Friary House Surgery

Quality Report

Beaumont Road
St Judes
Plymouth
Devon
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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. (Previous inspection 30 November 2016 – 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 Friary House Surgery on 5 December 2017 as part of our planned 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 involved and 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

Friary House Surgery

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 Friary House Surgery

Friary House Surgery is situated in the coastal city of Plymouth and is comprised of a single site in the city centre.

The practice provides a primary medical service to approximately 10,700 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British.

There is a team of three GP partners, one female and two male; the partners are supported by two female salaried GPs. The whole time equivalent is four. The GP team are supported by a managing partner, a deputy practice manager, an assistant practice manager, four practice nurses, one advanced nurse practitioners, two paramedic, two health care assistants, one phlebotomist and additional administration staff.

Patients using the practice also have access to midwives who are co-located on the same site as the practice. Other health care professionals such as community nurses, counsellors, and social workers visit the practice on a regular basis.

The practice is open from 8am to 6pm Monday to Friday. Appointments are offered between 8.30am to 6pm. Extended hours are offered on Monday, Tuesday and Wednesday from 7.30am until 6pm and on every other Saturday from 7.30am until 11am. Outside of these times calls including those from patients are directed to contact the out of hour's service and the NHS 111 number. This is in line with local contract arrangements.

The practice offers a Doctor First based appointment system whereby patients who needs to see a GP are triaged first. Following this a range of appointment types are offered including face to face same day appointments, telephone consultations and advance appointments as well as online services such as repeat prescriptions.

The practice has a Personal Medical Services (PMS) contract with NHS England.

This report relates to the regulatory activities being carried out at the following site:

Friary House Surgery

Beaumont Road

St Judes

Plymouth

PL4 9BH

We visited this site during our inspection.

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 suite of safety policies which 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.
- 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 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).
- 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 received a DBS check.
- 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.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- 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. (Antibiotics and antimicrobials both inhibit the growth of or kill microorganisms. Antibiotics are produced naturally from moulds or bacteria. Antimicrobials can be also chemically synthesized, but the term encompasses both). There was evidence of actions taken to support good antimicrobial stewardship.
- 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.

Good

Are services safe?

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 for recording and acting on significant events and incidents. The practice held weekly meetings which included shared significant events with staff. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, an event occurred where a patient failed to respond on the telephone. Noises could be heard in the background. The telephone was hung up. The practice called the police. On attendance it was found the patient required urgent medical attention and was admitted to hospital. The practice investigated the incident and found that staff had acted appropriately. Shared learning took place at the regular practice meeting. The practice raised awareness with staff of the importance of investigating unusual telephone calls.
- There was a system for receiving and acting on safety alerts. The practice manager oversaw these and ensured a spreadsheet was maintained to keep an overview of these. 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice provided hand held computer tablets to clinical staff which offered more flexibility of working. For example, staff could use these to carry out work at their own homes. Staff who carried out home visits used these to record notes contemporaneously.
- The practice had introduced a Facebook social media website which ensured patients were kept up to date with health promotion events such as flu clinics.
- 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 patients identified as being clinically frail had a clinical review including a review of their medicines.
- Patients aged over 75 could request a health check if they had not received one in the last 12 months. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period 60 patients had requested a health check and all of these checks had been carried out.
- 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.

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 had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 81% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.

Good

Are services effective?

(for example, treatment is effective)

- 95% 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 better than 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 (practice 95%; CCG 90%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 97%; CCG 95%; national 95%).

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. The practice had a programme of clinical audits. The practice accessed an agency which supported practices to carry out clinical audits by examining data and working with GPs. We saw audits had been completed on care home patients with COPD (chronic obstructive pulmonary disorder), patients with oral nutritional supplements and reviews of prescribing medicines liable to be misused. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was involved in antimicrobial stewardship to raise awareness of the risks of antibiotic prescribing.

The most recent published Quality Outcome Framework (QOF) results (2016/17 https://qof.digital.nhs.uk) showed the practice had achieved 94% of the total number of points available. This compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was comparable with 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 used information about care and treatment to make improvements. For example, the practice had recruited two paramedics to meet patient needs for an increased level of medical care during home visits.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice was involved in a national initiative encouraging patient independence. This included raising awareness of alternative treatment options available to patients such as contacting their pharmacist and exploring other support services prior to, or instead of, engaging with their GP practice dependent on holistic need.

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 induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

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

Good

Are services effective?

(for example, treatment is effective)

- 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, and pre diabetic support on healthy living.

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. There were members of staff from different world religions who were available to support patients' needs. The practice provided time and space for staff members and patients to pray should they wish to do so.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Friends and Family Test results from August 2017 showed that of 19 respondents, all 19 were likely or extremely likely to recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 255 surveys were sent out and 105 were returned. This represented about 1% of the practice population. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time; CCG - 91%; 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%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 90%; national average - 86%.
- 85% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; 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. 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. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as carers (approximately 1.5% of the practice list)

- New patient forms identified whether patients were a carer. The practice referred carers to the carer's hub in Plymouth city centre. The hub provided patients and their carers with advice on financial support, advocacy, respite care and other relevant support.
- The practice told us that if families had experienced bereavement, their usual GP contacted them and the practice sent them a sympathy card. This call was either

Good

Are services caring?

followed by a patient consultation at a flexible time and location to meet the family's needs. The practice provided a room to a volunteer who signposted patients to bereavement support services.

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:

- 87% 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 90% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; 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.

The practice identified military veterans in line with the Armed Forces Covenant 2014. This enabled priority access to secondary care to be provided to those patients with conditions arising from their service to their country. The practice policy on military veterans was being reviewed in December 2017.

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, the practice had introduced their Doctor First telephone triage appointment system in response to the increased demand over the last few years. The practice had also introduced extended opening hours, online services such as a Facebook social media page, repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice had recruited two paramedics and an advanced nurse practitioner to meet the increased patient demand for home visits requiring medical treatment, such as acute care and minor illnesses. The paramedics worked closely with GPs at the practice which left the GPs more time to deal with complex cases.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. There was a lift which provided patient access to the first floor.
- 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.

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:

- 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 at risk families. This included children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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, introducing extended opening hours and Saturday morning appointments.
- Telephone and web 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, asylum seekers and those with a learning disability.

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 GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 comparable to local and national averages. This was supported by observations on the day of inspection and 12 completed comment cards.

- 74% of patients who responded said they could get through easily to the practice by phone; CCG – 82%; national average - 71%.
- 84% 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 - 90%; national average - 84%.
- 83% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 77% of patients who responded described their experience of making an appointment as good; CCG - 83%; national average - 72%.
- 65% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 58%.

The practice had taken steps to improve areas identified by patient feedback. For example,

- 66% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%. The practice had recently introduced additional extended hours from Monday to Wednesday, opening from 7.30am in order to address this. We found evidence of positive feedback from patients about this change.

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. 14 complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. The practice had acted to improve the quality of care. For example, following a complaint regarding a patient's care, an incident was investigated by the practice. We saw evidence that this investigation had been performed appropriately. Learning points included the management of high risk medicines and additional checks and reviews.
- Learning points for the practice were shared on a clinical commissioning group (CCG) level. These included the need to closely monitor the identity of patients ordering and collecting medicines, the frequency of use of high risk medicines and the need for practices to reduce dosages of these medicines.

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. For example, the practice had eased the current national challenge of GP recruitment through the recruitment of two paramedics and an advanced nurse practitioner.
- 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. To assist succession planning and leadership capacity the practice manager had a developed a member of staff to become their deputy manager and also created the role of an assistant practice manager.

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

Culture

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

- Staff stated they felt respected, supported and valued. 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. For example, in dealing with 14 complaints in the last 12 months. 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The nurses had been given opportunity to complete qualifications on minor illnesses and diabetes. One nurse was in the process of completing a Master's degree in healthcare studies. A paramedic was undertaking a joint injection course, healthcare assistants were completing higher care certificates (primary care), receptionists were completing customer service national vocational qualifications, and the deputy manager was completing a team leadership qualification.
- Clinical staff, including nurses, were considered valued members of the practice team and 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

Are services well-led?

Good

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

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 about their roles and accountabilities including in regard 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 be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts (medicines and healthcare products regulatory agency), incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice held all staff meetings, reception and administration staff meetings, nurses meetings, business meetings, and partnership meetings. Staff were invited to add agenda items to meetings prior to meetings taking place.
- There was an active patient participation group (PPG) with four members who met up face to face on a quarterly basis. The practice provided them with a noticeboard on the premises and space on the practice website for the transmission of information.
- The PPG had prepared a plan of work for the next six months which included working with neighbouring PPGs to share best practice. The PPG members we spoke with felt supported by the practice and told us that the practice had acted upon patient feedback, for example the early morning opening hours. The PPG had carried out a patient survey in February 2017 and analysed the findings. As a result of this survey the PPG suggested the downstairs area be redecorated and the amount of clutter reduced. The practice had listened and acted upon this.

Are services well-led?

Good

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

- In addition to the face to face PPG there was also a virtual PPG which existed on the practice Facebook page and on the practice website.
- 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 had introduced a telephone triage system (Doctor First) and provided increased levels of staff training for this. The practice had also recruited of paramedics and advanced nurse practitioners to meet increasing patient need and also introduced hand held computer tablets for clinical staff during home visits.
- The practice planned to become dementia friendly over the next three months through liaison with a local authority initiative.
- The practice was a training practice and supported year two medical students. Future plans included offering placements for paramedic and nursing students.
- The practice was currently supporting a pharmacist by providing a placement in order to complete their training.
- 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.