# Dr Sohan Lal Vashisht

## 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



## Overall summary

**Letter from the Chief Inspector of General Practice**

**This practice is rated as Good overall.**

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 Dr Sohan Lal Vashisht on 28 November 2017. The inspection was completed as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice was aware of their patient population needs and their preferences and worked to accommodate them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Leadership of the practice was strong and the whole staff group worked as a team, with members' skills complimenting each other.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Dr Sohan Lal Vashisht

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

a CQC lead inspector**.** The team included a GP specialist adviser.

## Background to Dr Sohan Lal Vashisht

The registered provider for this service is Dr Sohan Lal Vashisht & Dr Riazur Rehman. This provider operates under a General Medical Services (GMS) contract. The practice is located in Warrior Square, in Southend-on-Sea and is based in a converted terraced house.

The practice provides services for a slightly higher than national average number of 0-18 year olds. The level of income deprivation affecting both children and older people is also slightly higher than the national average.

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 safety risk assessments. It had a folder containing safety policies which were regularly reviewed and communicated to staff. Staff were also able to access these on their shared computer drive. The staff induction contained safety information related to the practice and refresher training was available. The practice had systems to safeguard children and vulnerable adults from abuse. Policies relating to this were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant on an ongoing basis and when using locum staff. The recruitment policy also included these checks. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had a risk assessment completed.
- 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 safely managing healthcare waste.

### Risks to patients

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

- The practice staff usually arranged cover internally, with the exception of the GP leave which was covered by regular locums. The practice monitored this to ensure that there was an appropriate number and mix of staff.
- There was an effective induction system for locum staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We found evidence that non-clinical staff were able to spot when patients or those accompanying them were not responding or looking as they usually did and worked as a team with the clinical staff to access appropriate care and support.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

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

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. (Antimicrobials include all anti-infective therapies – antiviral, antifungal, antibacterial, and antiparasitic medicines; and all

Good

# Are services safe?

formulations - oral, parenteral and topical agents. Practices are encouraged to use these medicines responsibly due to the rise in antimicrobial resistant infections.)
- 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 them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

**Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The significant events viewed demonstrated positive actions by the staff, however had been documented as the practice had felt that improvements/ review was required.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. As part of regular ongoing professional development the GP was involved in peer review. This process could include case review or review of referrals. Any learning was then fed back into the practice and used to improve their systems.
- 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.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

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

**Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Average daily quantity of Hypnotics prescribed per Specific Therapeutic group was slightly higher than the CCG and national average. The practice regularly accessed their prescribing data and consulted with the local medicines management team to look at reducing this.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was comparable to the CCG and national average. The practice was aware of very slightly higher than average levels of antibiotic prescribing. They had worked with the local medicines management team to consider ways to reduce this and had effected a year on year reduction. The practice used available resources to highlight to patients what actions to take where their infection did not require treatment with antimicrobials and had relating literature in the waiting area. They had worked at educating patients in understanding when antimicrobial use was suitable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients within a few days of discharge from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed 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 regular reports to check for patients requiring review, these patients were then contacted to book an appointment to attend for review. If patients did not attend they were called by the practice to book another appointment.
- Patients we spoke with and some of the comments cards we received praised the treatment given by nursing staff, especially those responsible for reviews of patients with COPD (Chronic Obstructive Pulmonary Disease). One patient told us that since being reviewed at this practice they had learnt much more from the nurse about their condition and how to manage it.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The percentage of patients with diabetes whose last blood pressure reading was within specified levels was 88% compared with the CCG average of 72% and the national average of 78%. The exception recording for this indicator was 2% for the practice compared with the CCG average of 7% and the national average of 9%.
- In patients with atrial fibrillation with a record of a risk factor score of 2 or more, the percentage of patients who were treated with anticoagulation therapy was 78% compared with the CCG and national average of 88%. The exception recording for this indicator was 15% for the practice compared with the CCG average of 7% and the national average of 8%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

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

Good

# Are services effective?

## (for example, treatment is effective)

- The practice's uptake for cervical screening, for the period 2015 to 2016, was 70%, which was lower than the 80% coverage target for the national screening programme. The practice were aware of their screening uptake rate and offered screening at various times to accommodate different needs. All non-attenders received a telephone call from the practice to discuss to reasons for declining or to support them in making an appointment.
- The practice uptake of bowel cancer screening for people aged between 60-69, for the period 2015 to 2016, was lower than the CCG and national averages.
- The practice had systems to inform eligible patients to receive 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, victims of domestic violence and those with a learning disability. They used this register to ensure that patients received timely reviews.
- For those patients with a learning disability nursing staff used NHS resources regarding the screening programme to support individuals to make an informed decision.

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

- 89% 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.
- 92% 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.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92% for the practice compared with CCG average of 88% and national average of 91%. The percentage of patients experiencing poor mental health who had a record of blood pressure in the 12 months was 92% for the practice compared with CCG average of 86% and national average of 90%.

**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. Performance data was reviewing in whole staff meetings and the staff team worked together to improve outcomes for patients.

The most recent published Quality Outcome Framework (QOF) results, from 2016 to 2017, showed that the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 87% and national average of 95%. The overall exception reporting rate was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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. The practice reviewed cases identified in complaints and significant events to review and improve the service offered.
- The practice was actively involved in quality improvement activity. The practice undertook a variety of audits and re-audits, including prescribing audits, monitoring of patients on high-risk medicines, data of update of long-term conditions reviews.

**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.

Good

# Are services effective?

## (for example, treatment is effective)

- 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 ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.

**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.
- The practice had regular multidisciplinary case review meetings where all patients on the palliative care register were discussed.

**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. Patients at risk of diabetes were sent on a diabetes programme.
- 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 and weight management programmes; as well as ongoing campaigns such as vaccination programmes.

**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.

Good

# 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 told us 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 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and eighty surveys were sent out and 99 were returned. This represented about 3% of the practice population. The practice was in line with averages for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG–82%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 90%.
- 97% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

We spoke with the practice regarding their scores for patients feeling GPs were good at listening to them. The practice had not completed any analysis of the GP survey, however following our inspection they immediately reviewed the data and formed an action plan. The practice told us that they thought that the low number of respondents had influenced the data. However we were told that the practice would look at ways of improving the consultation experience for their patients.

Patients feedback on the day regarding consultations was positive. Several comments cards we received specifically mentioned in a positive way how patients felt they were listened to by the GP.

**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. 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, through use of literature and other relevant materials to aid understanding.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers, either through the registration form or by asking patients when they attended the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (1.5% of the practice list).

Good

# Are services caring?

- The practice had information available for carers on support agencies. They also offered health checks and influenza vaccinations.
- Staff told us that if families had experienced bereavement, their usual GP rang them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 81% 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 84% and the national average of 86%.
- 72% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

**Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

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 across all population groups.**

**Responding to and meeting people's needs**

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, they offered extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- Patients walking in to the practice with concerns were usually offered an appointment on the same day, sometimes on a sit and wait basis.
- The GP practice did not provide a service at the weekend however where a patient's urgent blood test results were returned on a weekend, the GP logged in via a secure remote system to review the results. If treatment was required, the GP rang the patient to discuss and arranged medicine for them.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients we spoke with during the inspection told us that staff were friendly, helpful and professional. They told us that if a member of staff happened to be walking past when they were sitting in the practice and they asked a question, that staff member (clinical or non-clinical) would take a couple of minutes to address their query.
- We observed and listened to interactions with patients in person and on the phone and found staff to be polite, knowledgably and responsive. There was evidence of a rapport with patients and patients were seen to be comfortable talking with all different members of the staff team.
- We heard examples of where the practice had worked flexibly to ensure that patients had rapid access to the most appropriate care. For example, we heard that the GP arranged for a vulnerable patient with complex needs to have a blood test completed at the practice, instead of travelling to the local phlebotomy clinic.
- When asked directly how they responded to patients individual needs, however it was evident from what we saw and heard during the inspection that they knew their patients wishes and needs so well that they automatically adjusted and adapted their practice to meet that patient's needs.
- When the GP was ready to see the next patient, reception staff came over to the patient to let them know, if required they also physically supported them to the room. The nurse collected their patients personally.
- Reception staff told us that if they noticed a patient had not collected a repeat prescription for a time or if a patient did not attend the practice in a usual pattern, they would raise a concern with the team. The staff team would then check to see if the patient had been seen recently and if they had not they would ring the patient to check on them.
- The practice told us that they believed that people patient's responded more when contacted in person, so the majority of their communication with patients was by phone and not letter.

Older people:

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

People with long-term conditions:

- The practice proactively monitored the prevalence of patients with long term conditions within the practice population, through use of their computer system and the reports run from this.
- They identified patients at risk of developing a long term condition, invited them in for lifestyle advice and continued to monitor them.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- 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 provided pre-expectant mothers and expectant parents information that contained advice on healthy lifestyle.

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, the practice offered extended opening hours on a Monday.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.
- The practice offered an in-house phlebotomy service.

People whose circumstances make them vulnerable:

- Where patients had been unable to collect a prescription and had no one able to do this for them, practice staff had from time to time collected and delivered the prescriptions for them.
- Staff told us that on one occasion where a patient did not require an ambulance but needed to go to hospital, that the GP had arranged a taxi to transport the patient.
- The practice acted as a mail drop for health letters for its homeless patients, and contacted them by phone to let them know when letters arrived.
- All the practice staff demonstrated a good knowledge of their vulnerable patients, their needs and their situations.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice screened patients at risk of developing dementia and offered support.

**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. We found from speaking with patients during the inspection that, patients contacting the practice for an appointment were able to easily contact the practice on the telephone. Patients told us that either by phone or in person they usually got an appointment on the same day or the next day. One patient calling mid-morning had received an appointment just over an hour later. We saw that some patients were seen by both the GP and the nurse, one after the other.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. The practice prided itself on personalised care. Staff told us about and we saw situations where patients coming into the practice, or contacting the practice by telephone, were observed by staff to not sound or act as they usually would. This then prompted further questioning by staff and the patient either being seen/spoken to by the GP as a priority or staff advising patients to call emergency services. For example, one receptionist noticed from the tone of a patient's voice that there was an urgent problem, and was able to direct the patient to receive appropriate care swiftly.
- 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 higher than CCG and national averages. This was supported by observations on the day of inspection and completed comment cards.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- 90% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 99% of patients who responded said they could get through easily to the practice by phone; CCG – 63%; national average - 71%.
- 89% 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 - 82 %; national average - 84%.
- 91% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 95% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.
- 74% of patients who responded said they don't normally have to wait too long to be seen; CCG - 63%; 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- The practice discussed learned lessons from individual concerns and complaints in all staff team meetings. It acted as a result to improve the quality of care. For example, one complaint related to a member of staff's attitude. Investigation found that the staff member had acted appropriately; however, the practice ensured that the staff member completed a refresher course to update their interpersonal skills.

# Are services well-led?

Good

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

## Our findings

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

**Leadership capacity and capability**

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

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

**Vision and strategy**

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

- There was a clear vision and set of values.
- Their strategy was an evolving process. There were local housing and other developments planned and in progress, which would affect the provision of the service. The practice was looking at how they needed to change and adapt to accommodation this.
- The practice had also been in conversations with other local practices around how the practices could offer pre-bookable extended hours within the CCG.
- The practice planned its services to meet the needs of the practice population.

**Culture**

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and said it felt like a family.
- The practice focused on the needs of patients.
- 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.
- All staff both clinical staff and non-clinical were considered valued members of the practice team.
- Clinical staff, including nurses, 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.
- There were positive relationships between staff and the different staff had skills which complemented each other.

**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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

**Managing risks, issues and performance**

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

The practice had processes to manage current and future performance. Performance of employed clinical staff could

# Are services well-led?

Good

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

be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of patient medicine (MHRA) alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

**Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in 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.

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- Patients told us that they felt involved not only in their treatment but also in the practice.

**Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. Meetings were whole staff group and any learning was shared.
- Clinical staff took part in professional activities where they reviewed internal and external incidents and other areas of practice.
- Leaders encouraged staff also working in other practices to share best practice that they had observed. Learning was shared and used to make improvements.