

Park Lane Practice

Inspection report

7-9 Park Lane
Swindon
Wiltshire
SN1 5HG
Tel: 01793 523176
www.parklanepractice.com

Date of inspection visit: 11 September to 11 September
Date of publication: 03/10/2018

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 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. (Previous inspection 6 February 2018 – Requires Improvement).

The key questions were 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 of Park Lane Practice on 6 February 2018. Overall the practice was rated as requires improvement. The comprehensive report for the February 2018 inspection can be found by selecting the 'all reports' link for Park Lane Practice on our website at www.cqc.org.uk.

Following the inspection on 6 February 2018, the provider sent us an action plan that set out the actions they would take to meet the breached regulations. We then carried out an announced follow-up comprehensive inspection of Park Lane Practice on 12 September 2018, to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 February 2018. This report covers the announced follow-up comprehensive inspection.

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.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice was aware of areas where they were performing worse than local and national averages and provided evidence to demonstrate what action had been taken and improvements made.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- The provider should continue to make efforts to increase the programme coverage of women eligible to be screened for cervical cancer.
- The provider should continue to review arrangements for addressing faults with and checking electrical systems.
- The provider should continue its efforts to increase patient satisfaction with services.

The practice is now rated as Good overall.

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. It included specialist advisers in General Practice, nursing, and practice management.

Background to Park Lane Practice

The provider, Dr Humaira Ramzan, delivers all regulated activities from its sole location at:

7-9 Park Lane

Swindon

Wiltshire

SN1 5HG

Tel: 01793 523176

www.parklanepractice.com

Park Lane Practice is located in Swindon, Wiltshire, and is one of 25 practices serving the NHS Swindon Clinical Commissioning Group (CCG) area. There are five consulting rooms, two treatment rooms, a waiting area, and a toilet with access for people with disabilities. There was a self-check-in appointment system and a blood pressure measure machine in the waiting area for patients to use. The practice did not have a dedicated baby changing area, but signage said a room would be made available if required. All patient services were located on the ground floor except for one treatment room where minor surgery was carried out. We were told that when conducting minor surgery on patients who might have difficulty with stairs, the downstairs treatment room was used instead.

The practice has approximately 6,700 registered patients from the surrounding area and Swindon town centre. The practice age distribution is broadly in line with the national average, with most patients being of working age or older. Park Lane Practice is a member of a new federation of practices, named the Swindon Voice Federation. The aim of the federation is to provide a support network across practices.

Park Lane Practice has a General Medical Services (GMS) contract to deliver health care services. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice provides a number of services and clinics for its patients, including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice services including diabetes management and smoking cessation.

Park Lane Practice provides the following regulated activities:

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

There is one principal GP (female), two salaried GPs (both female), and a long-term locum GP employed regularly at the practice (male). The wider clinical team consists of two advanced nurse practitioners, one nurse practitioner, one nurse and one Health Care Assistant (HCA). A practice manager is concerned with the day-to-day running of the practice. The practice team is completed by a reception manager, and administrative, secretarial and reception staff.

The area the practice serves has an estimated 13% of people from different ethnocultural backgrounds, and is in the medium range for deprivation nationally. The practice has a slightly higher than average patient population aged between 25 and 50 years old. Average male and female life expectancy for the area is 78 and 82 years, which is in line with the national average of 79 and 83 years respectively.

Park Lane Practice is open from 8.30am to 1pm, and from 2pm to 6pm, Monday to Friday. The practice is closed on

Wednesday afternoon for all but emergency appointments. GP appointments are available from 8.30am to 12 noon Monday to Friday, and from 2pm to 5.30pm every weekday except Wednesday. An extended hours service is offered on Monday, Tuesday, Thursday and Friday consisting of pre-booked telephone and face-to-face consultations between 7:00am and 8:00am or 7:30am and 8:00am. Appointments can be booked over the telephone or in person at the surgery.

Patients are able to contact the practice duty GP at any time between 8am and 6.30pm on weekdays by ringing the main practice number. The practice website, signage and telephone system advise patients that outside of core hours (8am to 6.30pm weekdays) they should phone the out-of-hours service. The out-of-hours service is provided by a company named Medvivo, and can be accessed by calling NHS 111.

Are services safe?

The practice is now rated 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.
- Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice did not always have arrangements to ensure that facilities and equipment were safe and in good working order. We found that identified electrical systems defects had not been rectified and emergency lighting had not been checked (see **Evidence Tables** for further information).
- 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.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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.
- 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.

Are services safe?

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to Evidence Tables for further information.

Are services effective?

The practice, and all population groups, are now rated Good for providing effective services .

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice computer systems enabled them to check patients' treatments against best practice guidance, to improve their health outcomes and to monitor performance against the QOF.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Older patients were offered an 'on the day' appointment if requested.
- If necessary, patients aged over 75 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Patients could access a community navigator, employed by Swindon Borough Council. The community navigator

supported patients to become more independent and use community services to prevent isolation and mental health issues. Patients were alerted to the navigator through the patient information leaflet and through a GP.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- When we inspected the practice in February 2018, we found the overall exception reporting rate exceeded local and national averages. At this inspection we found that the overall exception reporting rate was comparable with local and national averages.
- The practice exception rate for patients on the diabetes register exceeded local and national averages (see **Evidence Tables** for more information).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme but were below the World Health Organisation (WHO) minimum target of 90% (see **Evidence Tables** for more information).

Are services effective?

- 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.
- The practice is registered as 'Breastfeeding Welcome', and has a policy in place. A designated room was available if required.

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

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice's uptake for cervical screening, based on data from 2016-2017, was 70%, which was below the 80% coverage target for the national screening programme.
- The practice uptake for patients with cancer (initially diagnosed within the preceding 15 months) having a review recorded within six months of the date of diagnosis, was below both local and national averages (see **Evidence Tables** for more information).
- The practice assessed patients to determine if they had an acute health concern that could be offered faster appointments at local SUCCESS centres. SUCCESS (Swindon Urgent Care Centre and Expedited Surgery Scheme) centres are clinics based at two other local NHS practices and operated by a company named Medvivo, on behalf of NHS Swindon Clinical Commissioning Group.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including 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 patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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, which included conducting clinical audits, and routinely reviewing the effectiveness and appropriateness of the care provided (see **Evidence Tables** for more information).

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. During our previous inspection in February 2018, we found the practice record of staff skills, qualifications and training were not always kept up to date. During

Are services effective?

this inspection we found up-to-date records of staff skills, qualifications and training were maintained. Staff were encouraged and given opportunities for personal development.

- 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

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.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

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

Helping patients to live healthier lives

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

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

The practice is now rated 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.

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).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available if required.
- 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. A member of staff acted as a carers' lead. Carers were invited to attend a support group held

in conjunction with an organisation that offers help and support to carers in Swindon. Written information for carers was available on the practice website, on the waiting room noticeboard, and on prescription stationary.

- During our previous inspection in February 2018, we found the practice had mixed results for its patient satisfaction scores on consultations with GPs and nurses when compared with local and national averages. The July 2018 GP patient survey also showed results for patient satisfaction were generally below local and national averages. When we spoke to the practice about their mixed survey results, they told us they were aware of this feedback, and had put a number of measures in place to address patient need. (see **Evidence Tables** for more information).
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Are services responsive to people's needs?

The practice, and all of the population groups, are now rated good for providing responsive services .

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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, whether it was at home or in a 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.
- There was a medicines delivery service for housebound patients.
- Patients were signposted to a range of services to promote health and well-being.

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.
- The practice offered diabetic care to promote patient self-management of the condition, and individualised care planning. This included health checks, a diabetic passport, which helped them take an active role in their treatment with insulin, and a virtual diabetes clinic, with specialist nurses to optimise treatment.
- The practice held an obesity register to ensure these patients had their needs met and offered blood glucose screening.
- Patients were referred to a range of health management and prevention programs such as weight management and managing Chronic Obstructive Pulmonary Disorder (COPD) which is a chronic lung condition.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered a range of birth control services as part of its family planning clinics. These included same-day emergency contraception, and coil fitting and removal.
- Child immunisation clinics were scheduled at a range of times, and opportunistically.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, text reminders for appointments, telephone consultations and online booking of appointments.
- Weekend and evening appointments were available at the local SUCCESS centres.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Are services responsive to people's needs?

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 offered annual health checks for dementia patients throughout the year.
- Patients were offered a range of services to help them improve and manage their mental health issues. For example, the practice referred patients to a talking therapy service, funded by the local clinical commissioning group (CCG). Patients could also self-refer to the service.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The most recent GP patient survey results were mixed for patient satisfaction for questions in relating to timely access to care and treatment with some being better than local and national averages and others lower than average.
- There was lower than average satisfaction about how easy it is to get through to the practice via telephone. The practice was aware of this and installed a new telephone system in 2018. This new telephone system

provided a queuing facility and allowed patients to select options to take them through to the department they required. The practice's own survey suggested patient satisfaction had improved since implementation of the changes.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient complained about the manner and perceived unhelpfulness of a locum GP during an appointment. The complaint was discussed and reviewed at a practice meeting. The locum GP provided a response to the patient which was included in a letter to the complainant.

Please refer to the Evidence Tables for further information.

Are services well-led?

During our previous inspection in February 2018, we found areas of concern and continued breaches of regulation relating to good governance. This meant the practice had been in breach of the regulation for two years and had failed to correct these concerns. At this inspection, we found these areas of concern had been addressed. As a result, the practice is now rated Good for providing well-led services.

Leadership capacity and capability

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

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

At our previous inspection in February 2018:

- We found there were areas of concern where the practice was not meeting the regulations for good governance and did not have a clear plan for addressing them. For example, ensuring the appointments booking system met patients' needs and reflected their preferences. On this inspection we found that the practice's new telephone system was more embedded, and the practice analysed data to make improvements. The practice had a clear plan on how they would use the new system or the performance data it produced to operate an effective appointment booking system.
- We found there was inadequate evidence the practice was responding or planned to respond to patient feedback. On this inspection, the practice told us how patient feedback would be used to drive further improvements and how they would work to meet patients' preferences.

When we spoke to the practice about low (relative to local and national) access to services and other indicators of patient satisfaction, they told us how they were working to address these issues.

(See **Evidence Tables** for more information).

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The 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.
- Since our last inspection the practice had reviewed their vision and values, which were clearly and prominently displayed in both staff and patient areas. The practice had developed supporting business plans to achieve priorities, and was addressing poor patient feedback and issues with accessing appointments (see **Evidence Tables** for more information).

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 had a 'blame free policy' to establish confidence in staff members that management would be fully supportive of their efforts, and not fear their mistakes would be held against them.
- 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

Are services well-led?

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

Since our last inspection the practice had reviewed many areas of the management and governance arrangements and we saw there had been improvements. For example:

- There were responsibilities, roles and systems of accountability to support good governance and management, and these were consistently effective.
- They had introduced a range of new policies and procedures. For example, they had developed a website editing and checking protocol to ensure information on their website was accurate and we saw evidence the monthly check required under this protocol had been carried out.
- Structures, processes and systems to support good governance and management were set out and understood, and these provided management oversight and ensured adequate plans were in place to address issues identified. For example, there was a clear system for monitoring the infection control action plan, and issues previously identified with the cervical screening system had been addressed.
- At our previous inspection, we found the practice system for recording staff training was not always kept up to date. At this inspection, we found the system for recording staff training was maintained and up-to-date.

Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance.

- Although there were systems and processes in place to identify, understand, monitor and address current and future risks including risks to patient safety, these were not always acted on. We found that identified electrical systems defects had not been rectified and emergency lighting had not been checked (see **Evidence Tables** for further information).
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on and had appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

- 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information...