Dr Arun Jha

Quality Report

Dr Arun Jha
Colne Family Practice
Address
The Health Centre
Craddock Road
BB8 0JZ
Tel: 01282 731 560
Website: www.colnefamilydoctors.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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Arun Jha at Colne Family Practice on the 1 December 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was clear leadership roles and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice including:

- The practice held a weekly diabetic clinic with a specialist diabetic nurse and practice GP with a specialism in diabetes. They had also facilitated a patient steering group and ran evening education sessions on diabetes led by a practice GP.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Ensure infection control training is in place for key staff and that audits show the action taken to be sure all areas are addressed.
- Ensure adequate information is provided to patients regarding the complaints procedure and ensure the practice notice board; web site and patient leaflets are informative and kept up to date.

Summary of findings

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

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multi-disciplinary teams (MDT) to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments and priority telephone access to their named GP for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held a weekly diabetic clinic with a specialist diabetic nurse and GP and links to podiatry, retinal screening and a dietician to support diabetic patients at the practice.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were systems in place 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 A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- A baby clinic ran weekly with the health visitor, nurse and GP who specialised in paediatric care.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering telephone consultations and online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 90% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. Of 401 surveys distributed, (The patient list size was 2774) there were 112 returns representing a response rate of 27.9%. Of the responses:

- 78% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received.

Dr Arun Jha

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a second CQC inspector, a GP specialist adviser and a Practice Manager SPA.

Background to Dr Arun Jha

Colne family Practice is located in the health centre in Colne. They have 2774 registered patients. They have a higher than national average population of patients aged over 60 years.

The practice provides General Medical Services (GMS) under contract with NHS England. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site. They offer enhanced services in: remote care monitoring, childhood vaccinations and extended hours access.

There are three GPs, two male, one female, three female practice nurses and a practice pharmacist. These are supported by a practice manager and an experienced team of reception/administration staff.

The practice is open between 9:30am and 6:00 pm Monday to Friday, with extended opening on Tuesday and Thursday until 7:30pm. When the practice is closed, out-of-hours services are provided by East Lancashire Medical Services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and East Lancashire Clinical Commissioning Group, to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced inspection on the 1 December 2015. During our visit we spoke with two GPs, one trainee GP, one practice nurse, practice manager and three reception/ secretarial staff. We also spoke with three patients and nine representatives from the patient participation group (PPG). We reviewed 20 CQC comment cards where patients shared their views and experiences of the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Detailed findings

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, where a vaccination was given in error the practice reviewed the incident and looked at how this could be avoided in future with the right systems in place and further education of staff.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended three monthly safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- The building was managed by NHS services and they had completed a fire risk assessment in 2015, a fire procedure was in place and fire extinguishers were annually serviced.
- We observed the premises to be clean and tidy. Whilst good standards of cleanliness and hygiene were followed we noted the infection control audit did not always monitor safety effectively. The audit did not show what action had been taken to make sure all areas were safe. We also noted that the infection control lead for the practice had not completed infection control training and did not liaise with the local infection prevention teams to keep up to date with best practice. We discussed this with the practice manager who told us the audits would be improved and training put in place.
- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We noted however that whilst registration with the appropriate professional body was recorded at recruitment, systems were not in place to continually check professional registrations. We discussed this with the practice manager who told us that this would be put in place with immediate effect.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- We checked medicines, treatment rooms and medicine refrigerators. We found that storage was safe and secure, and medicines were within their expiry dates. Medicines were stored at the correct temperature so that they were fit for use. The temperature of the medicines refrigerators were monitored daily.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. An additional nurse had been recruited to provide increased flexibility to appointments, enhance services to the more vulnerable patients and support the extended hours service provided.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen. We did note however that there was no paediatric mask. The practice manager said this had been an oversight and would order one immediately. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 6.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was above the CCG and national average.
- Performance for dementia related indicators was above the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was 81% comparable to the CCG and national average of 81% CCG and 80%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken from a contraceptive device audit resulted in better recording of patient information on the system

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

The practice worked with other service providers to meet patients' needs and manage those patients who had complex needs. It received blood test results, X-ray results, letters and discharge summaries from other services, such as hospitals and out-of-hours services. All staff we spoke with understood their roles and responsibilities when processing the information. There were systems in place for this information to be reviewed and acted upon where necessary by clinical staff.

The practice held three monthly multi-disciplinary team (MDT) meetings to discuss the needs of patients with complex needs. For example, those with multiple long term conditions, mental health problems, end of life care needs or patients who were vulnerable or at risk. These meetings were attended by a range of health and social care staff, such as health visitors, palliative care nurses and members of the district nursing team.

Good

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation and drug addiction. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 87% and five year olds from 85% to 92%. Flu vaccination rates for the over 65s were 82%, and at risk groups 68%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and patients with mental health needs. Patients were then signposted to the relevant service, for instance patients with mental health needs were referred to local mental health services. Patients who may be in need of extra support, for example, carers were also identified by the practice and signposted to the carers resource group.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 78% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 98% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%
- 88% said they found the receptionists at the practice helpful compared to the CCG average 85% and national average 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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. For example:

- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)
- 88% say the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 of the practice list as carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice sent a condolence card, their usual GP contacted them or made a home visit to meet the family's needs as well as giving them advice on how to find support services where appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example providing additional support to house bound patients, with the provision of nursing services for patients at the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on a Tuesday and Thursday to ensure working age patients had flexibility and choice in appointment times.
- There were longer appointments available for vulnerable people with mental health needs or a learning disability.
- Patients over 75 years were given a 15 minute appointment as standard.
- Home visits were available for older patients and patients with long term conditions.
- A dedicated telephone line is available to vulnerable patients who may need access to their named GP or nurse promptly.
- A baby clinic ran weekly with the health visitor, nurse and GP who specialised in paediatric care.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice holds a weekly diabetic clinic with a specialist diabetic nurse and GP and links to podiatry, retinal screening and a dietician to support diabetic patients at the practice.
- Education events are held at the practice for diabetic patients led by the GP specialist in diabetic care.

Access to the service

Appointments were from 9.00am to 6.00pm daily. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. Patients could make appointments on line and the practice had messaging in place to remind patients of their appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81% of patients who were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 78% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 90% patients said that the last appointment they got was convenient compared to the CCG average of 91% and national average of 92%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints in the practice.
- Whilst the patients were informed how to complain to the practice manager no further information was provided. We discussed with the practice manager that a complaints procedure needed to provide patients with the full information of where to take their complaint to if they were unhappy with the response provided by the practice. The practice manager told us that they would amend this on the practice leaflet and web site to fully inform their patients.
- We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant. These had all been dealt with in line with the practice policy, identifying action taken and any lessons learned.
- Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, concerns were raised regarding the changes to the frequency of prescribing prescriptions. The pharmacist and the practice reviewed this and changes were made to future prescriptions.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- The practice had completed their Quality Practice Award for General Practice and were awaiting validation. This award is an accredited scheme from The Royal College of General Practitioners (RCGP).

Leadership, openness and transparency

The GPs in the practice had the experience, capacity and capability to run the practice and ensure good quality care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- The GP partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice worked with the PPG in decisions around the new building and adaptations to the reception area. The practice also had a virtual PPG who had an opportunity to comment on the running of the practice.
- The practice had also gathered feedback from staff through individual appraisals and staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice held weekly meetings and staff said they were encouraged to raise items on the agenda. Staff confirmed they felt involved and engaged to improve how the practice was run.