

Dr R N Barnett and Partners

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

| | |
|--------------------------|--|
| Are services safe? | Good  |
| Are services effective? | Good  |
| Are services caring? | Good  |
| Are services responsive? | Good  |
| Are services well-led? | Good  |

Overall summary

This practice is rated as Good overall. (Previous inspection October 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

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 Dr R N Barnett and Partners on 16 May 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, the system for the dissemination of patient safety alerts required improvement.
- The practice had systems to safeguard children and vulnerable adults from abuse.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- The practice routinely reviewed the effectiveness and appropriateness of the care 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 open access appointment system easy to use and reported that they were able to access care when they needed it.
- 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.

- Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had an active Patient Participation Group (PPG) who worked closely with staff to monitor and develop services.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The practice provided a GP service to patients who were short term asylum seekers and vulnerable people who have been victims of human trafficking. We heard the practice faced a number of challenges when providing support to this population group. Some patients needed support urgently because they had complex physical and psychological health needs and this had to be accommodated by the practice at short notice. The open access system for appointments was particularly important in enabling patients to be seen by a GP promptly and we found practice staff responded quickly and sensitively when urgent registrations were needed. Feedback from the support agencies was very good about how responsive and caring the practice was to this vulnerable patient group.

The areas where the provider should make improvements are:

- Review the forms in place for reporting significant events to ensure consistency. Ensure that all staff have access to the learning that takes place when such events occur. Ensure all significant events are analysed on a yearly basis to identify trends.
- Review the training of staff with regards to Sepsis management in an emergency situation.
- Review the system for acting on external safety events as well as patient and medicine safety alerts, to ensure records are made of the actions taken by staff.
- Consider the development of a clinical audit calendar.
- Review the systems in place for ensuring all nurses working at the practice are covered with appropriate medical indemnity insurance.
- Review and develop the systems in place for ensuring all clinicians are up to date with current evidence-based practice.

Overall summary

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.

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Background to Dr R N Barnett and Partners

Dr R N Barnett and Partners is registered with the Care Quality Commission to provide primary care services. The practice provided GP services for 6269 patients living in the centre of Liverpool which has a higher than average level of deprivation. The practice has four GP partners and two salaried GPs, male and female. The practice has a practice nurse, a practice manager, and administration and reception staff. The practice holds a General Medical Services (GMS) contract with NHS England. The surgery is housed in a two-storey purpose-built accommodation with all patient services on the ground floor and offers access and facilities for wheelchair users and visitors.

The practice has open access surgeries and patients are not required to make appointments to see their GP. We found that all patients who arrived for the morning and

afternoon surgery sessions were seen the same day by a GP. The practice treats patients of all ages and provides a range of primary medical services. The practice is part of Liverpool Clinical Commissioning Group (CCG). The practice population has a higher than national average patient group aged 25 to 45 years. The practice provides a service for temporary patients who are staying in the city as short stay asylum seekers and a local charity called Liverpool City Hearts offering support to victims of human trafficking.

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

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse, suggestions were made by CQC to develop a process for actions taken and this agreed on the day that a process stating the actions needed for the children's safeguarding policy should be undertaken. All safeguarding policies were up to date. Staff had received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- 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. However, on the day of the inspection we found the practice nurses had been working at the practice without appropriate medical indemnity insurance. We discussed this matter with the GP and practice manager and immediate actions were taken to get the insurance promptly. Before we left the practice this had been purchased by the GP and after the inspection it was confirmed that all staff had completed this and a new system for checking all recruitment had been put in place. Staff who acted as chaperones were trained for their role and had received a DBS check or a risk assessment was in place for those staff members not undertaking chaperoning duties. (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). The provider gained assurance that GPs on the NHSE performers list had completed a DBS check.
- There was a system to manage infection prevention and control. We observed that overall the premises were clean and tidy but there had been a leak in the practice nurse room and this had not been maintained at the time of inspection. We were told that healthcare workers

decontaminate their hands immediately before and after every episode of direct contact or care. Equipment was decontaminated between use. The service had up to date infection prevention and control (IPC) policies in place. A recent external IPC audit had been undertaken at the practice with positive results.

- The practice had arrangements to ensure facilities and equipment were safe and in good working order. We observed large and spacious consultation rooms enabling patients to fully see the computer screens when discussing treatment options. Staff carried out actions to manage risks associated with legionella in the premises (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found the practice maintenance of equipment (including equipment taken on home visits) conformed to the relevant safety standards and manufacturer's instructions. For example, electrical equipment was PAT tested and equipment needing servicing and calibration had this completed.
- Arrangements for managing waste 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. Arrangements were made to provide additional appointments with GPs when necessary.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff had access to policies in relation to patient medical emergencies. Clinicians knew how to identify and manage patients with severe infections, including sepsis. However, practice staff had not been updated and had discussions about recognising and managing sepsis patient conditions.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Are services safe?

- In August 2018 the practice undertook an external Health and Safety and Fire risk assessment. A number of areas were identified as high risk and actions were taken to improve these.

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 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.
- There was a documented approach to managing test results and we saw results were dealt with in a timely way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. Daily meetings took place to ensure all referrals made were appropriate.

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.
- Clinical 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. We saw evidence the practice had reduced antibiotic prescribing in the last 12 months from over to under the national average.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

- The practice used a computer software package weekly to review prescribing and provide an additional safety net for patients taking high-risk medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to most safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which was completed by staff. A form was completed for each incident and reviewed by the lead GP, on the day we noted a number of different forms in use. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Staff confirmed that findings were discussed at weekly staff meetings (or sooner if required), however, the practice nurse did not always have the time to attend these meeting. The practice did not carry out an annual analysis of the significant events.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, there were incomplete records made of the actions taken by staff.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice. Although this data is related to the previous provider, systems and staffing have remained largely the same.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice, however, there was no formal system for reviewing and monitoring these. We saw clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- All clinical staff had easy and immediate access to both written and online best practice guidance.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice offered a health check to patients aged over 75 where indicated. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff 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 was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- At the time of inspection the recall of patients with long term conditions was under review.

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. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was just below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was higher than the national average.
- 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?

- 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. Weekly Gold Standard Meetings took place with a multi-disciplinary team to monitor patient care.
- 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. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice reviewed the care of patients diagnosed with dementia in a face to face meeting every year.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their medical records and reviewed each year.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice did not have a structured programme of quality improvement activity but there was evidence of some measures to review the effectiveness and appropriateness of the care provided through clinical and procedural audit. The practice used information about care and treatment to make improvements. For example, the practice had undertaken audits for anti-biotic prescribing, minor operations and reviewing the practice rates of referrals to gynaecological services. There was evidence that these reviews had resulted in improvements to treatment and services and the results were shared with all clinicians at the practice.

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. Up to date records of skills, qualifications and training were maintained.
- 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.
- 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 all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They

Are services effective?

shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were then signposted to the relevant service.
- It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected

and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

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.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses.
- All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice, about how caring and kind staff were and how reception staff 'went the extra mile' to support patients.
- Feedback from patients was positive about the way staff treated people. We saw and heard many patient comments related to good and compassionate staff behaviour.
- Staff understood patients' personal, cultural, social and religious needs. A number of patients were from other countries and had arrived in Liverpool as asylum seekers. Staff were sensitive to the needs of these patients and services were set up flexibly to respond to often traumatic needs of patients.
- Because the practice was small and staff turnover was low, staff had developed good knowledge of patient personal circumstances. We were given many examples of where patients had been treated in an understanding and compassionate way.

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

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers to find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages.
- Patient feedback to us showed that GPs and nurses involved patients in discussions about treatment and services offered by the practice.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Patients could email the practice with any queries.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- Patients aged over 75 were offered 15 minute appointments with a GP as standard.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurses also accommodated home visits for those who had difficulties getting to the practice.

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 monthly 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.
- Staff had reviewed the health information displayed in the waiting room to ensure that it was suitable for viewing by children and did not appear to be too alarming.
- We observed some small tables and children's toys and books in the waiting room to help keep younger patients amused during the wait to be seen.

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. However, extended opening hours were not available.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered NHS health checks to patients aged between 40 and 74 years of age.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers and those with a learning disability. The practice offered longer appointments for patients for each of these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Are services responsive to people's needs?

- The practice provided a GP service to patients who were short term asylum seekers and vulnerable people who have been victims of human trafficking. We heard the practice faced a number of challenges when providing support to this population group. Some patients needed support urgently because they had complex physical and psychological health needs and this had to be accommodated by the practice at short notice. The open access system for appointments was particularly important in enabling patients to be seen by a GP promptly and we found practice staff responded quickly and sensitively when urgent registrations were needed. During the inspection we observed a flexible, sensitive, confidential and responsive approach when dealing with patients with complex health and mental health 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 proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.
- The practice had a frailty register and each month selected patients were consented and referred to a community integrated care team for an enhanced review.

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 practice operated an open appointment system and we heard that no patient was ever turned away for an appointment. The practice ethos was that all patients who arrive for morning or afternoon surgery sessions will be seen.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients gave very good feedback about the open access to GP appointments.

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, which acted as a tool to improve the quality of care. All patient complaints were discussed with staff so that they could reflect on their practice.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values with patients at the centre of services provided.
- The staff aims were to provide a high quality of primary care services to the registered population. We were told the high quality care starts from the time patients arrive and register at the practice, to when they leave. All members of the practice team aimed to provide the level of care to all patients as they or members of their family, would want to be treated.
- The aims of the practice and the goals set were in line with health and social priorities across the region and had been developed with support from the local Clinical Commissioning Group (CCG). The practice planned its services to meet the needs of the practice population.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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 consistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. However, the practice nurse was unable to attend the weekly clinical or MDT meetings due to the demands of her time with patient appointments. The practice nurse confirmed they were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice specific policies were implemented and were available to all staff. These were available in hard copy and on a new practice intranet.

Are services well-led?

- The practice was aware of their current performance and this was monitored at staff meetings on a regular basis.

Managing risks, issues and performance

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

There were clear and effective clarity around 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. Practice leaders had oversight of national and local safety alerts, incidents, and complaints. However, this system required improvement to ensure that alerts had been reviewed and acted upon by staff when required.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

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 and we spoke with members of the group during our inspection. We were told the practice was a listening practice who responded well to suggestions made for improvements.
- 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.