

# Dalston Practice

## Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating October 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dalston Practice on 11 July 2018, 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 its 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.

- Feedback from patient interviews and CQC comment cards was positive about the way staff treated them.
- 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 practice.

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

- Continue with efforts to improve GP patient survey results, specifically in relation to involving patients in decisions about their care, and treating patients with care and concern.
- Continue with efforts to identify and support patients who are carers.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second inspector.

## Background to Dalston Practice

Dalston Practice provides care to approximately 5800 patients. The practice was purpose built and operated from the ground and first floor of the premises. The practice has step free access and a lift. There is good local transport including regular buses and a nearby rail station.

The practice-area population has a deprivation score of 2 out of 10 (10 being the least deprived). It serves a mixed population, with 51% of people in the local area identifying as white British, 26% as Black/African/Caribbean/Black British, 11% as Asian/Asian British, 7% as mixed ethnicity and 5% as other ethnic groups.

The practice holds a GMS (General Medical Services) contract with NHS England. It also provides enhanced services, including, for example, extended hours.

The practice is registered with the Care Quality Commission to provide the regulated activities: diagnostic and screening procedures, maternity and midwifery services, and treatment of disease, disorder or injury.

The clinical team consists of the principal GP (Male), a salaried GP (female) and two long-term locum GPs (males), and one practice nurse (female). There is a practice manager and an administrative and reception team.

The practice's opening hours are between 9:00am and 6:30pm on weekdays. GP appointments are available Monday to Friday between 9:00am and 1.00pm, and from 3:00pm to 6:10pm. In addition, appointments are available from 6:30pm to 8:30pm on Mondays, and from 9:00am to 1:00pm on Saturdays, under the extended hours provision. Nurse appointment are available between 9.00am and 2.30pm every weekday. There is a walk-in clinic at the practice every weekday between 9.00am and 9.30am.

Standard appointments are 10 minutes long, with double appointments available to patients who request them, or for those who have been identified with complex needs.

When the practice is closed, patients are redirected to a contracted out-of-hours service.

At our previous inspection we rated the practice as good in respect of the five key questions and the six populations groups.

# Are services safe?

**We rated the practice 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 which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. 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.
- 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 – for example GP's were trained to level 3, nurses level 2 and administrative staff level 1. Staff knew how to identify and report concerns. There were three staff members who acted as chaperones; they were trained for the role and had received a DBS check.
- We saw evidence that regular infection prevention and control (IPC) audits were conducted, most recently in June 2018, with no issues identified. The practice maintained a log to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. The premises were clean and tidy; we saw cleaning was carried out in accordance with written schedules and logs were maintained. Staff received annual IPC refresher training. There were systems in place for safely managing healthcare and clinical waste.
- The practice conducted a health and safety risk assessment in October 2017. A fire risk assessment had been carried out in September 2017, when firefighting

equipment and the fire alarm had been inspected. The alarm was tested weekly and monthly walk around checks were carried out and logged. Electrical appliances and clinical equipment had been inspected, PAT tested and calibrated in October 2017.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had an induction process for new staff, who were subject to a probationary period. Locums were personally inducted by the principle GP and provided with a comprehensive practice information pack.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff were up to date with training in basic life support. Emergency medical equipment and medicines, which included emergency oxygen and a defibrillator, were monitored and logged. The practice did not have paediatric pads for the defibrillator but were able to appropriately explain how they would deal with paediatric emergencies, for example by administering CPR.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis, in accordance with guidelines issued by the National Institute for Health and Care Excellence (NICE).
- The practice told us that non-clinical staff had not undertaken any sepsis training but were competent in recognising the key symptoms which would help them identify a deteriorating or acutely unwell patient in the waiting area. After the inspection the practice told us that all staff had undertaken sepsis training, which included learning how to identify 'red flag symptoms'. The practice sent us photographic evidence confirming that sepsis awareness posters had been placed near the reception desks and in the waiting area.

## Information to deliver safe care and treatment

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

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Referral letters included all of the necessary information.

## Appropriate and safe use of medicines

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

- There were systems for minimising risks in relation to managing medicines, including vaccines. 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. Data showed that the practice's antibacterial prescribing was low.
- We reviewed care records for 46 patients who were prescribed with high risk medication (for example warfarin, methotrexate, azathioprine and lithium). We found that the records were of a good standard and there was evidence of appropriate monitoring and clinical reviews.
- We noted that the practice did not have a formal procedure for monitoring uncollected prescriptions. After the inspection the practice told us that they had implemented a new policy for uncollected prescriptions, which included a weekly check of the prescription collection box, and any prescriptions not collected for one month would be passed on to the prescriber for review or destruction.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed safety using information from a range of sources.

## 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. There had been six significant events recorded in the last 12 months. Staff understood their duty to raise concerns and report incidents and near misses. Practice management supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned from incidents, lessons were shared, and action to improve safety was taken. We saw evidence that significant events were discussed at practice meetings, being a standing agenda item, and were reviewed on an annual basis. Minutes of discussions were emailed to all staff to share learning.
- There were systems for receiving and acting on safety alerts. These were received from the NHS Central Alerting System. The practice manager and principle GP were responsible for reviewing the relevance alerts and, if appropriate, passed them on to staff by email. Hard copies of alerts were kept on file and a spreadsheet was maintained for easy reference. In the event that drugs alerts were received, records searches were carried out to check whether any patients were affected. If so, they were called in for review. We were shown a recent example of an MHRA alert advising on new temporary safety measures for Esmya following reports of serious liver injury in women using the medicine. Esmya, also known as ulipristal acetate, is a medicine used to treat moderate to severe symptoms of uterine fibroids. Uterine fibroids are non-cancerous tumours of the womb.

**Please refer to the evidence tables for further information.**

# Are services effective?

**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. The practice had access to guidance including that issued by the National Institute for Health and Care Excellence (NICE). Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- 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:

This population group was rated good because:

- 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.
- There were 192 patients aged over 75, all of whom had a named GP. These were invited for a health check and if necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Personalised care plans were in place for the most frail and vulnerable patients. These patients were also provided with routine home visits. Their care plans were updated on the "Coordinate My Care" system so that they can be viewed by other healthcare professionals involved in their on-going care.
- 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.

- We saw evidence of effective liaison with other healthcare professionals including the local care co-ordinator, and staff attended monthly multi-disciplinary team meetings.

People with long-term conditions:

This population group was rated good because:

- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- We saw from published performance data for 2016 / 2017 that the practice was not an outlier in relation to long term conditions, with its various indicators being comparable with or slightly above local and national averages.

Families, children and young people:

This population group was rated good because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent published data, for 2016 / 2017, showed that uptake rates for the vaccines given were slightly below the target rate of 90% or above for three of the four sub-indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- All mothers with new born babies were invited for post-natal checks.

## Are services effective?

- The practice maintained a register of children on protection plans. Staff met regularly to review cases. The families discussed were coded as vulnerable families and care plans were added to patients' records.

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

This population group was rated good because:

- The national coverage target for cervical screening is 80%. The practice's uptake was 70%, compared with the CCG average of 66% and the England average of 72%.
- The practice informed us that a significant number of its patients had cited cultural concerns as a reason for not engaging with the cervical screening programme. The practice told us they worked towards educating eligible patients about the benefits of the screening programme at face to face consultations and by providing information leaflets.
- We saw evidence that the practice encouraged its patients to attend national cancer screening programmes. The practice had a system in place to highlight patients due for cancer screening. It would telephone these patients inviting them for screening. Any patients who did not respond or who failed to attend were followed up with another phone call and a letter.
- The practice had systems to inform eligible patients to have the meningitis vaccine 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:

This population group was rated good because:

- 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.
- The practice had a system for offering vaccinations to patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated good because:

- The practice assessed and monitored the physical health of people with mental illness, by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. For example by referring them to 'Crisis, which was a local mental health team.
- Patients at risk of dementia were identified and offered a detection assessment. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

### 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 by frequent clinical audit.
- The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2016 / 17, which showed the practice achieved 97% of the total number of points available which was the same as the CCG average and higher than the national average of 96%.
- The overall exception reporting rate was 6% compared with the CCG average of 9% and the national average of 10%. 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. It had carried out 20

# Are services effective?

clinical audits in the past two years, four of which were repeat or completed cycle audits. We saw evidence of improvements from repeat audits, as set out in the evidence table.

## 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.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. It also shared information and liaised with community services, social services and carers for housebound patients, and with health visitors and community services for children who have relocated into the local area.

- 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 own health, for example through social prescribing schemes.
- 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.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated them.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results for 2017 were generally in line with local and national averages for questions relating to kindness, respect and compassion. However, for one question which related to 'The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern' the practice achieved 66% which was below the CCG average of 84% and the England average of 86%.
- The practice told us that they had been working with the local CCG to actively reduce the amount of antibiotic prescribing. The practice was aware that taking this action risked leading to short term lower patient satisfaction scores for some questions. The practice provided us with evidence of how they had been educating their patients in understanding when antibiotics were not an appropriate form of treatment. We saw posters and leaflets in the waiting area and consultation rooms related to reducing antibiotic prescribing. The results of the 2018 National GP patient survey were published shortly after our inspection and these showed that patient satisfaction around care and concerns had increased. For instance, 77% of patients now said the GP was good or very good at treating them with care and concern, compared with 66% in 2017.
- Patients we spoke with during the inspection and comment cards we received, stated that the clinicians were good at treating them with care and concern.

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people 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 was working to identify all patients who were carers. Its computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (less than 1% of the patient list). We discussed this with the practice as there was scope for more carers to be identified and recorded.
- After the inspection, the practice told us that in addition to standard posters and signposting to the City & Hackney Carers Centre, it had obtained new promotion materials relating to a local service for carers under 18 years old and those of Turkish and Kurdish background.
- The practice's GP patient survey results for 2017 were generally in line with local and national averages for questions relating to involvement in decisions about care and treatment. However, for one question which related to 'The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care', the practice achieved 62% which was below the CCG average of 81% and the England average of 82%.
- The practice were again aware of this score and had anticipated a short term reduction in scores owing to their efforts in reducing dependence on antibiotics. The practice provided us with evidence of how they had been educating their patients in understanding when antibiotics were not an appropriate form of treatment. We saw posters and leaflets in the waiting area and consultation rooms related to reducing antibiotic prescribing. The results of the 2018 National GP patient survey were published shortly after our inspection and these showed that patient satisfaction around involvement in decisions had increased. For instance, 86% of patients now said they were involved in decisions about their care and treatment during their last general practice appointment, compared with 62% in 2017.
- Patients we interviewed and comment cards we received stated that the clinicians were good at involving them in decisions about their care.

# Are services caring?

## Privacy and dignity

The practice respected respect patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

- Staff recognised the importance of people's dignity and respect.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**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 them.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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 offering home visits.
- The practice provided effective care coordination for patients who are more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good because:

- All patients over the age of 75 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, offering home visits and urgent appointments for those with enhanced needs. The GPs and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Care plans were updated using the Coordinate My Care system, which allowed all care information to be shared and viewed by other healthcare professionals involved in the patient's care.
- Staff told us that any repeat prescription requests made by members of this population group were completed as soon as possible (and at times there and then) to avoid multiple unnecessary visits to the practice.

People with long-term conditions:

This population group was rated good because:

- 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.
- A diabetes specialist nurse ran a clinic at the practice every Tuesday between 9.15am and 12.00pm. A heart failure specialist nurse ran a clinic one Wednesday every month, and a dietician ran a one Friday every month. The practice was working with the local hospital to help set up specialist clinics for Asthma and Chronic Obstructive Pulmonary Disease.
- We were told all specialist clinicians would meet with the principle GP at the end of their respective clinics to discuss the care of the patients that were seen and inform them of changes in medication or treatment.

Families, children and young people:

This population group was rated good because:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A special health check was offered to all patients turning 16 years of age focusing on healthy lifestyles (including smoking, sexual health, mental wellbeing) as well as signposting to locally available health services for young people.
- The practice offered antenatal and postnatal care in conjunction with the services provided by the local hospital.

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

This population group was rated good because:

# Are services responsive to people's needs?

- 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.
- Extended opening hours were operated on Monday evenings and Saturday mornings.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice also offered online appointments and prescription requests (including e-mail requests).

People whose circumstances make them vulnerable:

This population group was rated good because:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Longer standard appointments with GPs and nurses were available for this patient group.

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

This population group was rated good because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and patients living with dementia.
- Patients suffering from depression were assessed using a recall to assess any improvements after two to four weeks
- The practice provided access to various local organisations that provided mental health support services.
- Regular multi-disciplinary team meetings were held with mental health care professionals from the local hospitals.

## Timely access to care and treatment

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.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line or above local and national averages for questions relating to access to care and treatment.
- Some patients we spoke with mentioned appointments sometimes running late, but none saw this as cause for complaint.
- Some patients told us that at times appointments were delayed by more than 15 minutes, but they were always kept informed by the receptionists.

## 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 in the reception area and on the practice website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We saw evidence that complaints were reviewed at practice meetings so that learning points could be identified and shared. Complaints were handled by the practice manager and principle GP.
- There had been five complaints received in the last year, which we saw had been satisfactorily handled in a timely way.

**Please refer to the evidence tables for further information.**

# Are services well-led?

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

## **Vision and strategy**

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

- The practice had a realistic strategy 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 care 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. 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 appraisals, protected time for professional development, 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.

- 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 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies were regularly reviewed and staff were given protected learning time to acquaint themselves with any changes.

## **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. Practice leaders had oversight of 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 considered and understood the impact on the quality of care of service changes or developments.

# Are services well-led?

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice manager was responsible for reviewing ongoing QOF data and reporting to the team on a monthly basis. Performance information was combined with the views of patients, from suggestions and comments received.
- 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 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.

- There was an active patient participation group (PPG). Members of the PPG gave us positive feedback regarding its engagement with the practice. The PPG met quarterly and was comprised of 30 patients.
- The practice monitored and responded to patients' reviews left on the NHS Choices website and carried out its own annual patient surveys.
- The practice was transparent, collaborative and open with stakeholders about performance.

## **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.

**Please refer to the evidence tables for further information.**