

# Hornsey Park Surgery

## Quality 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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as good overall.** (Previous inspection April 2016 – rated overall Good)

The key questions are rated as:

Are services safe? – good

Are services effective? – good

Are services caring? – requires improvement

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 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 Hornsey Park Surgery on 10 January 2018 to follow up on a previous requirement notice issued for not ensuring there was a record of emergency medicines to ensure they were available.

At this inspection we found:

- The practice had taken some action in relation to the national patient survey since the last inspection, a number of the scores in relation to the practice being caring were still below CCG and national averages.
- The practice had 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.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However we found that mental capacity act training had not been undertaken by the GP. Evidence that this training had been booked was provided following the inspection.
- 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. Patients said that they were involved in their care and decisions about their treatment.

# Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirement of the duty of candour.
- Ensure that appropriate staff undertake mental capacity act Training.
- Continue to look at ways to improve national patient survey scores in relation to caring.
- Formalise plans for succession planning.
- Finalise practice business plan.
- Look at ways to re start the patient participation group.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

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

# Hornsey Park Surgery

## 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 Hornsey Park Surgery

Hornsey Park Surgery is located in Haringey, North East London. The practice has a patient list of approximately 4300. Thirty four percent of patients are aged under 18 (compared to the national practice average of 15%) and 11% are 65 or older (compared to the national practice average of 17%). Fifty six percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises the GP Principal (female working 0.75 whole time equivalent (WTE)), three long term locums (two female and one male all working 0.4 WTE), a part time female practice nurse, female healthcare assistant, practice manager, practice management support manager, business manager and reception staff. Hornsey Park Surgery holds a General Medical Service (GMS) contract with NHS England.

The practice opening hours are:

- Week days 9am – 6:30pm
- Saturday 10am – 2pm

GP appointments are available at the following times:

- Week days 9am – 11am and 3pm – 5pm
- Saturday 10am – 2pm

Nurse appointments are available:

- Monday 9am – 1pm and 2pm – 5:30pm
- Thursday 9am – 1pm and 2pm – 5:30pm
- Friday 9am – 1pm and 2pm to 5:30pm
- Saturday 10am – 2pm

Telephone lines are diverted to the out of hour's provider when the practice is closed.

The practice is registered to provide the following regulated activities:

- Family planning;
- Treatment of disease, disorder or injury;
- Diagnostic and screening procedures;
- Maternity and midwifery services.

The practice was previously inspected in April 2016 and was rated good overall. However the practice was rated as requires improvement for providing a safe service and in breach of Regulation 12 (HSCA (RA) Regulations 2014 Safe care and treatment as they failed to ensure there was a system in place for checking that all emergency medicines were present at the practice. We found at this inspection that the practice were now compliant with this regulation.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good.**

### 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 DBS
- 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 a system in place to ensure that all staff had received mandatory training. All non-clinical staff were up to date with training; however we found that the GP principal had not undertaken mental capacity act training. We were provided with evidence following the inspection that the training had now been booked for April 2018.
- 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.

- At our previous inspection in April 2016 we found that there was no system to enable the practice to check whether all emergency medicines were present and in date. At this inspection, we found that a tracking sheet had been developed and all emergency medicines were being appropriately logged.
- 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

## Are services safe?

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- 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.

- 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. 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, when a patient was verbally abusive to reception staff because they had been refused a repeat prescription, staff were trained in the use of the panic button and the zero tolerance policy was reviewed.
- 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.

# 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 was 0.90 which was comparable to the CCG average of 0.55 and the national average of 0.90.
- The number of antibacterial prescription items prescribed per Specific Therapeutic was 0.71 which was comparable to the CCG average of 0.65 and the national average of 0.98.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 4.6% which was comparable to the CCG average of 4.6% and the national average of 4.7%
- 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 invited for a health check. 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 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.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less was 73% which was comparable to the CCG average of 76% and the national average of 79%.
- The percentage of patients with diabetes whose last blood pressure reading was 140/80 mmHg was 79% compared to the CCG average of 77% and the national average of 87%.
- The percentage of patients with hypertension whose last blood pressure reading was 150/90 was 83% compared to the CCG average of 80% and the national average of 83%.
- The percentage of patients with asthma, who have had an asthma review in the preceding 12 months was 78% compared 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. Uptake rates for the vaccines given were in line with 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.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

# Are services effective?

## (for example, treatment is effective)

- 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.

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

- <>> 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 94%; CCG 90%; national 91%).

### Monitoring care and treatment

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Consent was sought from patients and entered onto the clinical notes.
- 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.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average and national average of 95%. The overall exception reporting rate was 9.1% compared with a national average of 9.6%. 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.

### Coordinating care and treatment

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

### Helping patients to live healthier lives

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

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- The practice used information about care and treatment to make improvements. For example, reviewing the use of antibiotic prescribing for patients with tonsillitis to ensure the practice was following NICE guidelines.
- The practice was actively involved in quality improvement activity. For example the practice reviewed the prescribing of Sitagliptin for patients with diabetes. They reviewed 20 patients in January 2016 and again in July 2016 and found, after following NICE guidelines, more effective diabetic control had been achieved. They found that HbA1C levels had been reduced. Where appropriate, clinicians took part in local and national improvement initiatives.
- 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

# Are services effective?

(for example, treatment is effective)

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- 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 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 who were referred using the urgent two week wait referral pathway was 42% compared to the CCG average of 44% and the national average of 50%.
- 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.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement 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.
- All of the 19 patient Care Quality Commission comment cards we received were positive about 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 eighty two surveys were sent out and 99 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations the nurse. However scores were lower than average for areas involving the GP and in some cases lower than the scores from the January 2016 survey) For example,

- 62% (78% in January 2016) of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 88%.
- 69% (79% in January 2016) of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.
- 81% (91% in January 2016) of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 96%.
- 62% (75% in January 2016) of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.

- 84% (75% in January 2016) of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 92%.
- 88% (75% in January 2016) of patients who responded said the nurse gave them enough time; CCG - 86%; national average - 92%.
- 98% (72% in January 2016) of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 93%; national average - 97%.
- 88% (77% in January 2016) of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 83%; national average - 91%.
- 91% (86 in January 2016) of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

The practice was aware of the low scores in relation to the GP. An action plan has been established and was being worked through in order to improve the scores which included further training. The issues were also addressed in the GPs appraisal.

### 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 and easy read materials 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. This was achieved through discussions in GP

## Are services caring?

consultations and questions on the new patient registration forms. The practice also advertised caring responsibilities in the waiting area inviting people to make themselves known as carers to staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (2% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

- Staff told us that if families had experienced bereavement, the GP contacted them. 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 patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment, however results were lower for interaction with the GP.
- 67% (75% in January 2016) 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 83% and the national average of 87%.

- 58% (75% in January 2016) of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 77%; national average - 82%.
- 81% (72% in January 2016) of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

The practice was aware of the low scores in relation to the GP. An action plan has been established and being worked through in order to improve the scores which included further training. The issues were also addressed in the GPs appraisal.

### 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example Saturday opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- 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, the practice had a number of members of staff that spoke various languages that relevant to the patient population and the use of external translators was also available. An induction loop was also available for the hard of hearing.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The 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, the practice now opened on a Wednesday afternoon to allow for more appointments and the practice offered Saturday appointments.
- Telephone 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 including homeless people, travellers and those with a learning disability.

#### 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 held mental health reviews and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

# Are services responsive to people's needs?

(for example, to feedback?)

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- 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 comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national averages of 76%.
- 88% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average – 71%.
- 83% 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 – 81%; national average – 84%.
- 77% of patients who responded said their last appointment was convenient; CCG – 76%; national average – 81%.

- 72% of patients who responded described their experience of making an appointment as good; CCG – 69%; national average – 73%.
- 50% of patients who responded said they don't normally have to wait too long to be seen; CCG – 51%; national average – 58%.

## 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. Four complaints were received in the last year. We reviewed all four 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 complained that they were denied the right to use a family member as an interpreter and instead had to use an interpreter organised by the practice. The practice explained the policy of using impartial interpreters for consultations to the patient. The practice then publicised the policy in the waiting room to ensure patients were aware.

# 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, and all of the population groups, 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. However the practice needed to consider formal succession planning for when the GP retires in 2019.
- Leaders at all levels 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 were developing supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### 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.
- 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 and understood. 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

# Are services well-led?

Good 

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

- 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 a 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 MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and 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.
- 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 and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. (Add examples)
- The patient participation group was currently inactive but the practice was working hard to start the group up again in 2018.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example one of the receptionists had been trained to become a healthcare assistant, and the practice nurse was currently undertaking the nurse prescribing training.
- 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 objectives, processes and performance.