

Rosegarth Surgery

Inspection report

Rothwell Mount
Halifax
West Yorkshire
HX1 2HB
Tel: 01422353450
www.rosegarthsurgery.co.uk

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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. The practice was previously inspected on 21 April 2015. On that occasion the practice received a rating of Outstanding overall, with ratings of Good for providing safe, caring and well led services; and Outstanding for providing effective and responsive services.

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 Rosegarth Surgery on 9 May 2018, as part of our inspection programme.

At this inspection we found:

- The practice had an open and transparent process for dealing with safety incidents and near misses. When incidents occurred the practice learned lessons and made changes to improve processes and reduce risks when possible.
- There were clear governance policies and protocols which were accessible to all staff.
- The practice had carried out a 'Perfect Day' exercise internally. This enabled them to articulate what would improve the patients' journey through the service, as

well as enhancing staff experience. They had plans to implement changes in line with this. For example, they were establishing new systems for patients to access their test results in a timely and appropriate way

- The practice undertook quality improvement activity to review and improve the effectiveness and appropriateness of care provided. Care and treatment was delivered in line with current evidence based guidance.
- The practice had achieved Gold accreditation from the Gold Standards Framework for palliative care. Seventy five percent of identified patients had been appropriately monitored prior to their death using this framework. This was an increase from 36% of patients before accreditation training had been undertaken.
- The practice endeavoured to provide continuity of care for patients, with access to the clinician of their choice whenever possible. Patient feedback in relation to access to appointments and the quality of care provided was generally positive.
- We observed staff treating patients with kindness and compassion.
- The leadership team was approachable and visible. Staff told us they felt supported in their role. Practice developments and initiatives were designed to improve patient experience in accessing care.

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

- Review staff immunisation status in line with Department of Health recommendations.
- Complete staff appraisals and development plans in a timely way.

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a second CQC inspector.

Background to Rosegarth Surgery

Rosegarth Surgery is situated at Rothwell Mount, Halifax HX1 2HB. The practice also has a branch site, Siddal Surgery, located at 117 Oxford Lane, Siddal, Halifax HX3 9DG. We visited both sites during our inspection. The website for the practice is www.rosegarthsurgery.co.uk. The practice is registered with the Care Quality Commission to carry out the following regulated activities:

- Diagnostic and screening services
- Maternity and midwifery services
- Treatment of disease, disorder and injury
- Surgical procedures

There are currently 10,031 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. Patients are able to access appointments at either site.


The Public Health National General Practice Profile shows that around 12% of the practice population are of Black or other mixed ethnicity, with 88% of White British origin. The level of deprivation within the practice population group is rated as five, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest.

The age/sex profile shows a slightly higher than CCG and national average proportion of patients aged 65 years and older. The average life expectancy for patients at the practice is 78 years for men and 83 years for women, compared to the national average of 79 years and 83 years respectively.


The practice offers a range of enhanced services which include childhood vaccinations and immunisation and minor surgery.

The clinical team is made up of three GP partners, one female and two male. There are three female salaried GPs, one of whom was on maternity leave at the time of our inspection, and the other was absent due to illness. The practice has access to regular locum GP cover when required. Completing the clinical team are three female practice nurses and two female health care assistants, one of whom is undertaking nurse training. The clinical team receives support from a practice manager, assistant practice manager, operations and data quality manager, and a range of reception and administrative staff. Most staff rotate between the two sites.

The practice is a teaching and training practice, which means it supports both newly qualified doctors and medical students wishing to gain experience of general practice; as well as more experienced doctors wishing to specialise in the field.



Both the main branch and branch site are open between 8am and 6.30pm. Both premises accommodate patients on the ground floor only, and are accessible to patients with mobility difficulties and those who use a wheelchair. Parking is available on site for both premises and allocated disabled parking spaces are available.



Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS 111 service.

When we returned to the practice, we checked, and saw that the ratings from the previous inspection were displayed, as required, on the practice premises and on their website.

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 conducted safety risk assessments. It had a range of safety policies which were regularly updated and made available to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff were able to provide examples of where they worked with other agencies 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 carried out for all new starters. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.

- There was an appropriate induction system for temporary staff tailored to their role.
- At the time of our inspection relevant staff were screened for immunity to hepatitis B, with immunisation offered when required. Staff however were not screened or offered immunisation against measles, mumps and rubella (MMR) or varicella (chicken pox). The practice told us they would review their approach in this regard.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians had access to an online tool on their clinical system which highlighted the need to rule out sepsis in patients where certain symptoms, such as high temperature, were recorded. Following discussion with the inspection team, the practice developed an information poster which was made available to reception staff to improve their awareness of the symptoms of this complication of infection.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that met the needs of patients appropriately. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice made use of summary care records to share with out of hour's services, and the Electronic Palliative Care Co-Ordinating Systems (EPaCCS) documentation for patients approaching end of life was used when appropriate.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice benchmarked their prescribing of antimicrobial medicines against other practices in the area. They shared this data with us and we saw evidence that the practice performed in line with other practices.
- The practice had employed their own pharmacist who attended the practice five afternoons per week, and dealt with all repeat prescribing requests. In addition a CCG pharmacist monitored their prescribing activity and supported cost-effective prescribing choices, which the GPs adhered to when appropriate.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- A range of risk assessments had been carried out in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Senior staff and GPs supported them when they did so.
- There were appropriate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a patient had experienced some difficulties in relation to use of their ambulatory blood pressure monitoring machine, and reported that no guidance had been provided on its use. As a result the practice ensured that when equipment was loaned to patients, information guides were provided in all cases. In addition, the machine in question was replaced.
- There was a system for receiving and acting on safety alerts. The practice 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 Framework (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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing rates for hypnotics were in line with national averages. Hypnotics are a range of medicines which work on the central nervous system to relieve anxiety, aid sleep, or have a calming effect.
- Prescribing rates for antibacterial items were in line with national averages.
- Prescribing rates for Co-Amoxiclav, Cephalosporins or Quinolones were in line with national averages. These antibiotics should only be used in specific circumstances; or when other antibiotics have failed to prove effective in treating an infection.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff were able to provide information and advice to patients to inform them of options available to them if their condition got worse and where to seek further help and support.

Older people:

- The practice made use of a frailty register to identify older patients who were frail or may be vulnerable. They received a full assessment of their physical, mental and social needs, including a review of medication.
- The practice continued to offer patients aged over 75 years an annual health check even though funding incentives had been withdrawn. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice maintained close liaison with district nursing and palliative care nurses to share information and update care planning for older people with additional needs.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had an annual review delivered in conjunction with the practice pharmacist. Review appointments were offered in the month of their birthday. A full assessment, including a review of any medicines they were taking, was carried out. The practice liaised as appropriate with relevant health and other professionals to meet the needs of these patients.
- Staff who were responsible for reviews of patients with long term conditions had received appropriate training.
- The practice had received an award in recognition of achieving an uptake rate of 76% for people receiving a shingles vaccination in the preceding year.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice liaised with the health visiting teams via task and email, when appropriate to share information in relation to children and families with additional or complex medical or social needs. At the time of our inspection the practice told us they were seeking to re-establish regular face to face meetings to improve communication.

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

- The practice's uptake for cervical screening was 77%, which was in line with the CCG average of 77% and higher than the national average of 72%.
- 68% of eligible females had accessed screening for breast cancer in the preceding three years, which was in line with the CCG average of 66% and the national average of 70%.

Are services effective?

- 59% of eligible patients had been screened for bowel cancer in the preceding 30 months which was in line with the CCG average of 58% and the national average of 55%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 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:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had a co-ordinated approach to completing annual learning disability reviews. A dedicated GP and practice nurse carried out all such reviews, at a home visit or in-house at the practice. These patients were provided with a 'Health Action Plan' which contained key information such as personal preferences in relation to communication methods, and contact details for key support services.
- The practice had been awarded a Gold Standard accreditation for the Gold Standards Framework (GSF) for palliative care patients in September 2017; and the practice provided evidence that identification and monitoring rates for people approaching the end of life had increased from 36% to 75%. In addition, advanced care planning discussions had been offered to 65% of patients with life limiting conditions. 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 made effective use of the EPaCCS information sharing document. Patients identified under the GSF were provided with a gold card, which gave priority access to appointments, and contained key information in the event of the patient becoming unexpectedly unwell.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was the same as the CCG average, and in line with 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 was comparable to the CCG average of 91% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 83%, compared to the CCG average of 92% and the national average of 91%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 94%, compared to the CCG and national average of 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, an audit of the management of patients with hypertension had been carried out. As a result; adherence to National Institute of Health and Care Excellence (NICE) guidance was improved in relation to identification, investigations ordered, and management of these patients. Where appropriate, clinicians took part in local and national improvement initiatives. For example, in order to improve the uptake of shingles vaccination for eligible patients, they had adopted a proactive approach which included flagging the patient record, opportunistically offering the vaccine at each consultation, as well as inviting patients eligible for this vaccine to attend the seasonal flu vaccination open session to encourage uptake. We saw evidence that the practice had achieved the second highest uptake in the CCG area.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available; compared with the clinical commissioning group (CCG) and national average of 97%. The overall exception reporting rate was 7%, which was in line with the CCG average of 8% and the national average of 10%. QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the

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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 had an exception reporting rate of 49% for cancer, which was higher than the CCG average of 28% and the national average of 25%. In addition their exception reporting rate for cervical screening was 15% which was higher than the CCG average of 6% and the national average of 7%. We explored this during the inspection. The practice was unable to provide an explanation, and told us they would review their systems for exception reporting patients in future.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice had carried out a training needs analysis of all staff to enable them to better understand the learning needs of staff and provide opportunities for adopting additional roles. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- At the time of our inspection appraisals for staff were out of date. This was due to recent disruption and changes in the staff team. We were told that plans were in place to complete appraisals for all staff from June 2018.
- We were provided with examples which demonstrate that the practice had appropriate systems in place 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.

- From discussions with staff we learned that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. An in-house surgery 'pod' at the main surgery site enabled patients to check their weight, height and blood pressure. The results were shared to the patient's record, where they could be viewed by clinical staff, and any necessary follow up or action could be taken.
- The practice was planning to initiate a walking group to help engage lonely or isolated patients, and encourage them to increase their physical activity levels.
- 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.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- A private room, adjacent to the reception desk was available if patients wanted to discuss sensitive issues or appeared distressed.
- Of 49 patient Care Quality Commission comment cards we received from both sites, 42 were very positive about the service experienced, the remaining cards contained positive remarks, with mixed comments in relation to waiting times or difficulty accessing test results. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. In addition, some staff spoke languages appropriate to the patient group.
- Staff communicated with patients in a way that they could understand, for example, patient information could be provided in large font when required, to aid patients with visual impairment.

- Staff signposted patients and their carers to additional community support and advocacy services when necessary. Patients were encouraged to engage with staff to manage their own health and increase their understanding of well-being and treatment options.

The practice proactively identified patients who were carers, at the point of registration, and opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (2% of the practice list).

- Carers were offered an annual seasonal flu vaccination. They were provided with information relating to local carers' support groups. Staff told us the well-being of the carer was checked when they attended appointments supporting the person for whom they had caring responsibilities.
- When families had experienced bereavement the practice routinely sent a bereavement card. Additional support or advice was offered as appropriate to the needs of the family.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations at the reception area could not be overheard by patients in the waiting area.
- The practice complied with the Data Protection Act 1998.

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 across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Online access to book appointments or request repeat prescriptions was available. Telephone triage was provided. The practice understood the benefits of continuity of care for patients, and tried, whenever possible, to accommodate access to appointments with the clinician of choice.
- The practice improved services where possible in response to unmet needs. For example, they had provided high rise seating in the waiting areas, to improve comfort for those patients who would benefit from this type of seating.
- 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, the GP and practice nurse carried out home visits to complete annual learning disability assessments when required. Other home visits were available when appropriate.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided input to a number of nursing and residential homes for older people. Before the inspection we sought feedback from two of these. One described some barriers in relation to the GP visiting residents when requested. The other one described a responsive, proactive, caring service from the GPs and practice staff. The practice told us that a local advanced

nurse practitioner (known locally as a 'Quest' matron) was available, funded by the CCG, who was able to assess the need for a GP visit to make best use of appropriate skills within the locality.

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. Appointments were offered in the month of their birthday, and were carried out in conjunction with the pharmacist employed by the practice. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice worked collaboratively, and held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. During the inspection we met with a member of the district nursing team who confirmed that information sharing and forward planning for patients' needs was beneficial to patients.

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. At the time of our inspection face to face meetings with health visitors had been held less frequently than previously. The practice told us they were liaising with the team to set up regular information sharing meetings to improve communication. When necessary, information could be shared via their shared clinical system.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary. Other age groups were also assessed, and urgent appointments made available when appropriate.

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

- The practice offered online access to book appointments and request repeat prescriptions.
- Telephone triage appointments were available for patients who requested them during working hours.

Are services responsive to people's needs?

- The practice had established a 'virtual' PPG in order to capture feedback from patients who were unable to attend meetings due to work commitments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable, including those with a learning disability. People who had no fixed abode were also able to register with the practice, and their needs were supported.
- Patients approaching the end of life were issued with a Gold Card, which provided them with priority access to appointments or advice. Feedback the practice shared with us showed that this had been well received by patients.
- The practice had liaised with a local mission which supported homeless people. This group of people were encouraged to register as patients with the practice, and they were supported to manage their health effectively.

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

- The practice held a dementia register, and utilised tools to help identify early stages of dementia. They were able to refer on to other services when necessary, such as the memory clinic.
- The practice liaised with local mental health services when necessary to co-ordinate care for people experiencing mental health difficulties.

Timely access to the service

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 managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients were able to access appointments at a local 'hub' as part of the extended access scheme, Monday to Friday, 6.30pm to 8pm. The practice told us attendance by their patients to this service was low, as it was to other out of hours' services.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way. We saw that in one case the initial acknowledgement letter had been delayed due to unforeseen circumstances. An apology and explanation was given to the patient in this instance.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example in response to a complaint about extended wait times to be seen, the practice adopted a system where unexpected delays were communicated to patients via the patient information/call system in the waiting areas.

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 had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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 recently experienced the loss of some key members of staff. They had effectively recruited to replace these, and had succession planning arrangements in place.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice engaged with staff, and responded to patient feedback, in developing its vision, values and strategy.
- Staff understood the practice ethos, and were aware of their role in delivering this.
- 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. They had carried out a 'Perfect Day' exercise internally. This enabled them to articulate what would improve the patients' journey through the service, as well as enhancing staff experience. They had plans to implement changes in line with this. For example, they were establishing new systems for patients to access their test results in a timely and appropriate way.
- The practice worked closely and collaboratively with the multidisciplinary team and had effectively engaged the whole practice team in the Gold Standards Framework accreditation process.
- 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 prioritised a high level of individualised care for patients.
- We were provided with evidence which showed that where behaviours and performance were out of step with the practice vision and values, the leadership team addressed these appropriately and in an inclusive manner.
- 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. At the time of our inspection staff appraisals were out of date. This was due to recent disruption in the staff team. However; a training needs analysis had been completed by all staff. Appraisal dates had been set to be completed from June 2018 onwards. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. They were allocated time during protected learning events to undertake development activities relevant to their role.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff described positive relationships amongst colleagues and senior staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through oversight of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines & Healthcare products Regulatory Agency (MHRA) 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 staff were trained to manage emergencies.

The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored. We identified areas where exception reporting rates were above average in the preceding year. The practice was unable to provide an explanation for this; but told us they would review their systems for monitoring their QOF recording systems in the future.
- 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 clear 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.

Are services well-led?

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice routinely sought patient feedback through internal patient satisfaction questionnaires. They responded to feedback, for example in relation to the voice message left on the telephone system for patients calling the practice, and in relation to the seating arrangements in patient waiting areas.
- The practice had been unable, at the time of our inspection, to establish a patient participation group. However a 'virtual' group had been set up. One of the partners was developing a walking group in an attempt to engage patients and encourage involvement in the practice in a more active way.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on learning and improvement at all levels within the practice. One staff member was being supported to complete nurse training alongside working as a health care assistant. A training needs analysis had been completed by all staff to enable the practice to develop their skills to carry out extra roles and responsibilities within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.