

Dr Kumar and Partner - Studfall Medical Centre

Quality Report

The Studfall Partnership
Studfall Medical Centre
Studfall Court

Corby

NN17 1QP

Tel: 01536401372

Website: www.thestudfallpartnership.co.uk

Date of inspection visit: 23 March 2018

Date of publication: 09/05/2018

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?

Good 

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	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr Kumar and Partner - Studfall Medical Centre	5
Detailed findings	6

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 07/2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Dr Kumar and Partners – Studfall Medical Centre on 23

March 2018. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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.
- Positive events, compliments and complaints were recorded as significant events and learning was identified from them.
- The practice had systems and policies in place to safeguard children and vulnerable adults.
- 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.
- Patients were referred to support services to help manage their health and well-being. For example, veterans of the armed services were identified and referred to support organisations to help them with post-traumatic stress. Patients were referred to a local First for Wellbeing team commissioned by the Borough Council for support on emotional wellbeing, smoking and alcohol cessation and weight management.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Feedback from patients was positive. The practice scored above average in many areas of the national GP patient survey published in July 2017.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had a complaint policy and procedures that were in line with recognised guidance. However, an initial response to the complainant within three days as stated in the policy was not evidenced for all complaints.
- The practice had identified 72 patients as carers (approximately 1.3% of the practice list). The practice did not have an identified carer's champion. Carers were offered a referral to Northamptonshire Carers Association, a charity that supports unpaid carers.

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

- Manage complaints in accordance with the practice policy and the recognised guidance and contractual obligations for GPs in England.
- Consider ways to further support patients who are also carers.

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	

Dr Kumar and Partner - Studfall Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Kumar and Partner - Studfall Medical Centre

Dr Kumar and Partners – Studfall Medical Centre provides a range of primary medical services to the residents of Corby and surrounding areas in Northamptonshire. The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided.

The practice provides primary medical services under a general medical services (GMS) contract from its purpose built location of Studfall Medical Centre, Studfall Court, Corby, NN17 1QP. Online services can be accessed from the practice website www.thestudfallpartnership.co.uk

The practice has approximately 5,550 patients. The practice population is predominantly white British with an average age range. National data indicates the area is one of mid deprivation.

The practice is led by two GP partners, one male and one female. They use four regular locum GPs to support the clinical team. The nursing team consists of an advance nurse practitioner, three practice nurses and a health care assistant, all female. There is a team of administrative and reception staff all led by the practice manager. The practice is a teaching practice and currently has one GP registrar. GP registrars are qualified doctors training to become GPs.

Dr Kumar and Partners – Studfall Medical Centre is open from 8am to 6.30pm Monday to Friday with extended opening hours from 6.30pm to 7.30pm on Mondays.

When the practice is closed out-of-hours services are provided by Integrated Care 24 Limited and can be accessed via the NHS 111 service.

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. Safety policies were available to all staff on the desktops of their computers. These were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. One of the GP partners with the support of the practice manager was the identified lead for safeguarding. Local contacts for safeguarding were available in all the consulting and treatment rooms.
- 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 (DBS
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The nursing team acted as chaperones when required, with administration staff used if they were not available. All staff were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). One of the nurses was the IPC lead and had completed audits to ensure the practice was following correct IPC procedures. We saw evidence of this, for example, with the use of elbow taps, pedal bins and wipeable floors and surfaces.
- 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.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice ensured enough staff were employed to cover planned and unplanned absences. The practice used four regular locum GPs who worked the same days each week to support the clinical team and provide continuity of care.
- There was an effective induction system for temporary 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.
- 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. Posters in the patient waiting area provided advice for patients on the appropriate use of antibiotics.

Are services safe?

- 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. For example, control of substances hazardous to health and infection control, fire and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 for recording and acting on significant events and incidents. The log of significant events also included positive events, compliments and complaints. Staff understood their duty to raise concerns and report incidents and near misses. The practice manager 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, additional identification checks were introduced when appointment booking following incidents of incorrect patient computer records used to book appointments. Minutes of practice meetings demonstrated that significant events and learning were discussed with staff.
- There was a system for receiving and acting on safety alerts. The practice manager was responsible for receiving alerts and cascaded them to the appropriate staff members for action. The practice learned from external safety events as well as patient and medicine safety alerts.

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.
- We reviewed prescribing data for the practice and found they were comparable with other practices both locally and nationally.
- 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 discharged 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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

- The practice identified patients with pre-diabetes and referred them for training programmes as an early intervention to minimise the risk of them developing diabetes.
- Performance for diabetes related indicators was above the CCG and national averages. For example, the practice achieved 100% compared to the CCG average of 99% and the national average of 91%.

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. The practice achieved an average of 99%, which was higher than the national average of 91%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice provided free barrier method contraceptives, sexual health and contraceptive advice for young people through the C-Card scheme. Young people could access this service without an appointment.

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

- The practice's uptake for cervical screening was 76%, which was slightly below the 80% coverage target for the national screening programme. The achievement was above the CCG average of 71% and the national average of 72%.
- 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services effective?

(for example, treatment is effective)

- Patients with a learning disability were offered an annual health check.

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

- 76% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was comparable to the CCG average of 80% and the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 94% and the national average of 90%.
- 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 95%, which was comparable to the CCG average of 94% and the national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96%; compared to the CCG average of 95% and the national average of 95%.
- The practice identified patients who were veterans of the armed services and referred them to support organisations to help them with post-traumatic stress.

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. For example, the practice had undertaken two completed audits that demonstrated quality improvement in the past 12 months. One of the audits ensured steroid eye drop prescriptions were issued only to patients who were supervised by an ophthalmologist consultant due to the risk of side effects.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice used CCG recommended risk assessment tools to identify patients who were at high risk of hospital admission. Support for these patients was then put in place to avoid unplanned hospital admissions.

The most recent published Quality Outcome Framework (QOF) results showed the practice achieved 100% of the

total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 96%. The overall exception reporting rate was 11% compared with the CCG average of 10% and the 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 informed us that individual members of the clinical team had areas that they were responsible for to maintain the QOF achievement. Identified members of the administration team ensured patients were appropriately called to the practice for review.

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 launched a 'clever ways of working initiative' in response to an increase in workload and difficulty recruiting GPs. This involved the development of the nursing team to use care pathways, for example, in the monitoring of patients with high blood pressure so the GPs could manage patients with more complex conditions.
- The practice provided staff with ongoing 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

Are services effective?

(for example, treatment is effective)

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 to, 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.
- Multi-disciplinary case review meetings were held at the practice every month. The district nursing team, palliative care nurse and collaborative care advanced nurse practitioners attended the meetings.

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.

- Activity referrals for patients with long-term conditions were used that enabled them to join a gym at reduced rates and gave them access to an exercise trainer.
- 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, tackling obesity. We were informed that patients were referred to a local First for Wellbeing team commissioned by the Borough Council for support on emotional wellbeing, smoking and alcohol cessation and weight management.
- A member of the practice's patient participation group (PPG) ran a walking group that the practice supported by recommending it to patients.

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.
- We received 82 Care Quality Commission patient comment cards of which 77 were positive about the service experienced. Many of the cards had comments regarding how the staff were professional and helpful and how patients felt they were treated with dignity and respect. Four of the cards had mixed comments and one was negative. The negative comments were predominantly regarding appointment booking. This was 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. There were 297 surveys sent out and 102 were returned. This was a response rate of 34% and represented approximately 2% of the practice population. The practice was comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 87%; national average - 86%.

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

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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The practice had a portable hearing loop for patients with hearing difficulties.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers. This was done when patients registered at the practice and opportunistically when they attended for appointments. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers (approximately 1.3% of the practice list).

- The practice did not have an identified carers' champion, however, there was a carers' noticeboard with information of support services and all carers were offered a referral to Northamptonshire Carers Association, a charity that supports unpaid carers.
- The practice informed us that if families had experienced bereavement, the lead GP contacted them.

Are services caring?

This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

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

- 91% 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 87% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.

- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 95% 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The 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, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. All consultation and treatment rooms were on the ground floor and access enabled toilets were available.
- 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 GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Nursing staff visited care homes to administer the flu vaccine to residents. The advanced nurse practitioner did home visits to offer flu vaccine to housebound patients.

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. 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:

- 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.
- Appointments were available outside of school hours.
- Posters in the practice advised that a private area was available for nursing mothers wishing to breastfeed. Baby changing facilities were available.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available until 7.30pm on Mondays. Appointments were available with GPs, the advanced nurse practitioner and practice nurse during this time.
- Online appointment booking and repeat prescription requests were available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice informed us that the nursing staff had been trained to use tools to communicate with patients with a learning disability. For example, health promotion messages including breast self-check, cervical smears, testicular examination were discussed using pictures and other tools.
- Flexible appointment booking and longer appointment times were available.

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.
- The health care assistant was trained to screen patients for dementia using the six item cognitive function test. A dementia-screening tool used in primary care.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the local and national averages. This was supported by observations on the day of inspection and completed comment cards. There were 297 surveys sent out and 102 were returned. This was a response rate of 34% and represented approximately 2% of the practice population.

- 86% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 90% of patients who responded said they could get through easily to the practice by phone; CCG - 52%; national average - 71%.
- 88% 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%.
- 88% of patients who responded said their last appointment was convenient; CCG - 72%; national average - 81%.

- 90% of patients who responded described their experience of making an appointment as good; CCG - 61%; national average - 73%.
- 71% of patients who responded said they don't normally have to wait too long to be seen; CCG - 52%; 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. Six complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way. However, an initial response to the complainant within three days as stated in the policy was not evidenced for all complaints. On discussion with the practice, we found this occurred when the practice manager was not available to make the initial response. The practice's policy was immediately updated and the assistant practice manager was identified to deputise for this role to ensure that a response was made within the recommended three-day timeframe.

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. For example, in response to a complaint regarding an administrative error the practice trained administration staff in all aspects of administrative work so that mistakes or delays did not occur if particular staff members were away from the practice.

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. They had looked at different ways of working in response to problems experienced when trying to recruit GPs.
- 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 care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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. They were proud to work in the practice.
- 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. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people support, information and a verbal and written apology. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The practice reflected and identified learning from positive incidents in addition to when things went wrong.
- 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. It identified and addressed the causes of any workforce inequality. 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. There were identified lead members of staff for different areas and all staff we spoke with were aware of who these were.
- 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 be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of 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.
- 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. The practice consistently achieved optimum points for the quality and outcomes framework (QOF). 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 culture. Following publication of the national GP patient survey in July 2017 the practice analysed the results and formed an action plan to help them maintain the above average results achieved in most areas and make improvements where needed. For example, if patients were unable to obtain an appointment with their preferred GP they were offered a telephone call from the GP.
- There was a patient participation group (PPG) that met every three months. The meetings were attended by the practice manager. Members of the PPG had been consulted on and supported the practice plans to expand or move the premises to accommodate the increasing patient population.
- 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.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a teaching practice and currently had one GP registrar. GP registrars are qualified doctors training to become GPs.

Are services well-led?

Good 

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

- Nursing staff had been trained to use treatment pathways to manage some long-term conditions.
- 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 and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.