Ordnance Unity Centre for Health

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

Key findings

Contents

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 Ordnance Unity Centre for Health on 22 March 2018. The practice had previously incorrectly registered as an independent health service and had only recently come to our attention as an NHS GP service. It is now correctly registered.

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. For example, we noted that care plans were detailed, comprehensive and regularly reviewed.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patient feedback was below local and national averages regarding appointments access but we saw evidence of how the practice was taking action to improve how people could access appointments in a way and at a time that suited them.
- Leaders worked closely with staff and prioritised compassionate and inclusive leadership.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Continue to work with its Patient Participation Group (PPG) to monitor recent phone and appointments access changes and their impact on patient satisfaction surveys.

Summary of findings

- Review systems in place for periodically checking functionality and expiry dates of emergency equipment.
- Continue to monitor actions taken to improve childhood immunisations uptake.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Ordnance Unity Centre for Health

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.

Background to Ordnance Unity Centre for Health

Ordnance Unity Centre for Health is located in Enfield Wash, London Borough of Enfield, North London. The practice has a patient list of approximately 9,000 patients. Thirty four percent of patients are aged under 18 (compared to the national practice average of 21%) and 6% are 65 or older (compared to the national practice average of 17%). Forty three percent of patients have a long-standing health condition and practice records showed that 2% of its practice list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds an Alternative Provider Medical services (APMS) contract. This is a locally negotiated contract open to NHS practices, voluntary sector or private providers. There are currently five GPs (four female, one male), one female advanced nurse practitioner, two female practice nurses, one female health care assistant, one female clinical pharmacist, a practice manager and a team of reception/administrative staff.

The practice's opening hours are:

- Monday to Friday: 8:00am - 6:30pm

The practice is also open on Saturdays from 9:00am to 1:00pm. In addition patients can access late evening and weekend appointments from local HUB services based at other practices in the CCG area.

Outside of the above times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Family planning; Treatment of disease, disorder or injury;

Maternity and midwifery services; and surgical procedures.

We have not inspected this practice before.

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 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.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients including those with caring responsibilities.
- 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 DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There was an effective system to manage infection prevention and control (IPC).For example, a nurse was the designated IPC lead and an audit had taken place in December 2017.
- 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- 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. When we spoke with clinicians they explained the protocol for identifying and managing 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw were detailed and showed the 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. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information and also referenced best practice guidelines as necessary.

Safe and appropriate use of medicines

We looked at the practice's systems for appropriately and safely handling medicines.

Good

Are services safe?

- The practice had carried out an appropriate risk assessment to identify medicines that it should stock on the premises. For example, a risk assessment had been undertaken which determined that because the practice did not fit coils, it was not necessary to stock a medicine called Atropine (which treats very slow heart rates which can be caused by a coil fitting). We also noted however, that a resuscitation bag's oxygen saturation probe was not working. This was immediately withdrawn from service. We also noted that doctors' home visit bags did not contain medicines and that this decision had not been formally risk assessed.
- 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 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. We noted that 36 incidents had been recorded in the previous 12 months (including three significant events). Records showed that the practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident of mistaken patient identity, which arose because two patients shared the same first name, last name and date of birth, the provider had amended patient verification checks to also include first line of address.
- We noted that significant events were routinely discussed at monthly whole staff team and clinical meetings.

We saw evidence that the practice learned from and acted on patient and medicine safety alerts. For example, before our inspection we were aware of a recent patient safety alert concerning Sodium Valproate - a medicine used to treat epilepsy in some people but which has been associated with an increased risk of developmental problems in babies if taken during pregnancy. Practice records showed that discussions had taken place with two of the three affected patients.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was meeting local CCG targets regarding antibacterial prescribing of Cephalosporins and Quinolones. Practice performance was 6.74% compared to the CCG target of 8.65% or below.
- Staff used appropriate tools to assess the level of pain in patients (for example when including the use of pain indicators such as facial expression and extent of crying when assessing children).
- 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. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. Care plans were detailed and comprehensive.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services.
- 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.
- The practice worked closely with a local Care Home Assessment Team to deliver care to patients who were residents in local care or nursing homes. Doctors also attended quarterly multi-disciplinary meetings held in nursing/care homes and offered six – eight weekly 'ward round' visits.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

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 below the target percentage of 90% or above. We were advised that recently introduced Saturday morning appointment slots were being utilised to improve Childhood immunisations uptake and that performance monitoring would take place at weekly clinical meetings.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. We saw that this included taking action where patient safety alerts identified possible risks associated with specific medications.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 74%, which was comparable with the 80% coverage target for the national screening programme.

Good

Are services effective?

(for example, treatment is effective)

- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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 and those with a learning disability.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Unverified 2017/18 data provided by the practice showed that 96
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. Unverified 2017/18 data provided by the practice showed that 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. National comparative data was unavailable.
- A community psychiatric nurse delivered weekly clinics from the practice. The nurse was seen as of the clinical team and participated in case discussions at clinical meetings.Doctors spoke positively about how this initiative had raised their awareness of local referral and support services.

We looked at a selection of care plans relating to clinical groups such as dementia, mental health and frailty (older people); and noted that the plans were comprehensive, detailed and up to date.

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 at weekly clinical meetings.

Unverified 2017/18 QOF results were 92% of the total number of points available and the overall exception reporting rate was 9%. 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. National comparative data was unavailable.

- The practice was actively involved in quality improvement activity such as clinical audit. Four audits had taken place in the last two years including two, two cycle audits where improvements had driven improvements in clinical outcomes.
- For example, in October 2016 the practice undertook an audit to ensure that patients were being prescribed Etoricoxib in accordance with a recently issued patient safety revised dose recommendation. The audit highlighted that two of the three patients identified had dosages higher than the recommended 60mg dosage. Following GP led treatment review and learning shared at clinical meetings, a December 2016 follow up audit highlighted that both of the two identified patients were on the recommended dosage.

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 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.

Good

Are services effective?

(for example, treatment is effective)

- 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, tackling obesity.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for 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 ten of the 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. We noted that 333 surveys were sent out and 95 were returned. This represented about 1% of the practice population. The practice was comparable to CCG and national averages regarding satisfaction scores on consultations with GPs and nurses. For example:
- 83% 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%.
- 91% 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– 81%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 95%; national average - 91%.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. 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 and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers at registration and also provided ongoing support such as flu immunisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 187 patients as carers (2% of the practice list).

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated, effective and accessible.

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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 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:

Good

Are services caring?

- 80% 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 83% and the national average of 86%.
- 74% 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%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff stressed the importance of treating each patient as an individual and of ensuring their views were respected.
- All staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The 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 facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, in order to address language barriers, the practice had hired a Turkish speaking receptionist and regularly also used a telephone interpreting service. Health information leaflets were offered in various languages and double appointments were offered to those who needed support from an interpreter.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

The practice also offered more specialised clinics on site to avoid the need for patients to be referred to secondary care or other services. For example in-house minor surgery.

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. Doctors 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:

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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, practice based Saturday extended opening and evening/weekend HUB based appointments.
- 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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. We were told that the practice tried to offer homeless patients appointments at a convenient time for them, to ensure that their care is not missed or delayed due to the nature of their life style and for continuity of care purposes, with the same clinician.

We were told that where needed, the service offered double appointments with an interpreter to patients who were refugees or asylum seekers; as they often had multiple medical and psychological concerns. Signposting was also available to appropriate support organisations. The practice kept a carers list and regularly offered reviews of carers' health and coping abilities. They were also sent information about local organisations that can offer additional help.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 held community psychiatric nurse led mental health and dementia clinics. Patients who failed to attend were proactively followed up.

Timely access to care and treatment

We looked at how patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. We noted that 333 surveys were sent out and that 95 were returned. This represented about 1% of the practice population.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 46% of patients who responded said they could get through easily to the practice by phone; CCG – 64%; national average - 71%.
- 77% 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 - 80%; national average - 84%.
- 67% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.
- 56% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 45% of patients who responded said they don't normally have to wait too long to be seen; CCG - 49%; national average - 58%.

One of the ten comment cards we received highlighted concerns regarding appointments access. When we discussed appointments access with members of the practice's patient participation group (PPG) they voiced concerns regarding phone access but spoke positively about how the practice was willing to continually review and adjust the system based upon patient feedback.

For example, when we spoke with leaders they highlighted recent patient driven increases in the number of phone lines and in the number of staff available to answer phones during peak periods. Reception staff advised us that they also routinely told patients about on-line booking and repeat prescription services so as to reduce demand on the phone system.

Leaders were aware of low satisfaction regarding the convenience of appointments and were confident that access to evening and all weekend HUB appointments in the CCG area would see an improvement in this area. Reception staff told us that they routinely advised patients about these new services so as to improve the convenience of appointments.

Leaders were aware of low patient satisfaction regarding waiting times. They told us the diverse local population and increasing number of patients with complex medical needs and mental health concerns had created communication challenges which impacted on performance with regards to time keeping during consultations. We were advised that in order to minimise these effects, the practice had rearranged its appointment system and on-call duty system. We were also advised that staff training had been delivered to help better manage acute patient bookings, screen for patient safety at presentation and handle calls more effectively.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We noted that 38 complaints were received in the last year (a combination of written and verbal complaints). We reviewed a selection 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. For example, records showed that individual complaints, overall trends and learning were discussed at monthly governance meetings. We also saw evidence that the practice acted on complaints in order to improve the quality of care. For

Good

Are services responsive to people's needs?

(for example, to feedback?)

example, we noted that three complaints regarding phone access had (along with GP patient survey and PPG feedback) resulted in an increased number of phone lines and the provision of additional staffing to take phone calls during peak periods.

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, capability and integrity 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. For example, a nurse spoke positively about the Nursing and Quality Lead's compassionate approach and supportive leadership style.
- 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. Leaders told us that the practice aimed to work with local partners and providers to guarantee value based healthcare for our patients, whilst always keeping the traditional values of General Practice. 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 and values; and their role in delivering them.

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. 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.
- 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.

Are services well-led?

Good

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

- 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 (for example prescribing 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. For example regarding appointments access.
- 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.
- There was an active patient participation group and members spoke positively about how the practice listened and saw them as integral to shaping the service. For example, the Patient Participation Group (PPG) Chair spoke positively about how they were involved in the shortlisting and interviewing of the recently appointed practice manager.
- The service was transparent, collaborative and open with stakeholders about performance.
- Reception staff spoke positively about how leaders listened and involved them in shaping the service. For example, regarding a recent suggestion to publicise the on-line services service in reception and therefore help reduced demand on phone lines.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- 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.