

Grange Medical Centre

Inspection report

1 Horton Grange Road
Bradford
West Yorkshire
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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 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 Grange Medical Centre on 5 April 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 new provider had thoroughly reviewed the effectiveness and appropriateness of the care it provided. They ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had an established and engaged Patient Participation Group (PPG) who were integral to the development of the practice.

- The national GP patient survey data showed that patient satisfaction was generally below CCG and national averages. However, a recent patient survey undertaken by the new provider and responses provided to CQC on the day of inspection did not align with this.
- Patients told us they found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on improvement at all levels of the organisation.
- Regular and effective meetings were held at the practice but we found that meeting minutes did not always reflect the level of detail which staff assured us was discussed.

The areas where the provider should make improvements are:

- Continue to review and act upon the results of patient satisfaction surveys in order to meet the needs of their patient population in the future.
- Continue to improve the identification of carers to enable this group of patients to access the care and support they require.
- Take action to ensure that meeting notes fully reflect all the areas discussed.

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, a practice nurse specialist adviser who was shadowing the team and a second CQC inspector.

Background to Grange Medical Centre

Grange Medical Centre is located at 1 Horton Grange Road, Bradford, BD7 3AH. The surgery has good transport links and there is a pharmacy located nearby. As part of the inspection we also visited Grange Medical Centre's branch location, Oak Lane Surgery; which is situated within Westbourne Green Community Health Centre, at 50 Heaton Road, Bradford, BD8 8RA. There is a pharmacy within the health centre. Both locations provide accessible facilities and have a number of car parking spaces.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. These are delivered from both sites.

Grange Medical Centre is situated within the Bradford City Clinical Commissioning Group (CCG) and provides services to 6,470 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a single handed male GP who registered with the CQC in February 2018. The practice employed a number of regular male and female locum GPs, a locum nurse in addition to their own practice nurse, a health

care assistant and a number of administration staff. Pharmacy support was also available in addition to two independent prescribers who were able to review and prescribe to patients.

There are higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area, and fewer patients aged over 45 than the national average. The National General Practice Profile states that 69% of the practice population is from an Asian background with a further 8% of the population originating from black, mixed or other non-white ethnic groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Grange Medical Centre is open between 8.30am and 6.30pm Tuesday to Thursday and between 8.30am and 8.15pm on a Monday and Friday. The branch location, Oak Lane Surgery is open between 8.30am and 6.30pm during the week, except on a Wednesday when it closes at 2.30pm.

Nursing appointments are available until 7pm on a Monday. Extended hours appointments are also available to all patients at additional locations within the area as the practice is a member of a GP federation: Monday to Friday 6.30pm until 9.30pm and on Saturday and Sunday 10am until 1pm. Additional out of hours care is accessed by calling the NHS 111service.

The provider, Dr Syed Mazhar Abbas Zaidi registered with the CQC in February 2018. There was however, continuity of leadership and staffing between the previous and current provider at the time of inspection. Unless stated, results used throughout the report relate to the previous provider partnership.

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 and these were discussed at staff meetings.
- 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, this included locum staff.
- There was an effective system to manage infection prevention and control and an up to date audit was in place.
- The practice had systems and processes to ensure that facilities and equipment were safe, in good working order and maintained regularly.
- 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. We saw that administration staff managed their own arrangements for leave which allowed them increased flexibility whilst ensuring adequate cover.
- 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. Clinicians knew how to identify and manage patients with severe infections including sepsis; this was supported by alerts on the computer systems if 'red flag' symptoms were suspected.
- When there were changes to services or staff the practice assessed and monitored the impact on safety and discussed these with their patient participation group (PPG).

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 that information needed to deliver safe care and treatment was available to staff. The practice had developed a 'fail safe' protocol to ensure that all referrals and test results were reviewed and not missed.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw evidence of a co-ordinated approach between the practice and community nurses to support provision of safe care and treatment for patients.
- 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.
- The new provider had made several changes to the delivery of care and treatment. This had ensured that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Between April 2016 and March 2018 the practice had reduced the prescribing of antibiotics by 40%.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

- The practice had a good track record on safety.
- There were comprehensive risk assessments in relation to safety issues. These included identified issues both within and outside the building. Risk assessments were up to date and reviewed regularly.
- 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.
- Staff were encouraged to raise any areas of concern relating to safety.

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. They told us that they felt supported to do so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action. We saw evidence that when necessary they would liaise with stakeholders such as the CCG to improve safety.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.
- Please refer to the Evidence Tables for further information.

Are services effective?

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

Data referred to within this report for the period 2016/2017 relates to the previous provider. There was however, continuity of leadership and staffing between the previous and current provider at the time of inspection. (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 and processes in place to keep clinicians up to date with current evidence-based practice. We saw that the new provider had re-assessed patient needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. All practice staff were aware of the benefits of social prescribing and with the support of the PPG, had numerous links to community groups and support networks.
- 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.
- Clinical templates were used where appropriate to support decision making and ensure best practice guidance was followed.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice were participating in an End of Life project which included additional training and information to enable them to support patients more effectively using best practice.
- Patients aged over 75 years were invited for a health check.

- Although the practice did not support anyone living in a care home they were a member of a primary care group which supported local care homes.
- 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 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. Clinical staff would opportunistically offer reviews if patients had failed to attend previous appointments.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. For example, unverified data for 2017/2018 showed that uptake rates for children aged two and over were 100%.
- 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 and would liaise with health visitors when necessary.

Are services effective?

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

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme. Under the new provider the practice had liaised with other practices in the local area for advice and tips on how to improve uptake.
- The practice's uptake for breast and bowel cancer screening was in line with the local CCG average but lower than national averages. For example, the uptake for breast screening in the last 36 months was 61% (CCG 57% and national 73%). Uptake for bowel cancer screening in the last 36 months was 32% (CCG 36% and national 58%).
- 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 and timely 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 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 people experiencing poor mental health failed to attend for their appointments or collect their prescriptions the practice would contact them.
- 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.
- In 2016/ 2017 we saw that 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. However, unverified figures for 2017/2018 showed that the practice were on track to improve in this area.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 88% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.
- 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.

- A number of audits had been undertaken including antibiotic prescribing, an asthma management review and a chronic obstructive pulmonary disease (COPD) audit. This activity had resulted in changes to clinical management and medicines for individuals, in line with guidance.
- Where appropriate, clinicians took part in local and national improvement initiatives including CCG activity.
- QOF results from 2016/ 2017 which related to the previous provider, were 92% of the total number of points available compared with the CCG average of 95% and national average of 96%. The overall exception reporting rate was 6.2% which 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.)

Are services effective?

- Unverified data for 2017/2018 showed that the practice was on track to achieve all QOF points in the public health domains for example cervical screening, and 96% of the available points in the clinical domains such as diabetes.
- The practice used information about care and treatment to make improvements. A review of the pen needles used by diabetic patients had resulted in significant cost savings.
- The practice told us they benchmarked their performance against other practices and if appropriate implemented new ways of working to achieve results.

Effective staffing

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

- Staff had a wide range of knowledge and skills appropriate to 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. Clinical and managerial staff regularly attended CCG update meetings and met with peers.
- The practice understood the learning needs of staff and provided regular 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 a documented induction process, one-to-one meetings, appraisals, regular staff meetings and support for revalidation. Following our inspection the practice said they would review their process for how they appraised locum staff who regularly worked with them.
- The practice were aware of the need to include the requirements of the Care Certificate when training health care assistants but had not recruited to this role for a number of years.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- Care was co-ordinated between services and patients, who received 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 co-ordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice held quarterly meetings with the palliative care team.

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 practice worked closely with the PPG and had established links within the local community. For example; community centres and mosques where health information, self-help and the services available to patients were discussed.
- Staff discussed changes to care or treatment with patients and their carers as necessary. The PPG told us that under the previous provider the emphasis for patients had been on what could be prescribed. Describing a 'seamless' transition to the new provider, the PPG stated that now clinical staff had adopted a focus on holistic care and how they could help the patient to manage their health appropriately.
- The practice supported local and national priorities and initiatives to improve the population's health, for example, the Bradford Diabetes 9 Care Processes, 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. We saw that consent was documented.

Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Six staff had received training on the Mental Capacity Act but all the staff we spoke with understood their responsibilities.
- 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 providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The Friends and Family test is a survey which asks patients if they would recommend NHS services to other people based on the quality of the care they have received. Recent results showed that 82% of patients said that they would recommend the service to their friends and family. This is significantly better than the GP patient survey data from July 2017 which showed that only 40% of patients would recommend the surgery.
- 85% of the 27 CQC patient comment cards we received on the day of inspection were positive about the service. Staff were described as professional, respectful and caring. Patients also said that receptionists at the surgery were very helpful.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given) and we saw that some staff had attended additional training in this area.

- Staff were kind and respectful and communicated with people in a way that they could understand. The staff team were reflective of the population it served and were able to converse in several languages which included those widely used by the patients.
- We saw that several information leaflets were available in languages, which befit their patient population, other than English.
- 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. Close relationships with the PPG and community leaders benefitted patients.
- The practice identified carers and supported them. Less than 1% of the practice population had been identified as carers. We saw that a regularly updated carer's board was in place and alerts were placed on the patient record. The practice told us they were aware that some older patients lived in extended families where, due to their culture, family members did not see themselves as carers. Practice staff informed us they continued to identify patients who may be a carer and supported them accordingly.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. 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.
- We spoke with five members of the patient participation group (PPG) and an additional five patients on the day of inspection who told us their dignity and privacy was respected.

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 individual and cultural needs and preferences.
- The practice understood the health and social needs of its population and tailored services in response to those needs.
- Telephone triage and consultations were available which supported patients who were unable to attend the practice during normal working hours and assisted those with the most urgent need to access appointments.
- 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 are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, in order to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Health checks were offered to patients over 75 years of age.

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. Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Additional nurse appointments were available until 7pm on a Monday.
- 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.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic. One clinic was held at the main surgery and one at the Oak Lane site

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.
- The practice was open until 8.15pm on a Monday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.

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.

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Those patients who had registered their mobile telephone numbers were sent text messages to remind them of their appointments. Patients would also be contacted by telephone.

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

- Priority appointments would be allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to care and treatment

Results from the practice's own patient survey carried out between December 2017 and February 2018, showed that patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice distributed 300 questionnaires and received a return of 187 which was a response rate of 62% and represented 6% of the practice population.

- The practice's own patient survey found that the percentage of respondents who were satisfied with the surgery's opening hours was 89%. This was significantly better than the July 2017 national GP patient survey which found that 57% of patients were satisfied with the opening hours of the practice. (CCG average 70%: national average 76%.)

- The percentage of respondents to the practice's patient survey who said they found it easy to get through by telephone was 82%. This was better than the national GP patient survey results of 55%. (CCG average 55%: national average 71%.)
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. In March 2018, the practice had audited patient waiting times for telephone calls and for patients waiting to be seen in the waiting area. They told us that the results would be discussed with the PPG. Members of the PPG confirmed this.
- Patients with the most urgent needs had their care and treatment prioritised.

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. We saw that when language was a barrier staff would assist patients with this.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and an analysis of trends and discussed these at staff meetings. It acted as a result to improve the quality of care. For example, after a patient complained about the care of a relative, staff were reminded about their duties in regards to confidentiality.

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, challenges and priorities relating to the quality and future of services and had worked to address these since the new provider registered with the CQC in February 2018.
- 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 provider was aware of the need to plan for the future leadership of the practice and develop leadership capacity and skills.

Vision and strategy

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

- The practice had a clear vision and Staff were aware of and understood the vision, values and strategy and their role in achieving them. The practice planned its services to meet the needs of the practice population.
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice discussed all aspects of practice development with the PPG and liaised with the CCG regularly.

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 and felt the transition to the new provider had been positive.
- Leaders and managers acted on any behaviour and performance which was inconsistent with the vision and values of the practice.
- 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 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 staff and patients.
- The practice actively promoted equality and diversity.

Governance arrangements

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice discussed all aspects of practice development with the PPG and liaised with the CCG regularly.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear and knowledgeable regarding their roles and responsibilities 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. We saw that policies and procedures were regularly reviewed and available to staff.

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. The provider was aware of the need to audit the performance of clinical staff. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Are services well-led?

- Clinical audit and quality improvement activity had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality and follow best practice guidance.
- The practice had plans in place and had trained staff for major incidents. We saw that following an incident the business continuity plan had been reviewed and updated.
- 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. Issues and changes were discussed regularly with the PPG.
- Quality, sustainability and recent changes made by the new provider 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. Staff were allocated specific roles to ensure quality was maintained.
- 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 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.

- A full range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw evidence that changes were made to services as a result of patient feedback.
- There was a well-established, active, engaged and diverse PPG. This group was involved in aspects of the management of the practice and felt respected and valued by the practice staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There was a renewed focus on continuous learning and improvement.
- The PPG told us of a number of improvements which had been made by the new provider.
- The practice benchmarked their performance against other similar practices and used the knowledge of their peers to improve services where possible.

Please refer to the Evidence Tables for further information.