

Benfield Valley Healthcare Hub

Quality Report

County Clinic
Old Shoreham Road
Portslade
Brighton, East Sussex
BN41 1XR
Tel: 01273 411229
Website: www.bvhh.co.uk

Date of inspection visit: 21 March 2018
Date of publication: 03/05/2018

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	Page 5
Background to Benfield Valley Healthcare Hub	5
Detailed findings	7
Action we have told the provider to take	19

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

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 Benfield Valley Healthcare Hub and the branch surgery Burwash Medical Centre on 21 March 2018. We carried

out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, as the practice had been registered under a new provider in April 2017. The inspection was planned to check whether the provider was 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.

At this inspection we found:

- The practice had systems to manage risk, including risk assessments, so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. Although systems were in place to manage and store medicines, including vaccines, medical gases, and emergency medicines and equipment to minimise risks, some of these systems were not reliably implemented.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- The practice understood the needs of its population and tailored services in response to those needs. For

Summary of findings

example, extended opening hours, advanced booking of appointments, telephone consultations, text message blood results and a redesigned contraceptive service.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.

We saw one area of outstanding practice:

The practice had redesigned their contraceptive service to ensure it met the needs of their patients. Following a review and consultation with patients to ask how they wanted to access contraception, the practice found that patients wanted fewer appointments. In response, they made changes to their processes and provided 12 month prescriptions (where appropriate) with an option to have annual reviews by telephone consultation. The practice

used a data collection and analysis programme that showed that prescriptions produced by the practice had decreased; therefore this presented a reduction in workload for administrative and clinical staff.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Review training and guidance given to all staff to identify children and adults at risk on the practice computer system.
- Review the premises and facilities provided at both sites and ensure all reasonable adjustments are made, including that all patients can raise an alarm if they require assistance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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	

Benfield Valley Healthcare Hub

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Benfield Valley Healthcare Hub

Benfield Valley Healthcare Hub is located in Brighton and Hove, providing general medical services to approximately 7,000 patients.

Services are provided from two locations, the main practice building at:

- Benfield Valley Healthcare Hub, County Clinic, Old Shoreham Road, Portslade, Brighton, East Sussex, BN41 1XR

And the branch surgery at:

- Burwash Road Surgery, 14 Burwash Road, Hove, East Sussex, BN3 8GQ

There are three GP partners, two non-clinical partners and five salaried GPs. There are two nurse practitioners, three practice nurses and two health care assistants. There is one pharmacist. GPs and nurses are supported by the practice manager and a team of reception/administration staff.

The practice subcontracted their NHS England General Medical Services contract (GMS is one of the contracting routes that have been available to enable commissioning

of primary medical services) to “Here”, which is a not-for-profit social enterprise and primary care organisation. “Here” provides some of the back office functions including human resource management, finance, health and safety, premises management and some of its policies and procedures. Benfield Valley Healthcare Hub are responsible for the management and clinical governance of the service.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients from birth to 18 years old when compared to the national average. The number of patients aged 85 years and over is slightly lower than the national average. The number of registered patients suffering income deprivation is above the national average.

Benfield Valley Healthcare Hub is open from Monday to Friday between 8:30am and 6pm.

Extended hours appointments are offered every Tuesday from 6:30pm to 7:15pm.

Burwash Medical Centre is open Monday, Wednesday and Friday between 8:30am and 6pm. It is open on Tuesday and Thursday from 8:30am to 12:30pm.

The practice is also part of a shared Extended Hours Service with two other practices. The location of this service rotates every three months between Benfield Valley Healthcare Hub and another local practice. Appointments are offered Monday to Friday from 6.30pm to 8.00pm, Saturday from 8am to 2pm and on Sunday between 10am to 1pm.

Both sites close between 1pm and 2pm when an emergency telephone service is provided.

Detailed findings

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; family planning, chronic disease management, minor surgery, health checks, smoking cessation, and travel vaccines and advice.

Benfield Valley Healthcare Hub is registered with the CQC to provide the regulated activities; Treatment of disease, disorder or injury; Surgical procedures; Diagnostic and screening procedures; Maternity and midwifery services; Family planning.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- Children and adults at risk were identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. However, not all non-clinical staff were aware of this alert or where to find it.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. DBS checks were undertaken where required.
- There was an effective system to manage infection prevention and control (IPC). One of the health care

assistants was the IPC lead. Annual infection control audits were undertaken and we saw evidence of the most recent audit in December 2017. We saw an action plan had been created for any areas that needed to be improved with dates for implementation and who was responsible for the action. We saw that the flooring in one of the treatment rooms at the branch site was torn and therefore presented an infection control risk. We were told this room was being used for telephone consults only while awaiting repair. The IPC lead confirmed this had been reported to the provider and it had been included in the infection control audit.

- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. The practice had produced an information pack and induction checklist for GP locums. We saw evidence that the practice carried out appropriate recruitment checks for locums.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice did not always have reliable systems for appropriate and safe handling of medicines.

- The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Although systems were in place to manage and store medicines, including vaccines, medical gases, and emergency medicines and equipment to minimise risks, some of these systems were not reliably implemented.
- The practice had a protocol to record daily temperature checks of the refrigerators used to store medicines and vaccines, to ensure the temperature remained within the minimum and maximum recommended range. We looked at the records of those checks and we found that the temperatures had not always been recorded. The practice did not demonstrate what action had been taken to escalate that the temperature of the vaccine refrigerator had not been recorded as checked. We were told that the practice had data loggers that electronically recorded the temperatures, but when we asked to see this information we saw that the device had not been switched on since January for the main site. Therefore the practice did not demonstrate a clear understanding of how the devices worked or a process to routinely check the information recorded. Since our inspection, the practice took immediate action. They wrote a new procedure that has been discussed with the nursing team and they amended their daily meeting agenda to include a report of the temperature checks. Additionally, the practice has provided evidence that the temperatures of the refrigerator at the branch site had not exceeded the recommended storage range.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, an incident occurred where a GP did not attend a home visit as requested. A significant event was recorded, investigated, discussed at various meetings and shared with relevant staff. As a result, the practice brought in a new process whereby all home visits were added to a clinic list and they were allocated to GPs during the daily morning meeting. The GP was then responsible for recording their allocation on the practice system and the receptionists checked to ensure this has been completed. We saw from the significant events recording system that the practice had recently conducted a review to ensure this process was being followed.

Are services safe?

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The

practice pharmacist completed searches of patients to find those affected. Information was cascaded to all clinical staff. Staff were able to give examples of recent safety alerts such as drug alerts and side effects.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

(Please note: Any Quality Outcomes (QOF) is a system intended to improve the quality of general practice and reward good practice. Nationally reported data is not yet available for this practice following their registration under a new provider. Although the practice has provided QOF data for 2017/18, this is nationally unverified data.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. All clinical staff, including locums, attended daily informal morning meetings, which were used to discuss a wide range of topics and set priorities for the day. Staff who were working at the branch surgery were included via telephone conference.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology to improve care and treatment for patients. For example, they had purchased a clinical decision support tool for use on the practice computer system. This included additional templates and reports, which gave access to the latest evidence-based guidelines and best practice. The practice told us that using this tool had resulted in improvements and efficiencies.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check.

- Older patients, where necessary, were referred to other services such as voluntary services and supported by an appropriate care plan. We saw evidence of comprehensive care plans that met best practice guidelines.
- Patients were able to speak with or see a GP when needed and the both sites were accessible for patients with mobility issues.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice ran weekly smoking cessation clinics.
- Longer appointments and home visits were available when needed.
- The practice developed a review to conduct for all patients when initiating a new long term medicine. Patients were booked in to see the pharmacist for a follow up appointment. Feedback was then provided to the GP, including whether the patient felt they were given enough information.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Nationally reported data is not yet available for this practice following their new registration under a new provider. However, the practice provided evidence to demonstrate that the most recent data was comparable to or above averages for 2016/17. For example, the national average for the percentage of patients with asthma who had a review in the last 12 months was 76%. We were given evidence that in 2017/18 the practice had achieved 68%.

Are services effective?

(for example, treatment is effective)

- The national average for patients with hypertension who had regular blood pressure tests performed was 83% in 2016/17. We were given evidence that the practice had achieved 80% for 2017/18.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice encouraged and monitored their uptake for vaccines given.
- The practice offered services including family planning clinics, antenatal clinics and childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children.

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

- The practice provided evidence that for 2017/18 the practice's uptake for cervical screening was 75%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We were told that nine palliative care patients had died in the past year and we saw that patients' needs, wishes and preferences had been comprehensively recorded. Clinical staff who were responsible for the care of patients at the end of their lives had received specific training.
- The practice held a register of patients living in vulnerable circumstances including housebound

patients, palliative care patients and those with a learning disability. We noted that 32 out of 63 reviews for patients with a learning disability had been completed, and that they were comprehensive and thorough.

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

- The practice provided evidence for 2017/18 that 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 2016/17.
- The practice provided evidence for 2017/18 that 77% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 2016/17.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The practice provided evidence for 2017/18 that showed they had achieved 93% of the total number of QOF points available.

- The practice was actively involved in quality improvement activity. We were given evidence that the practice had defined an audit schedule and we saw evidence of four comprehensive clinical audits.
- We saw that the practice used a data capture and analysis program to continuously review their activities and look for ways to streamline services to meet patient needs.
- The practice had redesigned their contraceptive service. Following a review and consultation with patients to ask how they wanted to access contraception, the practice found that patients wanted fewer appointments. In response, they made changes to their processes and provided 12 month prescriptions (where appropriate) with an option to have annual reviews by telephone

Are services effective?

(for example, treatment is effective)

consultation. Data showed that prescriptions produced by the practice had decreased and therefore this presented a reduction in workload for administrative and clinical staff.

- The practice provided a desk within the reception area for GPs to complete non patient facing activity in allocated time. We heard from numerous staff members that this shared working space improved quality of care for patients, greater efficiency for resolving queries and better relations between clinical and non-clinical staff.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice 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 five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that all staff were helpful, kind and caring.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language, and signing interpreters were available for deaf patients. Patients were also told about multi-lingual staff who might be able to support them.

- Staff communicated with patients in a way that they could understand, for example, communication aids.
- 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 identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 patients as carers (2% of the practice list).

- The practice had created a pack of written information which was available to direct carers to the various avenues of support available to them.
- We saw there was a noticeboard for carers in the waiting room that had up to date information displayed.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

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.

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, advanced booking of appointments, telephone consultations and a redesigned contraceptive service.
- The facilities and premises were appropriate for the services delivered. However we noted there was no baby changing facilities at the main site and no emergency assistance alarm within the disabled toilet at the Burwash site.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they had organised a community transport pilot to assist their patients to visit the practice.
- The practice offered text message appointment reminders to patients. Additionally, with patient permission, blood test results were sent by text message with follow up advice or a link to information leaflets provided.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings to discuss and manage the needs of patients with complex medical issues.
- Flu vaccinations were routinely offered to patients with long term conditions and to carers to help protect them against the virus and associated illness.

Families, children and young people:

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

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 hours appointments were offered at the main practice on Tuesday evenings.
- Telephone GP 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 offered longer appointments for patients with a learning disability where necessary.
- The practice ran a weekly clinic for residents at housing run by a charity which provides support, training and accommodation to people experiencing homelessness.

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

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- A community navigator was available one day per week who assisted with social prescribing and met with patients who had non-medical needs. For example, patients experiencing poor mental health, isolation or loneliness were sign-posted to various support groups and local organisations.
- The practice worked closely with the local mental health team and consultants.
- The practice hosted a wellbeing service and integrated memory assessment service for patients with suspected dementia. We saw that the premises had been painted in accordance with latest guidance to assist patients. The practice had sought advice to help patients navigate the practice more easily, for example that doors to treatment rooms were a different colour to walls and areas not for access.

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.
- The practice conducted a short text message survey to patients 24 hours after a telephone consultation, which showed that 87% of patients were satisfied with the call and all of their concerns were addressed.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

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

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

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

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. The staff we spoke with were proud to work at the

practice and felt that patients were offered an excellent service. Many staff members spoke positively about working in an open environment where they were encouraged to learn.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was mostly an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and cultures. For example, the practice held two community parties (one at each site) to engage with their patients and community. They used these parties to understand and identify their needs in order to explore areas of priority.
- The practice was part of a local health forum of three practices, which met quarterly and had approximately 200 virtual patients and up to 55 that attended the meetings. We heard from two members of this group who told us that patients gave positive feedback and were happy with the service they receive from the practice. They told us the practice was very active in the forum and had been responsive to suggestions or queries raised. For example, patients who needed extra assistance asked for more accessibility to the practice, so the practice added a push button entry to the main doors and installed a hand rail on the slope to the main doors. Those who found it difficult to use the sloped access were offered to use the side door to the building.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

Good 

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the administrative team designed and agreed templates for use between clinicians and administrative staff to improve efficiency.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared with all staff and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>Systems in place to maintain medicines management processes, including the proper and safe storage of medicines, were not implemented reliably.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>