Dr Muhammad Misbah-Ur-Rehman Siddiqui

Quality Report

21 Walnut Way,
Ruislip,
Middlesex,
HA4 6TA
Tel: 0208 845 4400
Website: www.walnutwaysurgery.nhs.uk

Date of inspection visit: 27 February 2018
Date of publication: 29/03/2018

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 service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection March 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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Dr Muhammad Misbah-Ur-Rehman Siddiqui on 27 February 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. However, patient satisfaction with their consultations were below local and national averages.
- The practice understood the needs of its population and tailored services in response to those needs.
- Patient satisfaction with access to the service was below local and national averages. The practice were taking action to rectify this.
- There were effective leadership and governance arrangements.

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

- Review antibiotic prescribing to bring in line with local and national averages.
- Review feedback from the national GP survey and implement actions to improve performance particularly in respect of access to the service.

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

Dr Muhammad Misbah-Ur-Rehman Siddiqui

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Muhammad Misbah-Ur-Rehman Siddiqui

- Dr Muhammad Misbah-Ur-Rehman Siddiqui's practice is based at 21 Walnut Way, Ruislip, Middlesex, HA4 6TA. The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 3,618 patients living within the local area. (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services). The practice is part of the NHS Hillingdon Clinical Commissioning Group (CCG) which is made up of 48 GP practices.
- Online services can be assessed from the practice website: www.walnutwaysurgery.nhs.uk
- Staff include a male GP (six sessions), two regular female locum GPs (three sessions), a nurse (five sessions), a practice manager and four non-clinical staff.
- The practice population is culturally diverse with a high number of patients 15-44 years old.
- The local area is the second least deprived in the Hillingdon CCG (people living in more deprived areas tend to have greater need for health services).
- Services offered include long-term condition management, cervical smears, family planning and contraception, NHS healthchecks, childhood immunisations and travel vaccinations.
- The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder and injury.
- The practice's opening hours are Monday to Friday 8am to 6.30pm with the exception of Thursday were the practice closes at 12.30pm. GP appointments are available from 9am to 12.30pm and 4pm to 6.30pm daily. A local extended access HUB service is available weekday evenings and half days at weekends. Between 1 and 2pm the practice is closed however patients can access the GP if urgent via NHS 111.
- The practice has opted out of providing out-of-hours services to their own patients and directs patients to a local out-of-hours provider. Patients can also access a 24 hour urgent care centre adjacent to the local hospital.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, 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 suite of safety policies which were regularly reviewed and communicated 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 took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. 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 effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- 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.

Good

Are services safe?

- There were comprehensive risk assessments 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. There had been three incidents in the last 12 months. 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. For example a patient was verbally abusive and threatened violence with the GP. The patient was removed immediately from the practice list in line with the zero tolerance policy and the police informed. The incident was discussed in a meeting and the procedure reviewed with staff on what actions to take in case of abusive patients including the use of the emergency call button on the computer system.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

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.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was comparable to other practices.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was comparable to other practices.
- The Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones was significantly above other practices (17% compared to the CCG average of 10% and the national average of 9%).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were opportunistically offered health checks. Care plans were completed for these patients by the care co-ordinator as part of a local CCG initiative. The practice had access to the care plans through the clinical system.
- The practice followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed 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 who were responsible for reviews of patients with long term conditions had received specific training. For example the nurse had completed a course in diabetes management.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 86% which was comparable to the CCG average of 80% and the national average of 78%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 85% which was comparable to the CCG average of 77% and the national average of 76%.

Families, children and young people:

Childhood immunisations were carried out in line with the national childhood vaccination programme. However uptake rates for the vaccines given were below the target percentage of 90%. For example:

- The Percentage of children aged 1 with the full course of recommended vaccines - 88%.
- The Percentage of children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine – 89%.
- The Percentage of children aged 2 with Measles, Mumps and Rubella vaccine – 85%.
- The practice were aware that immunisation rates where below target and we saw evidence of a plan to improve them.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 79%, which was in line with the 80% coverage target for the national screening programme.

Good

Are services effective?

(for example, treatment is effective)

- The practice did not have a system to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. However, they did inform patients opportunistically.
- 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 for example those with a learning disability.

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 83% and the national average of 84%.
- 89% 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 92% 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 (practice 92%; CCG 93%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 95%; CCG 96%; national 95%).

Monitoring care and treatment

The practice had carried out quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had completed two clinical audit cycles that demonstrated improved outcomes for patients. For example, an audit was carried out to check for vitamin B12 deficiency in patients on metformin (a medicine used to treat diabetes which can reduce vitamin B12 levels). The initial audit cycle identified eight patients who were deficient in vitamin B12. Following the initial cycle action was taken to screen patients for low vitamin B12 levels after which a second cycle of the audit demonstrated that no patients on metformin were vitamin B12 deficient.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice regular worked with the CCG Medicines Optimisation Team to improve the care provided and took part in the national influenza immunisation programme.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The clinical exception reporting rate was 9% compared with 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 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.)

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 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.
- 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 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.

Coordinating care and treatment

Good

Are services effective?

(for example, treatment is effective)

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, 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.
- The provider held multi-disciplinary case review meetings where patients on palliative care register were discussed.

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.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 33% which was comparable to the CCG average of 51% and the national average of 52%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, 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.
- 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.
- Most of the 39 patient Care Quality Commission comment cards we received were positive about the caring aspects of the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and thirty three surveys were sent out and 129 were returned. This represented about 4% of the practice population. The practice was generally below average for its satisfaction scores on consultations with GPs and nurses although not significantly. For example:

- 77% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 80%; national average - 86%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 96%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 79%; national average - 86%.
- 82% of patients who responded said the nurse was good at listening to them; (CCG) - 87%; national average - 91%.
- 80% of patients who responded said the nurse gave them enough time; CCG - 87%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.
- 81% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.
- 72% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.
- There was no formal analysis of the results with action points to address below average scores in relation to these indicators.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers on registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers which was 1% of the list size.

- The practice supported carers by offering priority appointments, signposting to local support services and providing free flu vaccinations.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patient responses were below average in relation to questions about their involvement in planning and making decisions about their care and treatment although not significantly. For example:

- 73% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.
- 65% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 74%; national average - 82%.
- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.
- There was no formal analysis of the results with action points to address below average scores in relation to these indicators.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services and 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. (For example, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice did not offer extended hours however access to a local HUB service was available until 8pm weekdays and half days at weekends.
- Open access for vulnerable people. For example, patients diagnosed with cancer could access a GP without an appointment.
- The practice improved services where possible in response to unmet needs.
- 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 people who had mobility needs.
- 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.
- 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 practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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 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.

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, early appointments were available with the nurse from 8.20am.
- Access to an extended hours HUB was available.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances for example, those with a learning disability.
- The practice provided open access for vulnerable people.

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.
- Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Good

Are services responsive to people's needs?

(for example, to feedback?)

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. Although patients reported that waiting times to see the GP once at the practice were often long.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages. Three hundred and thirty three surveys were sent out and 129 were returned. This represented about 4% of the practice population:

- 60% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 80%.
- 52% of patients who responded said they could get through easily to the practice by phone; CCG – 68%; national average - 71%.
- 68% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 72%; national average - 76%.
- 72% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.
- 63% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 48% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%.
- The practice were aware that access was not always timely for patients and they had taken action to rectify this. For example, prior to September 2017 the practice was closed 1-4pm. Patients were directed to NHS 111 out of hours service who would then put them through to the practice if it was an emergency. Since then the practice had reduced the hours closed to one hour over lunch. The practice had also introduced a more flexible appointment system providing more appointments to meet specific demand. However the practice acknowledged that further improvements were still needed.

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. Three complaints were received in the last year. We reviewed all three complaints and found that they were satisfactorily handled in a timely way.
- 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, a patient did not receive their referral in a timely way. The practice reviewed their processes for dealing with referrals and shared the learning in a staff meeting. The patient received an apology.

Are services well-led?

Good

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

Our findings

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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible 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 developed its vision, values and strategy jointly with patients and staff.
- 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.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included 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, including nurses, 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

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.
- 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 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 was monitored including their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

Are services well-led?

Good

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

- 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The views and concerns of patients and staff were encouraged, heard and acted on to shape services and culture. For example, the practice had acted on feedback from patient satisfaction surveys to improve access to the service. Staff feedback was acted on through regular staff meetings.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice.

For example staff were encouraged to update their skills by attending courses.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were no examples of innovative practice.