

# Belmont Health Centre

## 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 inspection: 21 November 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Belmont Health Centre on 17 May 2018 as part of our inspection programme.

At this inspection we found:

- There were processes in place to manage risk.
- 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.
- We found that completed clinical audits were driving positive outcomes for patients.
- Although patients' feedback highlighted issues with telephone access, the practice had acted to resolve this issue.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

- The practice was effective in flu immunisations for patients with a learning disability. Reasonable adjustments were put in place for those that had difficulty accessing the service.
- The practice provided a weekly minor surgery service to all patients in the Harrow area.

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

- Review and amend the safeguarding children policy.
- Take action to ensure that all staff receive formal sepsis training and complete regular update training in a timely manner.
- Take action to ensure that water temperature checks at the branch surgery are carried out as per Legionella risk assessment recommendations.
- Monitor the systems or processes for managing test results to ensure all requested test results have been viewed and actioned.
- Continuously review exception reporting and take appropriate action where progress is not achieved as expected.
- Continue to monitor effectiveness of new telephone system and take action where required.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## 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 CQC lead inspector. The team included a second CQC inspector, GP specialist adviser, and a practice manager specialist adviser.

## Background to Belmont Health Centre

Belmont Health Centre is located at 512 Kenton Lane in Harrow, London. The practice has a branch surgery located at 252 Long Elmes, Harrow, HA3 6LF. The main surgery building in Kenton Lane has a ramp access and the reception, one treatment room and seven consultation rooms, with additional rooms for phlebotomy and chronic disease management, are all located on the ground floor. There are two other surgeries and a walk-in centre located in the same building. The branch surgery at Long Elmes was also visited as part of this inspection. The practice website can be found at

The practice patient list is approximately 12,979 patients' including a number of patients in a local residential and nursing home. The practice had a deprivation score of 17%, when compared to the CCG average of 15% and the national average of 28%. The practice has an ethnically diverse population and includes a higher than average proportion of patients aged under 18 and a lower proportion of patients aged over 75.

The practice is open between 8am and 6.30pm on Monday to Friday. Extended hours are offered between 6.30pm and 8pm on Tuesday and between 9am and 12pm on Saturday. Outside of these hours, patients are redirected to their out of hours provider, Care UK.

The practice team comprises eight GP partners (four male and four female), who provide a combination of 51 sessions. The practice also employs a practice nurse who works 24 hours a week and a full-time treatment room/enhanced nurse practitioner. Working alongside the GPs and nurses are two qualified healthcare assistants, a part-time clinical pharmacist and a phlebotomist. The administrative team comprises of a full-time practice manager, a secretary, an administration manager, a reception supervisor and 15 reception and administration staff.

The practice operates under a General Medical Services (GMS) contract and is commissioned by Harrow Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease disorder or injury and surgical procedures. Services provided also includes wound care, coil insertion, phlebotomy, 24-hour blood pressure monitoring, ECG monitoring, travel clinic and a continence clinic.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

The practice had some systems in place to keep people safe and safeguarded from abuse; however, improvement was required.

- There was a child protection and adult safeguarding policy in place; however, the child protection policy referred to the Primary Care Trust (PCT) instead of the Clinical Commissioning Group (CCG). Staff had received up-to-date safeguarding and safety training appropriate to their role, except for one new non-clinical staff that had not completed their child safeguarding training. Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a 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).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety but these were not consistently effective.

- 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.
- There was an effective induction system for temporary staff tailored to their role.

- The main practice and branch surgery were equipped to deal with medical emergencies. Staff were suitably trained in emergency procedures including basic life support and fire safety.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, although clinicians knew how to identify and manage patients with severe infections including sepsis, non-clinical staff were not aware of this. The non-clinical staff we spoke to regarding sepsis were not aware of how to identify the presentation by an acutely unwell patient and none had received training.
- 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 generally had the information they needed to deliver safe care and treatment to patients; however, this required improvement.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment; however, this was not always operated effectively. Although there was a documented approach to managing test results, the practice had not ensured that all incoming test results had been actioned. We found one abnormal radiology result and one abnormal pathology result, dating back to October 2017, requested by a locum GP via their electronic pathology request system had not been viewed or actioned. On review of these results, we found suitable action had already been taken by an outpatient clinic for the pathology result and the radiology result did not require further action. The practice was made aware of this during the inspection and was to carry out an investigation into this matter. The practice contacted the affected patients to issue an apology and to inform them of their results. Following this, they updated their pathology reports policy and allocated an assistant who, together with all the GPs, was responsible for matching and following up on all pathology results on a daily basis.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

## Are services safe?

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

- The systems for managing and storing medicines, including vaccines, medical gases, and equipment, minimised risks. The practice held appropriate emergency medicines at both sites, except for morphine (a medicine used for severe pain). A risk assessment had been carried out to justify why this medicine was not available at the practice.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety in some areas.

- There were risk assessments in relation to safety issues for both sites and action was taken to address mostly all areas identified for improvement. However, a Control of Substances Hazardous to Health (COSHH) risk

assessment had not been carried out. A policy was in place but there was no risk assessment to identify measure and control the exposure of harmful substances at both sites.

- The practice had recently carried out a Legionella risk assessment, which identified a low risk at the branch surgery and recommended water temperature checking at 50 degrees to destroy bacteria. This required monitoring as water temperature was being recorded at 40 degrees only.
- The practice monitored and reviewed activity at both sites. This helped it to understand risks and gave a clear and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice carried out a Patient Activation Measure Statement (PAMS) score, a person-centred tool used to assess patients' awareness of their condition and an indication to signpost or refer them to the most appropriate services. For example, following a PAMS score, a patient's medication delivery was changed to a dosett box, after it was identified on this tool as the most suitable for the patient.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication and were followed up by the enhanced nurse practitioner.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12-month period, the practice had carried out health checks for 90% of the 721 practice patients aged over 75.

- 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.

#### 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. This included a referral to the virtual ward.
- 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.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice was performing in line with Clinical Commissioning Group (CCG) and national averages in relation to asthma, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension indicators.
- The practice had a high rate of referrals to the 'Daphne – Diabetic educational support programme for newly diagnosed diabetics. Patients with diabetes were supported by the diabetes specialist nurse and clinical staff who had undertaken enhanced diabetes training. Performance for diabetes indicators were above the CCG and national averages.

#### Families, children and young people:

## Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with or above 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. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The data provided for 2016/17 prior to inspection showed that the practice's uptake for cervical screening was 61%, which was comparable to the CCG average of 63% and the national average of 72%. This data was corroborated by the data held in the national QOF database.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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 that 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 those with a learning disability.
- Patients with a learning disability were offered 50-minute comprehensive annual reviews. Fifty-one out of 63 of these annual reviews were carried out in the past year.
- The practice carried out dedicated flu clinics on Saturday mornings for patients with a learning disability. The patients were sent an easy to read invitation letter, followed by a text message and a call from the GP a day before the appointment. Forty-four out of the 63 patients with a learning disability received a flu vaccination in the past year.

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder 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.
- 85% 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%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to 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, 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is similar to the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### 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. We saw that 10 clinical audits had been completed in the last two years. Two were completed two-cycle prescribing and monitoring audits and one completed two-cycle record keeping audit. The monitoring audit was carried out to assess whether despite the use of oral anticoagulants (used to prevent strokes), for patients with atrial fibrillation, essential blood monitoring was still undertaken by the

## Are services effective?

practice. This was to ensure safety and compliance to their local shared care agreement for the use of oral anticoagulants, which recommended three monthly blood test monitoring after commencing treatment. The first cycle audit showed that only 17 of the 47 patients receiving this treatment had received a blood test. The practice made changes which included creating a new active monitoring alert system, known as a 'due date alert monitoring diary'. This electronic diary had a list of patients and recorded which tests were due and the due date. We saw evidence on these patient records that they were invited for monitoring after three months of commencing treatment. A copy of the shared care agreement was given to each GP to sign and scan onto patient records. There was an improvement after the second cycle audit as 41 of the 52 patients receiving this treatment had now received monitoring.

Where appropriate, clinicians took part in local and national improvement initiatives such as the NHS diabetes research project as part of the Imperial Trust. This was aimed to identify those patients at risk of Type two diabetes amongst the South Asian population to determine whether intensive lifestyle modifications could prevent the onset of Type two diabetes.

- The most recent published QOF results showed the practice had achieved 99.6% of the total number of points available, which was above the CCG and the national average of 96%.
- The overall exception rate was 7%, when compared to the CCG and national average of 5%. (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). Exception reporting rates for clinical areas such as Chronic Obstructive Pulmonary Disease (COPD), diabetes and mental health were above local and national averages. For example, exception-reporting rates for mental health were 17%, compared to the CCG average of 7% and the national average of 8%. The practice were aware of the levels of high exception reporting and identified that non-attendance was a factor. They had taken several steps to improve which included a clinician contacting the patient by telephone for a face to face review after the letter and text invitations had been sent.

- The practice used information about care and treatment to make improvements.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- 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.
- 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. Records of skills, qualifications and training were maintained and kept up to date. 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.
- 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 deciding care delivery for people with long-term conditions and when coordinating healthcare for care home residents. The shared information with, 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.

## Are services 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 own health, for example through social prescribing schemes.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop

smoking campaigns, tackling obesity. The practice had high obesity prevalence and was the top referring practice in the CCG for prescribing exercise. There was a 70% uptake rate for exercise referrals.

- Staff discussed changes to care or treatment with patients and their carers as necessary.

### 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.
- Four clinical staff were due update training as last recorded training was in 2015.

**Please refer to the Evidence Tables for further information.**

## Are services caring?

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

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mostly positive about the way staff treat people, although some patients reported some issues with staff attitude. Staff had received customer service training.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with others both locally and nationally for its satisfaction scores with GPs and nurses.

### **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 at both sites.
- 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 carers and supported them.
- Results from the National GP Patient Survey showed patients felt they were involved in decisions about their care and treatment. The practice was in line with local and national satisfaction scores for consultations with nurses and GPs.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**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 those needs.
- Telephone appointments and Saturday consultations were available. This supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises at both sites were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have 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:

- 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 flexible appointments and urgent appointments for those with enhanced needs.
- The GP and enhanced nurse practitioner carried out home visits, including Saturday home visits and telephone consultations for patients aged 65 and over with enhanced needs. They also accommodated home visits for those who had difficulties getting to the practice.
- The practice offered a pessary insertion and removal service which reduced the requirement to attend hospital to receive this service.

### 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 and palliative care team, to discuss and manage the needs of patients with complex medical issues.
- Home visits were offered for those who had difficulties getting to the practice.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, 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, extended opening hours and Saturday appointments.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were offered 50-minute appointments for comprehensive annual reviews.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

### 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.

## Are services responsive to people's needs?

- The practice held GP led dedicated monthly mental health and dementia clinics with the mental health nurse. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice referred patients experiencing poor mental health to 'Talking Therapies' counselling. During October 2016 and September 2017, the practice referred 312 patients to this service.

### 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 generally 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.

GP Patient Survey results for 2017 showed that 49% found it easy to get through to the surgery on the phone and this was lower than the local average of 64% and the national average of 71%. The practice was aware of this and had taken action to improve.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, we saw one complaint where a patient had been unhappy with staff attitude when requesting some documentation from the practice. The patient received an apology and staff attended customer service training because of this complaint.

**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 vision and strategy to deliver high quality, sustainable care.

- There was a mission statement available with a clear vision and set of values. This mission statement was also displayed on their practice website. 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.
- There was no formal business development plan available at the time of inspection. The practice told us that a business plan was in the process of being finalized jointly with the Clinical Commissioning Group (CCG) and other external partners.

## 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity however staff had not received formal equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and managers.

## Governance arrangements

The practice had a governance framework; however, although some areas required monitoring.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, update training was required for mental capacity act training for clinical staff, equality and diversity training, as well as sepsis awareness training for non-clinical staff.
- The practice leaders had established proper policies and procedures and they were up to date. However, the child protection policy, although recently updated, referred to a defunct body.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

## Managing risks, issues and performance

Processes for managing risks, issues and performance had been established. However, they required further monitoring.

## Are services well-led?

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety; however, further monitoring was required to ensure these were established in all areas. For example, in ensuring all incoming pathology results were actioned and ensuring all non-clinical staff were aware of sepsis red flags. Additionally, improvements were required in ensuring that all recommended action to reduce the risk of Legionella infection at the branch surgery was taken, in relation to carrying out the recommended temperature checks to destroy the bacteria.
- 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 national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information that 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 including the areas of high QOF exception reporting.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- 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.**