

Coxhoe Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Coxhoe Medical Practice	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Coxhoe Medical Practice on 11 August 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 and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand.
- Patients said they found it easy to make an appointment, although not with a named GP. There were urgent and routine appointments available the same day for GPs and Nurses.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The Practice Nurses had recently received an award for excellent practice in smoking cessation results.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



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 referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



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.

Good



Are services responsive to people's needs?

GOOD

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with

Good



Summary of findings

routine and 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. Staff knew 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 were systems in place 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 (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



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 medication 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

Good



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. The practice had adopted a toolkit to be used with children presenting with injuries – this ensured that a referral to other services was made if necessary. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

GOOD

Good



Summary of findings

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 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. It had carried out annual health checks for people with a learning disability. We were told that patients from The Travelling community access the practice and the practice is flexible and accommodating with appointments.

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.

Good



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 experiencing poor mental health had received an annual physical health check. 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.

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 (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 100 responses which represented a response rate of 34%. However; results indicated the practice could perform better in certain aspects of care, including speaking to or seeing the same GP. For example:

- 44% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 87% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern compared with a CCG average of 93% and a national average of 90%
- 82% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 87% and a national average of 85%

The practice scored higher than average in terms of patients not being kept waiting long for their allocated appointment and satisfaction with opening hours. For example:

- 83% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 74% and a national average of 65%.
- 88% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 81% and a national average of 78%.
- 82% of respondents are satisfied with the surgery's opening hours compared with a CCG average of 77% and a national average of 75%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards and completed five questionnaires. Ten of these were positive about the standard of care received. Staff were consistently described as polite, helpful and caring. Patient's stated that they felt listened to by the GPs and that the Practice strives to accommodate them. One of the questionnaires highlighted a complaint which was passed on to the Practice Manager who dealt with it immediately.

Coxhoe Medical 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 advisor, a CQC inspector, an Expert by Experience and a Practice Manager specialist advisor.

Background to Coxhoe Medical Practice

Coxhoe Medical Practice has a General Medical Services contract and also offers enhanced services for example; extended hours. It is situated in a village in County Durham. The practice covers the villages of Coxhoe, Cassop, Quarrington Hill and Bowburn. The practice is situated in a housing estate and has limited car park facilities. There are 6294 patients on the practice list and the majority of patients are of white British background.

The practice is a partnership with three partners (two male and one female). There is an Advanced Nurse Practitioner, 2 Practice Nurses, a Health Care assistant and a phlebotomist. All nursing staff are female. There is a Practice Manager and reception and administration staff.

The practice is open between 8.30am and 6pm Mondays, Tuesdays and Thursdays, 8.30am and 4pm Wednesdays and 8.30am and 5.30pm Fridays. Extended hours surgeries are offered on Thursday evenings 6.30pm until 7.20pm and every Saturday 8am until 12.20pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by North Durham CCG.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services user the Care Act 2014.

How we carried out this inspection

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

- 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)

Detailed findings

The inspector:-

Reviewed information available to us from other organisations e.g. NHS England.

Reviewed information from CQC intelligent monitoring systems.

Carried out an announced inspection visit on 11th August 2015.

Spoke to staff and patients.

Reviewed patient survey information.

Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a 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. All complaints received by the practice were entered onto the system. The practice carried out an analysis of the significant events and they were entered onto the SIRMS system (Safeguarding Incident Reporting and Management System). This was an electronic reporting system which allowed the practice to collate information easily.

We reviewed safety records, incident reports 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 the practice used electronic prescribing and following a recent incident when this was unavailable a system of issuing printed prescriptions was implemented.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- 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 member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice had implemented a toolkit to be completed if a child presented with an injury – this ensured that the child

was referred to the Local Authority if necessary. This toolkit was a practical working guide and covered best practice guidance, clinical governance and legal aspects of child safeguarding.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. Reception staff were also sometimes requested to act as chaperones. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. An infection control audit had not been undertaken since 2012 – this was discussed during the visit and as a consequence will be re-established. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

The practice had collaborated with the local pharmacist to enable patients to ring the pharmacy for repeat prescriptions; this was in addition to facilitating personal requests at the surgery and online requests.

- Recruitment checks were carried out and the three files we sampled 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.
- 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.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. 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 with adult and children's masks. The oxygen had been recently used during a training exercise and had not been re-ordered – this was rectified during the visit. There was also a first aid kit and accident book available.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients who were prescribed antibiotics. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Patients' consent to care and treatment was always sought 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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 practice's responsibilities within legislation and followed relevant national guidance.

Protecting and improving patient health

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician and physiotherapist were available weekly on the premises. A counsellor was available twice weekly on the premises. Smoking cessation advice was available from the nursing team who had recently won an award for increasing the numbers in quitting in comparison with other practices in the CCG. Patients who may be in need of extra support were identified by the practice.

The practice's uptake for the cervical screening programme was 79.21%, which was comparable with the national average of 81.88%. 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 and National averages. For

example, childhood immunisation rates for the vaccinations given to under twos ranged from 97.9% to 100% and five year olds from 97.7% to 100%. Flu vaccination rates for the over 65s were 59.32%, and at risk groups 73.11%. These were also comparable to 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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

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 test results. Information such as NHS patient information leaflets were also available.

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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice had implemented a template for patients who had recently been discharged from secondary care and these reviews were completed by the GPs. The practice had decided to carry on with this initiative to improve patient care. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013 – 2014 showed

Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related and hypertension indicators were similar to the national average.
- The dementia diagnosis rate was comparable to the national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 2 clinical audits completed in the last two years, 2 of these were completed audits where the improvements made were checked 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. This included e-learning training for clinicians who prescribe antibiotics and information sharing in Locum induction packs.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- 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. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

All of the six patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent 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. We also spoke with two members of the Patient Participation Group. They told us that they were satisfied with the care provided by the practice and said their privacy and dignity was respected. The Patient Participation Group told us they were working in partnership with the Practice in the development of a Carers register.

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

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. In addition the practice offered an online translation service.

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 CCG to improve outcomes for patients in the area. The Quality Improvement Scheme was implemented by the CCG to enable practices in the area to develop and improve quality of care. This was an incentivised scheme. Following implementation of the scheme the Practice Nurses were highlighted by the CCG as an example of excellent practice as they had been successful in increasing the numbers of patients who had quit smoking.

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. This has led to improved access to services and the ongoing development of a carers register.

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

- The practice offered partially sighted patients a 'walk around' the building with a member of staff when they registered with the practice.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice told us that patients from the Travelling Community are able to access urgent and same day appointments.

Access to the service

The practice was open between 8.30am and 6pm on Monday, Tuesday and Thursday, 8.30am and 4pm on

Wednesday and 8.30am and 5.30pm on Friday. Extended hours surgeries were offered at 6.30pm to 7.20pm on Thursday and every Saturday 8am to 12.20pm.

Pre-bookable appointments that could be booked up to two weeks in advance with a GP or Nurse Practitioner, and up to four weeks in advance with a Practice Nurse or Health Care Assistant. Urgent appointments were also available each day.

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. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 83% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 9 complaints received in the last 12 months and found that they had been satisfactorily handled in a timely way. The practice demonstrated openness and transparency in dealing with the complaints.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values. Details of the vision and practice values were part of the practice's strategy and business plan.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.

- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.
- A commitment by the practice to deliver excellent service.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the 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. Examples of this were the links that had been developed with the Community Partnership. This meant that information from the practice was circulated in the area with news from the Partnership leading to good information sharing in the locality. This enabled patients to comment on proposed changes with regard to extended hours at the practice.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this were the implementation of discharge reviews by GPs to ensure patients had the correct medication and care provided by the multi-disciplinary team and also the use of a trigger tool to assess need in children presenting with injuries.