Harambee Surgery

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?	**Outstanding**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall.

(Harambee Surgery is a new registered practice and this is the first inspection of this service under this provider.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Harambee Surgery on 4 April 2018. This inspection was carried out 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 was 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.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Safety systems were comprehensive and actions were taken to prevent legionella occurring in the water system (legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no evidence of the original risk assessment for this.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Clinicians had access to appropriate information to deliver safe care and treatment. We saw that some staff were removing some items of post without the GP having had sight of them and without a protocol for this or audit of the process. We saw that these items were few and of minor clinical importance and the practice said they would address this.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it. Patient feedback on the care and treatment delivered by all staff was overwhelmingly positive.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The practice had appointed staff to champion and support the care certain patient groups received. They had appointed a patient dementia champion who consulted with patients and their carers to improve the practice premises; changing fixtures and fittings to become more dementia-friendly. Another staff member was appointed compassion champion who worked closely with children and vulnerable patients visiting the practice. We saw many examples of feedback from children and parents to say how much they valued this input and that their visit to the practice was a positive experience because of it.
- The practice had worked with patients who attended the local accident and emergency (A&E) department to try to ensure that all such attendances were appropriate. We saw evidence of reducing patient attendances at A&E over a period of nineteen months up to the time of our inspection.

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

- Continue to develop a workflow protocol to deal with communications coming into the practice and an audit process to ensure compliance.
- Following the new legionella risk assessment to be carried out, confirm that the mitigating actions currently being completed are appropriate.

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

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 medicines specialist advisor.

Background to Harambee Surgery

Harambee Surgery is situated at 27 Skipton Road in Trawden on the outskirts of Colne at BB8 8QU and is part of the NHS East Lancashire Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England.

The surgery is housed in two-storey purpose-built accommodation with all patient services on the ground floor and offers access and facilities for wheelchair users and visitors. The practice website can be found at http:

There are approximately 4,133 registered patients. The practice population includes a higher number of patients aged between 40 and 70 years of age than the national average; 45% compared to 37% nationally.

Information published by Public Health England, rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical

area is higher the national average at 82 years for males, compared to 80 years nationally and 84 years for females, compared to 83 years nationally.

The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. Practice opening hours are from 8am to 6.30pm Monday to Friday and extended hours appointments are offered on Monday and Thursday mornings from 7.30am to 8am and on Monday and Wednesday evenings from 6.30pm to 7.10pm. Appointments with GPs at the practice are from 9am to 11.30am and 3.30pm to 6pm. The practice dispensary opens at 8.30am and is closed from 1pm to 2pm on weekdays except for Thursdays when it closes at 12.30pm. When the practice is closed, patients are able to access out of hours services by telephoning NHS 111.

There are three GPs, one male and two female, one advanced nurse practitioner, one assistant practitioner, one phlebotomist and three staff who dispense prescriptions including a dispensary supervisor. These are supported by a practice manager and an experienced team of reception/administration staff. At the time of our inspection, one of the GPs was on maternity leave and the practice used regular locum GPs to cover this absence. The practice has been a training practice since 1997 and is currently training FY2 doctors. These are trainee doctors in their 2nd year of foundation training and at the time of our inspection a new FY2 doctor was to start in the following week.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They 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 facilities and equipment were safe and in good working order. Staff carried out actions to manage risks associated with legionella in the premises (legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no evidence of an original legionella risk assessment to ensure the actions were appropriate. Following our inspection, the practice told us they had arranged for a risk assessment to be carried out.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff met weekly to ensure there were sufficient patient appointments available in the coming week. Arrangements were made to provide additional appointments with GPs when necessary.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff had access to policies in relation to patient medical emergencies. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed information needed to deliver safe care and treatment was available to staff. We saw some staff were removing, coding and filing some items of post without sight of the GP and without a written protocol for this or audit of the process. However, we saw only low-risk items were removed. Following our visit we saw evidence that an initial protocol for managing post had been produced.
- There was a documented approach to managing test results and we saw results were dealt with in a timely way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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

Good

Are services safe?

antimicrobial stewardship in line with local and national guidance. We saw evidence the practice had reduced antibiotic prescribing in the last 12 months from over to under the national average.
- 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.
- The practice used a computer software package weekly to review prescribing and provide an additional safety net for patients taking high-risk medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to most safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate 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. We saw evidence that the practice had taken action as a result of incidents that had benefited other local practices and led to safer services.
- 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.

Good

Are services effective?

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

(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. Although this data is related to the previous provider, systems and staffing have remained largely the same.)

Effective needs assessment, care and treatment

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

- All clinical staff had easy and immediate access to both written and online best practice guidance.
- 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.
- 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 were 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.
- The practice prioritised flu vaccinations for older patients who were housebound and/or vulnerable.
- The practice offered a health check to patients aged over 75 where indicated. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured 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. Staff visited housebound patients at home to carry out reviews.
- 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 (recommended medicines) for secondary prevention, people with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (a heart condition) were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. We saw unvalidated data from the practice that showed uptake rates for the vaccines given were higher than 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):

Good

Are services effective?

- The practice's uptake for cervical screening was higher than the 80% coverage target for the national screening programme. The practice sent letters to patients who did not attend for screening to encourage them to do so.
- The practices' uptake for breast and bowel cancer screening was higher than the national average. If patients failed to engage with the bowel screening service, the practice offered to obtain another screening kit to enable them to take part.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice used a patient invitation and pre-appointment questionnaire for patients with a learning disability in a format they they could better understand.
- 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.
- The practice reviewed the care of patients diagnosed with dementia in a face to face meeting every year.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their medical records and reviewed each year.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- 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.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements. For example, the practice had reviewed the care and treatment given to patients with a vitamin D deficiency. They identified areas for improved prescribing of vitamin D supplements and the monitoring of patients. There was good evidence of improvement in prescribing practice. Staff had audited practice prescribing of antibiotics against best practice guidelines. We saw prescribing of these medicines had reduced by 14.5% over the period of a year to November 2017. Where appropriate, clinicians took part in local and national improvement initiatives. The practice had entered into a quality contract with the clinical commissioning group (CCG) which covered many areas of local service delivery. As part of this contract, they regularly reviewed and reported on areas of patient care and treatment, for example those patients with atrial fibrillation and hypertension. This included reviewing clinical protocols, the treatment provided and the effects of this treatment.

The practice worked to reduce patient attendances at the local accident and emergency (A&E) department. From September 2016 they regularly discussed patients who had attended A&E and sent leaflets to some patients to explain when it was appropriate to attend A&E and to suggest alternative options for care and treatment. We saw evidence of reduced attendances since the project had started.

Effective staffing

Good

Are services effective?

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.
- Staff who had lead roles in the practice carried them out effectively and comprehensively. For example, the practice "cancer champion" worked with the GP lead for patients with cancer to ensure that their care was reviewed and managed appropriately. They had developed a template for these reviews to ensure that all aspects of this care was covered.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. One of the practice reception staff had trained as a phlebotomist.
- 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 practice provided an information pack to new staff. The requirements of the Care Certificate were included in the training of the practice GP assistant. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

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 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. They 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 had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured 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 used patient flu vaccination clinics to check for patient irregular pulse readings. Patients identified this way were then referred for further testing.
- The practice had developed a Harambee logo with the assistance of the patient representative group (PRG). This was represented as a bee with the motto "BEE Happy, BEE Healthy". They used this on stickers that were given to children visiting the practice.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice had also introduced a dedicated patient self-monitoring room. It allowed patients to measure their blood pressure, weight and height as well as report their smoking and alcohol status. The practice had assessed the effectiveness of this service and evidenced it to be useful in identifying patient possible health

conditions that could require treatment. The practice offered blood pressure monitors to patients with high blood pressure so they could record levels at home, and offered smoking and alcohol advice when appropriate.
- 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 and 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.

Outstanding ☆

Are services caring?

We rated the practice as outstanding for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was overwhelmingly positive about the way staff treated people. We saw and heard many patient comments related to outstanding staff behaviour.
- Staff understood patients' personal, cultural, social and religious needs. The practice had appointed a "dementia champion" to lead on issues affecting people with dementia. They had consulted with patients with dementia and their carers using questionnaires in order to identify any unmet needs in the surgery.
- The local community centre had been taken over by a local residents' group. They had formed a friendship club which provided the opportunity for people to meet, socialise and receive information. The surgery practice manager met with the leader of the community centre at the practice to better understand the service and promote it to patients who would benefit. Staff said that people's emotional and social needs were seen as important as their physical needs.
- Because the practice was small and staff turnover was low, staff had developed good knowledge of patient personal circumstances. We were given many examples of where patients had been treated in an understanding and compassionate way. For example, when a family known to the practice was bereaved, the practice immediately recognised that further support was necessary and arranged for this without delay. We saw many examples of a strong, visible person-centred culture.
- Patients who were anxious when waiting in the busy practice waiting room were given the option to wait in a separate room, with staff support if necessary, or to wait in their car until a member of staff told them that it was time for their appointment.
- The practice had appointed a "compassion champion" to lead on supporting patients when circumstances demanded. This member of staff led on supporting bereaved patients. They also helped children feel at ease in the practice, often sitting with them in the waiting room to involve them in colouring pictures which were then displayed on a large notice board in the patient waiting area.
- Staff with lead responsibilities such as the dementia and compassion champions, were motivated and proud of the impact they had on the care provided by the practice. They valued their input and the effect it had on patients' wellbeing when visiting the practice and they were supported and promoted by managers.
- The practice gave patients timely support and information.
- The practice was consistently higher in the GP national survey than other practices in the clinical commissioning group (CCG) and national averages for questions related to kindness, respect and compassion.

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 they are given) and staff had trained in this standard.

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available. The practice dementia champion led on issues affecting people with dementia. They used notices in the waiting area with a yellow background to aid communication with these patients.
- The practice compassion champion helped children to express how they felt about the practice and the care and treatment they received. They helped them to complete colourful children-friendly feedback forms about their visit to the practice.
- The practice sent congratulations cards that had been designed by a staff member to new parents with dates of appointments for postnatal checks and new baby vaccinations.
- 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.
- The practice was consistently higher in the GP national survey than other practices in the CCG and national averages for questions related to involvement in decisions about care and treatment.

Privacy and dignity

Outstanding ☆

Are services caring?

The practice respected patients' privacy and dignity.

- Reception staff knew 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.
- Patients could email the practice with any queries.
- The facilities and premises 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 were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service, weekly or monthly blister packs and large print labels.

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.
- Patients aged over 75 were offered 15 minute appointments with a GP as standard.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and advanced nurse practitioner also accommodated home visits for those who had difficulties getting to the practice.
- There was a medicines delivery service for housebound patients.

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. The practice had reviewed the way that these reviews were carried out and enabled multiple conditions to be reviewed at one appointment. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local integrated neighbourhood team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and 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.
- The practice used the surgery bee logo on stickers to give to children visiting the practice. There were colouring sheets available with crayons and the practice used a large notice board to display children's pictures. The practice compassion champion would facilitate this with consent. Children were offered the chance to complete colourful feedback forms tailored to their age about their visit to the practice. We saw that this resulted in high levels of satisfaction in children attending the practice and that there were no suggestions for improvement on the forms.
- Staff had reviewed the health information displayed in the waiting room to ensure that it was suitable for viewing by children and did not appear to be too alarming.

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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered NHS health checks to patients aged between 40 and 74 years of age.
- Staff used "it's time" cards to send to young people who were aged 24 and a half to alert them that they would shortly be invited for a cervical smear at the practice.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People 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. The practice dementia champion had led a project to adapt the practice to better suit patients with dementia. Staff understood the need for contrasting colours in the practice. They had changed the toilet seat from white to blue in the patient toilet and the light switch from white to yellow. There were yellow notices in the patient waiting area.
- Patients experiencing undue anxiety were given the option to wait in a separate room or in their car if they preferred until it was time to see the clinician.
- The practice proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Staff met with GPs weekly to ensure that there were enough appointments available in the near future. GPs supplied extra appointments or employed a locum GP when necessary, for example during the winter months when there was increased patient demand.
- The practice was significantly higher in the GP national survey than other practices in the clinical commissioning group (CCG) and national averages for questions related to access to the practice.

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. 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 also from analysis of trends. It acted as a result to improve the quality of care. All patient complaints were discussed with staff so that they could reflect on their practice. We saw that the three complaints that the practice had received allowed for this reflection and did not give rise to any learning needs. In all cases, patients were reassured that their treatment had been appropriate and further advice had been given.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The business plan set out goals and objectives for the practice up to the year 2020. 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. This was being done jointly with other local practices in order to map out services and provide them in a co-ordinated, streamlined way.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted 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 proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of 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 which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were sound 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 was 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...