Mill Road Surgery

Quality Report

47 Mill Road,
Colchester,
Essex,
CO4 5LE
Tel: 01206 845900
Website: www.millroad-surgery.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

This practice is rated as Good overall. (Previous inspection 12 January 2016 – 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 Mill Road Surgery on 12 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk and safety incidents to ensure they were less likely to happen.
- The practice learned from incidents and improved their processes, this was seen in meeting minutes and action plans.
- The practice routinely reviewed the effectiveness and appropriateness of the patient care they provided.
- Care and treatment was delivered according to evidence-based best-practice guidelines.
- Staff employed to dispense medicines had received regular checks of their competency to dispense medicines.
- All staff received an appraisal annually.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients told us they were involved in their care and treatment decisions.
- The practice responded to current patient needs and had developed forward planning to meet their recent patient population growth.
- We saw a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

Summary of findings

- The practice maintained a registered list of people that were either isolated or alone during the Christmas period. During the week leading up to Christmas, they personally delivered a hamper to each person on the list to show the practice cared and was thinking of these people during the holiday period.

The area where the provider should make improvements are:

- Improve the identification and recording of carers registered at the practice to ensure they are offered the required support and guidance.

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

Mill Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mill Road Surgery

- Mill Road Surgery provides primary care services at 47 Mill Road, Colchester, Essex, CO4 5LE.
- The practice has a helpful website www.millroad-surgery.co.uk to provide patients access to useful information about the practice.
- The practice population is 12,380, and the deprivation levels are lower than the national average.
- The practice offers a dispensing service to 2,566 rural patients on the registered practice list. These people live more than one mile (1.6km) from their nearest pharmacy.

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 appropriate and effective safety risk assessments.
- A collection of safety policies were annually reviewed, accessible, and communicated to staff.
- Staff received safety information about the practice as part of their induction and refresher training.
- We saw systems to safeguard children and vulnerable adults from abuse, with a GP appointed lead to go to for advice.
- The practice worked with other agencies to support patients and protect them from neglect, abuse, harassment, discrimination, and breaches of their dignity and respect.
- Staff checks, including checks of professional registration where relevant, were carried out at recruitment and on an on-going 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 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 practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for managing healthcare waste safely.

Risks to patients

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

- There were arrangements to plan and monitor the number and mix of staff needed.
- The induction system for permanent and temporary staff was effective and tailored to their role.
- All staff understood how to manage emergencies on the premises and recognised those needing urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The patient record system reminded clinicians to consider sepsis when certain monitored patient readings were entered on the system.
- 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.

- Patient treatment records were well written and managed to keep patients safe. Treatment records seen showed the information available to relevant staff was accessible way deliver safe care and treatment.
- The practice communicated and shared information with staff and other health and social care agencies to enable the delivery of safe care and treatment.
- Referral letters included all the information necessary to ensure safe onward care.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- There were processes and procedures to manage medicines, including vaccines, medical gases, emergency medicines, and equipment to minimise risks. The practice kept prescription stationery securely and tracked their use through the building.
- Staff prescribed, administered, and supplied medicines to patients. They gave advice on medicines in line with legislation and current clinical national guidance. The practice monitored the prescribing of antimicrobial medicine to ensure national guidelines were followed.
- Patients' health was followed up appropriately to provide assurance that medicines were used safely and appropriately. The practice involved patients in their regular medicine reviews.
- The dispensary had arrangements for dispensing medicines at the practice to keep patients safe and medicine accessible to those in rural areas.

Good

Are services safe?

Track record on safety

The practice had a good safety record.

- Risk assessments of safety issues were comprehensive and well documented giving a clear, accurate and current picture.
- The practice monitored and reviewed activity to understand risk and make safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system to record and act on significant events and incidents. Staff understood their responsibility to raise concerns and report incidents and near misses. We saw staff were supported when they did.
- There were effective systems to review and investigate when things went wrong. The practice learned and shared lessons with staff and partner healthcare stakeholders. They identified themes and took action to improve safety in the practice. For example, when a patient complained about receiving misinformation from a clinician at the practice. The clinician sent a letter of apology. We saw the learning update for all the clinicians regarding the current guidance.
- There was an effective procedure to receive and act on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts and acted on them appropriately.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Clinicians were updated with current evidence-based practice using learning and clinical web based national guidance for example, the National Institute for Health and Care Excellence (NICE). We saw records that showed clinicians assessed patient needs, delivered care and treatment in line with current legislation. They used standards and guidance supported by best practice, clinical pathways, and protocols.

- The clinical, mental, and physical wellbeing of patients were fully assessed.
- Hypnotics and antibacterial prescribing data for the practice showed they were effective at reducing unnecessary prescribing in the local area.
- We saw no evidence of discrimination for patients when making care and treatment decisions.
- Experienced dispensary staff members had received training to carry out their roles; and received regular competency checks to ensure their proficiency.
- Staff trained to dispense medicine had received further training to review and support patients with any medicine issues.
- Patients were advised what to do if their condition got worse and were provided information about where to seek further help and support.

Older people:

- The practice held multidisciplinary meetings on a monthly basis. Health reviews were undertaken and noted on patient records during this meeting to reduce the chance of older people's health deteriorating.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines during these assessments.
- All patients aged over 75 had a named GP and were invited for a health check. If necessary, they were referred to additional services such as voluntary services and supported by an appropriate care plan. Those people that wanted a health check had received one.
- The practice followed up on older patients discharged from hospital. This ensured patients treatment plans and prescriptions were updated to reflect any changes.

People with long-term conditions:

- Regular structured reviews for people with long-term conditions were recorded. During their health reviews medicines needs were checked. For patients with more complex needs, the GPs worked with other health and care professionals to deliver a coordinated care approach.
- Staff responsible for reviews of patients with long-term conditions had received specific training to carry out the task.
- The practice scored highly for all the quality indicators attributed to long-term conditions in comparison to local and national practices.

Families, children and young people:

- Childhood immunisations provision met the requirements of the national childhood vaccination programme. Uptake rates for the vaccines given were considerably higher than the national target percentage of 90%, achieving between 97% to 100% for the various childhood vaccinations.
- Arrangements were available to identify and review the treatment of newly pregnant women taking long-term medicines.
- Parents we spoke with confirmed babies, children and young people were seen on the day.

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

- The practice had adjusted their services to be accessible, flexible, and provide continuity of care for its working age population, those recently retired, and students.
- Patients aged 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage was 79% (compared locally 75% and nationally 73%).
- The practice computer system informed staff when eligible patients should have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments including NHS checks for patients aged 40-74. There was an appropriate follow-up on the outcomes of health assessments and checks where abnormalities or risk factors were identified.

Good

Are services effective?

(for example, treatment is effective)

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.
- Weekly half-day ward rounds to mental health patients at a private hospital and dementia unit supported patients reach their potential.
- The practice had identified patients living in vulnerable circumstances; this included those with a learning disability, homeless people and those living in care.

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

- 94% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was higher than the local average 89% and the national average 88%.
- 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 higher than the local 89% and the national average 88%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, patients experiencing poor mental health had received a discussion and advice about alcohol consumption. The practice average that had received this advice was higher at 96%, compared with the local practices average of 93%, and 91% for national practices.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activities and regularly reviewed the effectiveness and appropriateness of the care provided. For example, the practice worked closely with North East Essex Diabetic Service (NEEDS). Diabetic patients were given a comprehensive annual review using a Year of Care plan (YOC).

The most recently published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. The overall exception reporting rate was 6% compared with a local average of 8% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. There were no practice outliers for QOF data, which was in line with CCG and national averages. 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. For example, although the practice received high satisfaction rates regarding care and treatment however, they developed an action plan from many sources; for example feedback from their patient participation group (PPG), practice patient suggestions box, NHS Choices and Google web sites, national GP survey, 'Friends and Family' feedback forms, dispensary patient feedback, and on-line practice web page comments. We were told this was to ensure improved patient experience was constantly being considered.

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. We saw regular audits to show staff had maintained their competency.

- The practice understood the staff requirements to train and learn, providing protected time to achieve this. We saw updated records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop and given
- Staff support included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for clinical revalidation. The practice ensured the competence of staff employed in advanced roles by close monitoring and daily discussions of their clinical decision-making, including non-medical prescribing.
- There was a clear method to support and manage 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.

Good

Are services effective?

(for example, treatment is effective)

- Patient records showed all appropriate staff, including those in different teams, services or organisations, were involved in assessing, planning and delivering care and treatment.
- When patients were moved between services, referred, or following discharge from hospital. Personal care plans were developed with patients, and shared appropriately with relevant partner agencies.
- End of life care was delivered in a coordinated way ensuring the needs of patients, including those who may be vulnerable due to their circumstances, were clearly documented.

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 when appropriate.
- National priorities and initiatives to improve the practice population's health were promoted for example, stop-smoking campaigns, tackling obesity and managing medicines effectively.

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 providing caring services.

Kindness, respect and compassion

Feedback from people who used the service, those who were close to them and stakeholders were continually positive about the way staff interacted with patients.

- We saw a strong, visible person-centred culture that was highly valued by staff and promoted by practice leaders.
- Staff recognised and respected the totality of patients' needs, and 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 32 patient Care Quality Commission comment cards we received were very positive about the service experienced and the caring nature of the staff. Although four cards did, mention phone access took a while first thing in the morning. These comments were aligned with the NHS Friends and Family Test that 100% of patients replied that they were extremely likely or likely to recommend their GP practice to friends and family if they needed similar care or treatment.
- We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect.

242 surveys were sent out and 122 were returned. This represented a completion rate of 50%. The practice was average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time; CCG 85%, national average 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG 95%, national average 92%.
- 82% 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%.
- 81% of patients who responded said the nurse was good at listening to them; CCG and national average of 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG and national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 96%, national average 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 89%, national average 97%.
- 88% of patients who responded said they found the receptionists at the practice helpful; CCG 86%, national average 87%.

Involvement in decisions about care and treatment

Staff ensured personalised care and support planning for patients with long-term conditions. They also worked with patient's carers to clarify and understand what was important to them. Staff encouraged patients to identify goals, support needs and to jointly develop and implement action plans, and monitor progress. This was a planned, continuous process that staff monitored and updated action plans accordingly.

- Interpretation services were available for patients who did not have English as a first language. The practice did not have any registered patients that did not speak English; however, they had processes in place for when a non-English speaking patient joined the practice.
- 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 actively encouraged patients that were carers to inform the staff so their records could be updated. We saw several different posters in the waiting area signposting

Good

Are services caring?

carers to support groups and services available to them. The practice had identified 20 patients as carers (0.6% of the practice list). The practice had recognised this was on the low side and were proactively talking to patients about their status.

- There was a carer's register and these patients were offered flexible appointments, seasonal flu vaccination and wellbeing checks when they attended an appointment.
- Staff told us the practice had a protocol for supporting families who had undergone bereavement. GPs told us that they individualised their response accordingly to the family's needs. Usually following bereavement, families were contacted where this was appropriate and an appointment or other support was provided as needed.

Patients told us 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 from the comment cards we received was also positive and aligned with these views.

We saw that personalised care plans were in place for the practice's most vulnerable patients with long-term conditions and complex care needs and those results from health reviews were shared with patients.

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 was above average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 79%; national average 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 89%; national average 90%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 79% and national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Consideration of patient's privacy and dignity was embedded in everything that staff did, including awareness of any specific needs that were recorded and communicated to all relevant staff.
- The practice complied with the Data Protection Act 1998.
- Patients told us they valued their relationships with the staff team and felt that they often went 'the extra mile' for them when providing care and support.

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.

Responding to and meeting people's needs

The importance of flexibility, informed choice and continuity of care was seen within the practice. Patient's needs and preferences were considered to ensure that services were delivered in a patient centred way. The practice understood the needs of its population and tailored services effectively in response to those needs.

- Appointments could be booked in advance with GPs and nurses. Urgent appointments were available for people that needed them, including telephone appointments.
- The practice opening hours were between 8am and 6pm Monday to Friday with extended hours' appointments available on Tuesday and Wednesday until 7.30pm and Friday morning from 6.30am. The practice closed between 12.30pm and 1.30pm each weekday however, the practice could still be contacted by the telephone.
- The practice staff had an in-depth knowledge of patient needs and improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made realistic changes when patients found it hard to access services. This included providing a hearing loop and a new ramp with a hand grab rail for stability when accessing the practice from the main entrance.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services, and reviewed during the monthly meetings held.

Older people:

- Nationally reported data showed the patients clinical outcomes were consistently above the national average for conditions commonly found in older people. The practice had introduced a number of initiatives to improve the care of older people.
- The practice had identified an increasing number of older people and organised their services to better meet their needs. This included early memory loss recognition and documentation.
- The practice was responsive to the needs of older patients, offering home visits, and urgent appointments for those with enhanced needs.
- The practice offered same day telephone consultations.
- The practice used a frailty tool to monitor patients identified as moderately or severely frail with the aim of improving their wellbeing, and reduce hospital admissions.

People with long-term conditions:

- Patients with a long-term condition received regular reviews to check their health and medicines needs were appropriately met. Multiple conditions were reviewed at a single appointment, and consultation times were flexible to meet each patient's specific needs.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances who were potentially at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records viewed confirmed this procedure.
- The practice held a list of looked after children and ensured they were up to date with immunisations, and had regularly reviewed care plans.
- Appointments were available before and after school hours.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when requested. Parents we spoke with confirmed this as routine.

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.
- Patients could see a GP, healthcare assistant, or nurse during extended hours until 7.20pm two evenings a week, and from 6.30am one morning each week for booked appointments.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Flexible services and appointments were available for patients who found it stressful waiting in a busy waiting room.
- There was a procedure in place to follow up patients in this group if they did not attend an appointment.
- The practice had a process in place to register patients with 'no fixed abode' using the practices address.

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.
- Patients who failed to attend appointments were proactively followed up.
- When a new diagnosis of dementia was confirmed, the GP commenced a care plan that involved the patient, family and appropriate health care professionals. This plan was reviewed and kept up to date; it was also shared with the Out of Hours (OOH) services.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable with local and national averages. This was supported by observations on the day of inspection and completed comment cards.

For example:

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG 67%; national average 71%.
- 87% 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 85%.
- 86% of patients who responded said their last appointment was convenient; CCG 79%; national average - 84%.
- 71% of patients who responded described their experience of making an appointment as good; CCG 71%; national average 73%.
- 57% of patients who responded said they do not normally have to wait too long to be seen; CCG 57%; national average 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available in the practice and on their website in an easy format. Staff treated patients compassionately when a complaint was made.
- The complaint policy and procedures followed recognised guidance. 20 complaints had been received in the last year. We reviewed all 20 complaints and found they were handled in a timely appropriate manner.
- The practice had 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; when a complaint was received that made no sense from a person not registered at the practice, GPs were concerned for their mental health. The details of the complaint were passed to the persons GP at their registered practice with the concerns the GPs had at Mill Road Surgery.
- We found the practice audited and analysed their complaints and concerns to ensure there were no trends or themes.

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 and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- We found they had considerable local knowledge and experience, the capacity and skills, to deliver the practice strategy and address practice and patient risks.
- The practice leaders were knowledgeable about issues and priorities relating to the quality and future of their own and local population services.
- Leaders at all levels were visible and approachable within the practice. They worked closely with practice staff and external health stakeholders to ensure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop and maintain leadership. We saw planning for the future leadership of the practice that included building capacity, and skills.

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.
- Their future planning was in line with the local regions health and social priorities. The practice planned its services to meet the needs of its practice population.
- The practice monitored progress annually against the delivery of their strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff said they felt respected, supported and valued. Each staff member we spoke with were extremely proud to work at the practice.
- The practice focused on the needs of patients and provided patient-centred care.
- Practice leaders acted on behaviour and performance inconsistencies with their own vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This was seen when a patient wanted to make a complaint. The practice manager gave the patient all the information and details they would need to make the complaint and was sensitive to their need to take this action. This showed 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. They had confidence these would be addressed.
- There were processes for providing staff with the development and training they needed. This included appraisals and career development conversations. All staff had received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- We saw the dispensary staff received competency checks and continued professional development. This ensured they were updated with current pharmacy best practice.
- Clinical staff, including nurses, were considered highly valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. This was seen in the auditing and monitoring processes seen at the practice.
- There was a strong emphasis on the safety and well-being of all staff patients, seen in the well-documented risk assessments to ensure the safety of equipment, premises, and processes used.
- The practice actively promoted equality and diversity. This was seen in their recruitment and employment processes used by the practice. Staff had received equality and diversity training and told us they felt treated equally.
- There were positive relationships between all staff throughout the practice that promoted an excellent team spirit recognised by patients.

Governance arrangements

Are services well-led?

Good

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

There were clear responsibilities, roles and methods of accountability to support good governance and management.

- We found systems, and processes used to support good governance and management. Staff had full access to all practice policies and procedures which were clearly set out, easy to understand, and effective.
- Practice leaders had established credible policies, procedures and activities to ensure safety, that assured them control and management was as intended.
- We found all policies and procedures had been up updated to meet current best practice, legislation, and staff knew where and how to access them.
- Staff were clear about their roles and responsibilities. This included safeguarding, infection prevention and control, and leads at the practice to gain advice and support.

Managing risks, issues and performance

There were clear and effective processes to manage 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 audits of consultations, prescribing and referral decisions. This was seen in clinical meeting discussions, along with oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and improved outcomes for patients. This had led to service developments and changes to achieve improvements.
- The practice had planned and had trained staff in the event of major incidents.

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 reviewed along with the feedback received from patients, staff and stakeholders to drive improvement.
- Quality and sustainability were discussed in relevant meetings where all staff had access to information.
- The practice used monitored performance information, to ensure the staff and practice was held to account.
- The information used to monitor performance and the delivery of quality care was accurate and valuable. Any identified weaknesses were attended to, and plans made against reoccurrence.
- The practice used reporting systems on the computer medical records to monitor and identify improvements to the quality of care.
- The practice submitted data or notifications to external organisations when 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 them to provide a high-quality sustainable service.

- The practice encouraged, used views, opinions, and concerns from many sources both internally and externally, and used them to shape their services and patient centred culture.
- Leaflets and information were available from support organisations in the waiting room and on the practice website.
- An active patient participation group provided the practice with their opinions to ensure patient requests were met.
- The practice was transparent, collaborative and open with stakeholders about their performance.

Continuous improvement and innovation

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

- We found a proactive focus on continuous learning and improvement at all levels within the practice.
- Staff identified improvement methods, and had received training to gain these skills.
- The practice made use of reviews of incidents and complaints. Learning from these events were shared and used to improve.

Are services well-led?

Good

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

- The lead GP and management encouraged staff to take time out to review individual and team objectives, processes and performance. This was seen in the individual team meeting notes and the practice meetings minutes.