

# Ashby Turn Primary Care Partners

## 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

<b>Overall rating for this service</b>	<b>Good</b> ●
Is this service safe?	Good ●
Is this service effective?	Good ●
Is this service caring?	Good ●
Is this service responsive	Good ●
Is this service well-led?	Good ●

# Summary of findings

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# Overall summary

## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashby Turn Primary Care Partners on 2 February 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# The five questions we ask and what we found

We always ask the following five questions of services.

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## Are services safe?

### ● Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
  - When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
  - The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
  - Risks to patients were assessed and well managed.
- 

## Are services effective?

### ● Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were similar to average for the locality and compared to the national average.

- Staff assessed needs and delivered care in line with current evidence based guidance.
  - Audits had been carried out and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
  - Staff had the skills, knowledge and experience to deliver effective care and treatment.
  - There was evidence of appraisals and personal development plans for all staff.
  - Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
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## **Are services caring?**

### **● Good**

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similar to others for several aspects of care.
  - Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
  - We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
  - The practice has a register of carers and there was information available to help patients understand the services available to them at the practice or information about support groups.
- 

## **Are services responsive to people's needs?**

### **● Good**

The practice is rated as good for providing responsive services.

- Patients said there was continuity of care, with urgent appointments available the same day however availability of an appointment with a named GP was lower than average (35% at the practice compared to the CCG Average of 51% and the national average of 60%).
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff.
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## **Are services well-led?**

### **● Good**

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# The six population groups and what we found

We always inspect the quality of care for these six population groups.

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## Older people

### ● Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
  - The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 

## People with long term conditions

### ● Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 75% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months compared to the national average 88%.
- 99% of patients with diabetes, on the register, had influenza immunisation in the preceding 1 August to 31 March (01/04/ 2014 to 31/03/2015) compared to the national average 94%

- Longer appointments and home visits were available when needed.
  - All these patients had a named GP and an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
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## **Families, children and young people**

### **● Good**

The practice is rated as good for the care of families, children and young people.

- There were systems in place 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 A&E attendances. Immunisation rates were similar to the national averages for all standard childhood immunisations.
  - 68% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months compared to the national average of 75%
  - Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
  - The practice's uptake for the cervical screening programme was 87% which was comparable to the national average of 82%.
  - Appointments were available outside of school hours and the premises were suitable for children and babies.
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## **Working age people (including those recently retired and students)**

### **● Good**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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## **People whose circumstances may make them vulnerable**

### **● Good**

The practice is rated as good for the care of people 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 offered longer appointments and carried out annual health checks for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
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## **People experiencing poor mental health (including people with dementia)**

### **● Good**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 76% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing in line with local and national averages with the exception of access by telephone.

284 survey forms were distributed and 108 were returned. This represented 0.9% of the practice's patient list.

- 47% found it easy to get through to this surgery by phone compared to the CCG average of 68% and the national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average 85%.
- 77% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 83% and the national average 85%.
- 58% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and the national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were all positive about the standard of care received however two of the comment cards identified difficulties in accessing appointments.

We spoke with five patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring; this was corroborated by the results of the practice's Friends and Families Test.

# Ashby Turn Primary Care Partners

## Detailed findings

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### Our inspection team

Our inspection team was led by:

A CQC inspector and the team included a GP specialist adviser and a practice nurse specialist adviser.

### Background to this inspection

The practice occupies a purpose built building in Scunthorpe. The practice has a General Medical Services (GMS) contract and has 12555 patients on the practice list. The practice is a GP Teaching Practice. The majority of patients are of white British background.

The practice scores four on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The practice has four male and two female GPs. There are five partners and one salaried GP. There is a practice manager and eighteen administration/reception staff. There are two nurse practitioners, three practice nurses, two health care assistants and three cleaners.

The practice is open Monday to Friday 8am to 6.30pm. Appointments are from 8.30am to midday every morning and 2pm to 5.10pm daily. Extended surgery hours are offered Monday to Friday 6.30pm to 7pm. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available for people that needed them and 'drop in' clinics are available daily from 3.00-4.00pm.

Patients requiring a GP outside of normal working hours are advised to phone NHS 111.

## **Why we carried out this inspection**

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## **How we carried out this inspection**

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, nurse practitioner, practice nurse, healthcare assistant, reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## ● Good

### Our findings

#### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an alert for a blood testing machine was acted on and patients received replacements.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

#### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Notices in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to



enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

## **Monitoring risks to patients**

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and staff worked additional hours to cover for sickness and other absences.

## **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## ● Good

### Our findings

#### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

#### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines

cannot be prescribed because of side effects). Data from 01/04/2014 to 31/03/2015 showed this practice was not an outlier for any QOF (or other national) clinical targets with the exception of:

- 60% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was worse than the national average 78%.
- Performance for mental health related indicators was similar to the national average as 93% of patients with psychoses have a comprehensive, agreed care plan compared to 88% national average.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, two of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reducing the use of blood-thinning medication.

## **Effective staffing**

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an

assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had annual appraisals.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

## **Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

## **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed and made a record of the patient's capacity.

## **Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 88% which was comparable to the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 89% to 100%.

Flu vaccination rates for the over 65s were 67% and for at risk groups 47%. These were comparable to the national averages of 73% and 53%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## ● Good

### Our findings

#### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received ten Care Quality Commission patient comment cards, eight were positive about the care received highlighting that staff responded compassionately when they needed help and provided support when required. Two comment cards highlighted difficulty obtaining appointments.

We spoke with five patients and one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was



above average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%
- 89% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%
- 82% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

## **Care planning and involvement in decisions about care and treatment**

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average 81%
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 85% and the national average 85%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## **Patient and carer support to cope emotionally with care and treatment**

There was limited information in the patient waiting room telling patients how to access support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.1% of the practice list as carers.

Staff told us that if families had suffered 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.

# Are services responsive to people's needs?

(for example, to feedback)

## ● Good

### Our findings

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

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Monday to Friday evenings until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a hearing loop.
- Translation services were available and the practice worked with ethnic community support groups to reflect their needs.

## **Access to the service**

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 74%.
- 47% patients said they could get through easily to the surgery by phone compared to the CCG Average of 68% and the national average 73%.
- 35% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average 51% and the national average 60%.

People told us on the day of the inspection that they were not always able to get appointments when they needed them. The practice had introduced a trial triage system to address this however had not been continued after poor patient feedback and the introduction of the daily drop in clinic. Patients have all day telephone access to a duty doctor.

The practice hosted services for the wider community which reduced the travel to the local general hospital. These services included retinal screening and orthopaedic outpatient appointments.

## **Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that posters were displayed to help patients understand the complaints system.

We looked at eight complaints received in the last 12 months and found these were with in a timely way, openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, practice introduced a new telephone system to enable identification of busy times and flex staff accordingly.

# Are services well-led?

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

## ● Good

### Our findings

#### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

#### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.

- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

## **Leadership and culture**

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of written correspondence but not verbal interactions.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions

about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## **Seeking and acting on feedback from patients, the public and staff**

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which submitted proposals for improvements to the practice management team. For example, telephone consultations.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.