patients within this community attending for immunisations, chronic disease reviews and health screening.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

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

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

Carden Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector and a GP specialist adviser.

Background to Carden Surgery

Carden Surgery is situated on the outskirts of the city of Brighton and Hove, East Sussex and operates from:

County Oak Medical Centre

Carden Hill

Brighton

East Sussex

BN1 8DD

with a branch surgery at:

New Larchwood Surgery

Waldron Avenue

Brighton

BN1 9EZ

The practice provides services for approximately 7,620 patients living within the local area. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard.) The practice population has a slightly higher than average number of patients over the age of 65 and a higher percentage of patients with health related problems in daily life. The practice has a lower deprivation score compared to the national average, with more patients in employment or full-time education and lower levels of unemployment. Although the practice explained they served pockets of patients living in substantially more deprivation than was represented by their score.

New Larchwood Surgery, the branch surgery, shares premises with an independent living residential home for people aged 55 and over and all 40 of the residents are registered with the practice. In total, 1% the practice population resides in five local nursing or care homes while the practice also has a higher than average population of students, many of whom live in nearby halls of residence. Around 1% of the practice population are travellers from a permanent site near the practice.

County Oak Surgery is purpose built and shares its premises with another GP practice and a pharmacy. Weekly midwifery and regular dermatology clinics run from the premises. Separate organisations providing musculoskeletal and audiology clinics rent rooms in the same premises.

As well as a team of three GP partners and two salaried GPs (three male and two female), the practice also employs one nurse practitioner, three practice nurses, one health care assistant and a phlebotomist. There is a practice manager and a team of receptionists and administrative staff. The practice has access to a pharmacist who is shared by a cluster of local practices.

The practice is a training practice for foundation level two doctors and medical students.

County Oak Medical Centre is open between 8.30am to 6.30pm on weekdays, apart from Thursdays when the surgery closes at 1pm.

Detailed findings

New Larchwood Surgery is open between 8.30am and 12pm then 1.30pm to 3.30pm on Mondays and Fridays and between 8.30am to 12pm on Tuesdays, Thursdays and Fridays.

During the contracted hours of 8am to 6.30pm from Monday to Fridays when the practice is closed, patients are directed to an Out of Hours provider (IC24). The practice offers pre-bookable appointments, same day and phone appointments with GPs and nurses. There are also online appointments available. There are arrangements for patients to access care outside of contracted hours from an Out of Hours provider (111).

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning and surgical procedures.

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 conducted safety risk assessments. It had a thorough and up to date 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.
- 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. All staff who acted as chaperones were trained for the role. Staff members who acted as chaperones but were not DBS checked had a risk assessment of their duties as a chaperone to ensure a DBS was not required.
- There was an effective system to manage infection prevention and control as well as evidence of a recent audit with actions completed.
- 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.

Good

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, an incident involving a patient fainting during examination was discussed and systems put in place to ensure a repeat of this incident would be safely dealt with.
- 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 and discussed these in practice meetings.

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 supported by clear clinical pathways and protocols.

- 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.
- There was a system in place for patients who were residents of a local care home to consent for the care home to request prescriptions and appointments online on their behalf. This had proved to be popular with patients and the practice told us they hoped to extend this service to their patients in other care homes.
- 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.
- The practice held a register of housebound patients and reviewed their needs regularly.
- 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.
- The practice held seasonal flu clinics on Saturdays and in the evenings to improve uptake, which was the highest within the local clinical commissioning group for patients aged 65 and over.

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.

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 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 in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had promoted access to online appointment booking which increased the number of patients making use of this service (from 4% of patients to 14% of patients over six months).
- Representatives from the practice attended annual events for new students at the local universities to encourage registration. Newly registered students received an information pack which included details on how to access appointments, details of local care and support services and advice on topics such as contraception and sexual health.

Good

Are services effective?

(for example, treatment is effective)

- Additional appointments were available at New Larchwood Surgery during term times, due to increased demand for appointments from students living locally.

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 and those with a learning disability.
- The practice encouraged registration and engagement for patients from a local travellers' site by registering patients permanently rather than as temporary residents. The practice also offered help to complete registration forms and prescription requests. The practice told us this had helped to increase engagement and health awareness within this community. For example, there was an improvement in the number of patients within this community attending for immunisations, chronic disease reviews and health screening.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 93% 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 to 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 (practice 98%; CCG 80%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 97%; CCG 92%; 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. For example, an audit on the uptake of flu vaccinations in pregnant women showed an improvement on the second cycle. Where appropriate, clinicians took part in local and national improvement initiatives. For example, eligible patients were invited to take part in a national diabetes prevention pilot to reduce their risk of developing the disease.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 97%. The overall exception reporting rate was 12% compared with a CCG average of 12% and a national average of 10%. The practice explained their exception rate was slightly higher than the national average because of the numbers of students registered. This population group tended to be more transitional meaning they did not always present at the practice for their reviews. (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. There was a thorough and up to date record of skills, qualifications and training, which allowed the user to access copies of individual certificates by clicking on a link within the record. This was well maintained and easy to use. Staff were encouraged and given opportunities to develop.
- The practice provided staff with
- 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.

- 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.
- 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.

- 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.

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.
- All of the eight Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they found the staff to be caring, courteous and helpful. This was in line with the results of the NHS Friends and Family Test.
- The practice had made significant improvements in their results for patient satisfaction by conducting an in house patient survey and acting on the results to improve the service.
- On the day of inspection we observed compassionate care. For example, at New Larchwood Surgery by a member of the reception team who helped a confused patient.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 241 surveys that were sent out, 116 were returned. This represented about 2% of the practice population. Results were in line with local and national averages for the practice's satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 84%; national average - 86%.
- 92% of patients who responded said the last nurse they spoke to was good at giving them enough time; CCG – 93%; national average – 92%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 85% of patients who responded said they found the receptionists helpful; CCG - 89%; national average - 87%.

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 Arabic and Farsi speakers.
- 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 proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers, which represented more than1% of the practice list.

- GPs and nurses signposted carers to help ensure that the various support services were coordinated and effective. A carers pack, which outlined this information, was available.

Good

Are services caring?

- Staff told us that if families had experienced bereavement, their usual GP contacted them. 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 local support services.
- 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. The practice had made significant improvements in their results for patient satisfaction by conducting an in house patient survey and acting on the results to improve the service. 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 clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 75% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; 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 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 understood the needs of its population and tailored services in response to those needs. For example, patients could book consultations and order repeat prescriptions online and the website had advice for treating common ailments.
- 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.

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 held a register of housebound patients and reviewed their needs regularly.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice held seasonal flu clinics on Saturdays and in the evenings to improve uptake, which was the highest within the local clinical commissioning group for patients aged 65 and over. Home visits were offered for flu and shingles vaccinations where needed.

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 with cancer were invited for reviews with their GP following diagnosis.

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 and 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.
- GPs offered pre-natal and fertility counselling.
- There was an onsite community midwife.
- Practice nurses met regularly with local health visitors to improve continuity of care.

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.
- Phone 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 homeless people and those with a learning disability.
- The practice referred patients at risk of social isolation to local community navigators to encourage and signpost to activities and services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.
- Reception staff received training on communicating with patients with poor mental health and dementia.
- Patients at risk of dementia were referred to an onsite memory assessment service.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The patient participation group ran a monthly dementia café from a local care home, which was advertised in the waiting room and patients were encouraged to attend.

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.
- The practice received some feedback about appointments not running on time and told us they were working to address this. This included notifying patients of possible delays and adding appointments 'catch up' appointments for GPs where necessary.
- 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. Of the 241 surveys that were sent out, 116 were returned. This represented about 2% of the practice population.

- 68% of patients who responded were satisfied with the practice's opening hours which was comparable to the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 82% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 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; CCG - 83%; national average - 76%.
- 87% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 70% of patients who responded described their experience of making an appointment as good; CCG - 78%; national average - 73%.

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. Six complaints were received in the last year. We reviewed these 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 was received from a patient who had been waiting for their appointment for longer than they felt was acceptable. The practice thoroughly investigated the complaint. They contacted the patient to apologise and explain the reasons clinics ran late on occasion. As a result of the complaint the practice made improvements to the appointments system and initiated a regular review of waiting times. The reason why appointments could run late was also added to the information displayed via the waiting room information screen.

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 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.
- 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 told us they felt the culture of the practice was friendly, open, patient centred and caring and they were proud to work at 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. For example, the practice policy for patients recently discharged from hospital was reviewed to prevent clinical incidents such as sepsis. 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.
- Staff told us there was a very low staff turnover, which they partly attributed to the high level of support given by the management team.
- 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.

Are services well-led?

Good

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 Medicines and Healthcare products Regulatory Agency (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.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, 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. For example, staff had suggested a TV screen for the waiting room to take the focus away from the reception desk as well as requesting a water cooler for staff and patients. Both of these suggestions had been acted on.
- Patients were encouraged to suggest areas for improvement. For example, a hedge in the car park was trimmed back following comments that it restricted views when parking. It was also suggested that the practice phone should not show as a withheld number which had been acted upon.
- There was an active patient participation group (PPG) who were involved with improvements in the practice. For example, the PPG had organised two health walks for patients during the summer months.
- The service was transparent, collaborative and open with stakeholders about performance.

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 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 and one of the nurses was being supported by the practice to take a prescribing qualification.
- 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.
- The practice had organised, with support from the patient participation group, an asthma self-help group. An asthma nurse specialist had given advice to patients on recognising and managing symptoms. If successful with patients, this would be repeated for other long term conditions.

The practice told us they were looking for ways to improve sustainability and the practice manager was the lead for a developing cluster of local GPs with plans to form a federation.