

The Hanway Group Practice

Quality Report

The Surgery,
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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 December 2014 – 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 The Hanway Group Practice on 30 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- When patients attended flu clinics, the practice undertook health checks, such as diabetes, asthma and dementia reviews for each patient, where appropriate.
- The practice used a text message system to remind patients of appointments.

Summary of findings

We saw one area of outstanding practice:






The practice offered patients who lived in an assisted housing complex an open access system. These patients were issued with a card that they could present to reception staff and see a GP at that time, without a pre-booked appointment.

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	

The Hanway Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to The Hanway Group Practice

The Hanway Group Practice is a large inner city practice that provides primary medical services to approximately 14,000 patients in Portsmouth.

The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and Diagnostic and screening procedures and operate from the location known as The Surgery and at the branch practice 81 Stubbington Avenue:

The Surgery,
2 Hanway Road
Buckland

Portsmouth

Hampshire

PO1 4ND

81 Stubbington Avenue

Portsmouth

Hampshire

PO2 0JD

www.hanwaygroup.co.uk

The practice population is in the third most deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The average life expectancy is lower than the national average.

The practice provides enhanced services which are above what is normally required. These include providing alcohol cessation, childhood vaccination, immunisation schemes and influenza and pneumococcal immunisations. Services also include providing extended hour's access, facilitating timely diagnosis and support for people with dementia, and offering minor surgery. The practice also provides direct enhanced services including remote care monitoring for vulnerable patients and shingles and rotavirus vaccination.

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 set 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. 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. The policy and procedures had been recently updated following an infection prevention and control audit completed in November 2017, there were not any specific actions required.
- 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 were sent in a timely way and 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.
- The practice was supported by a pharmacy advisor, employed by the clinical commissioning group (CCG), who focused on medicine optimisation for patients who were taking multiple medicines to maximise safety of prescribing for those patients.

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. The practice had documented six significant events in the last 12 months. On each occasion we saw relevant actions had been taken to improve quality of care. Lessons learned had been discussed with relevant staff and during meetings. For example, following a telephone consultation with a GP, a patient who presented with breathlessness was asked to attend the branch practice for an immediate appointment. Reception staff were asked by the GP to inform staff at the branch surgery to expect the patient but the message was not passed on and the patient needlessly waited for a long time to be seen by the GP. The practice reminded staff of the importance of prompt communication between the main practice and the branch practice and we saw evidence that this had been discussed at staff meetings.
- 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.

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.
- Staff told us that when patients attended flu clinics, the practice undertook health checks, such as diabetes, asthma and dementia reviews for each patient, where appropriate.
- We saw 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:

- 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 medicine.
- Patients identified as living with severe frailty were also reviewed every two weeks at multi-disciplinary 'virtual ward' clinical meetings in order to co-ordinate care to meet individual 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.
- 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 was a member of the Portsmouth Alliance which was established to reduce hospital admissions

and offered an acute visiting service. The practice referred patients who were at risk of hospital admission to the Alliance, who then carried out home visits to those patients.

- In November 2017 the practice undertook a flu campaign for patients who were housebound and immunised all vulnerable patients, who could not access the practice, against the flu virus by visiting them in their own homes.

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.
- Specialised diabetes nurses visited the practice to support practice nurses to undertake diabetes clinics every month.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% in three out of four areas. The practice were below the target percentage of 90% for providing children Haemophilus influenza type b and Meningitis C booster vaccine. The practice were aware of this and were working to increase patient uptake of this vaccine.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The Health Visitor supported patients at the practice once every month.

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

- The practice's uptake for cervical screening was 88%, which was above the 81% coverage target for the

Are services effective?

(for example, treatment is effective)

national screening programme. The practice told us that they were planning to invite female patients to an open evening in January 2018, in order to increase the uptake of cervical screening.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, patients at the end of their life were reviewed as frequently as required as well as at meetings attended by GPs and the palliative care nurse every six weeks.
- 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):

- 85% 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.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 91% compared to the CCG average of 86% and the national average of 89%.

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.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice undertook an audit in 2015 which looked at appropriate prescribing for patients with type 2 diabetes. The audit measured how many patients had been prescribed the maximum tolerated dose of first line medicine used to treat diabetes before being prescribed a second line medicine. Results showed that 97% patients been prescribed the maximum tolerated dose of first line medicine. The practice repeated the audit in November 2017 and found that 99% patients had been prescribed the maximum tolerated dose of first line medicine which evidenced an improvement in appropriate prescribing for patients with type 2 diabetes.

The most recent published Quality and Outcome Framework (QOF) results showed the practice had achieved 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice). The overall exception reporting rate was 7% compared with a national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. We looked at five full cycle clinical audits and saw evidence that care and treatment had been subsequently improved. For example, we saw audits that measured if referrals made to hepatology, ophthalmology and orthopaedic departments had been appropriate. The results of these audits had been reviewed during clinical meetings in order to promote improvement.

Effective staffing

The practice has five GP partners, three of which are male and two are female. The GP partners are supported by two salaried GPs, both of which are female. The GPs provide 48 sessions per week which is the whole time equivalent (WTE) of 4.8. The GPs are supported by one nurse practitioner, four practice nurses, three health care assistants and a phlebotomist. The practice also employs four managers, including the practice manager, and 14 administration and reception staff.

Are services effective?

(for example, treatment is effective)

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. For example, the practice held a full day of face to face training for all staff at the practice every two months.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We saw training plans for all nurses and HCAs which was updated annually and included specialised refresher training. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. For example, staff had access to the local tissue viability nurse and the specialised diabetes nurse if they required advice.
- 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.

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 had established a 'Red Box Appeal' for female patients who were unable to afford sanitary products. Staff had raised funds for this and posters regarding this service were available in the waiting rooms and toilets.
- 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.
- The two 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.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 309 surveys were sent out and 117 were returned. This represented about 1% of the practice population. The practice was in line with other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 92%; national average - 95%.

- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 87% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 90% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; 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 them.
- 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. We saw information was available in the waiting room for carers and staff signposted carers to local services

Are services caring?

and external support. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 142 patients as carers (about 1% of the practice list).

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- 84% 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 87% and the national average of 86%.

- 78% 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%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for 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.
- The practice offered a nurse clinic for patients every other Saturday morning and planned to increase these clinics to every week.
- The practice used a text message system to remind patients of appointments.
- The practice is a member of the Portsmouth Alliance which had implemented a 'Winter Pressure Scheme' service at weekends. This was implemented to reduce the pressure on the out of hours services. GPs at the practice worked regular shifts for the service to support patients from all practices that were members of the alliance.
- 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.

- The practice offered patients who lived in an assisted housing complex an open access system. These patients were issued with a card that they could present to reception staff and see a GP at that time, without a pre-booked appointment.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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 and Saturday appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to book appointments online.

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 held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

The location and the branch practices were open from 8am until 6pm. Appointments were available during these times. Extend hours appointments were available at The Surgery on Fridays from 7am until 8am. Extended hours appointments are available at the branch on Tuesdays from 6.30pm until 7.30pm and Saturdays from 8am until 11am. When the practice is closed patients are directed to out of hours services by dialling 111.

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.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 52% of patients who responded said they could get through easily to the practice by phone; CCG – 73%;

national average - 71%. The practice were aware of this and had recently employed three additional receptionists and installed another telephone line to improve telephone access for the patients.

- 82% 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 - 84%; national average - 84%.
- 74% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 63% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 34% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%. The practice told us they believe this is due to accepting 2,300 patients in July 2017 due to the closure of a local GP practice. The practice had subsequently recruited additional staff to manage the needs of patients.

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. Nine 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, after a patient had not received a copy of their medical records a month after a request had been made, the practice received a complaint. The practice investigated the complaint and found that the delay had been due to the practice awaiting a response from the patient regarding the cost for retrieving medical records. The practice had subsequently changed the process when requests for copies of medical records

Are services responsive to people's needs? (for example, to feedback?)

were received. The practice had allocated specific staff to be responsible for contacting patients after two weeks if they were awaiting a response from a patient regarding the cost.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- 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. We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion. 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.

Are services well-led?

Good 

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

- The practice manager or assistant practice manager visited the branch every weekday to ensure governance arrangements were implemented and maintained. All staff work at both the practice and the branch.
- 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 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 failsafe 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, following patient feedback, the practice had changed the process for accessing emergency appointments; Patients previously had to phone when the practice first opened for an emergency appointment in the morning or after lunch for an emergency appointment in the afternoon. The practice changed this process in April 2017 so that patients could telephone the practice at any time during the day if they required an emergency appointment.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Good 

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

- 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.