

# Prudhoe Medical Group

## Inspection report

Kepwell Bank Top  
Prudhoe  
Northumberland  
NE42 5PW

Date of inspection visit: 6 September 2018  
Date of publication: 07/11/2018

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

# Overall summary

**This practice is rated as outstanding overall.** (Previous rating October 2014 – Outstanding)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Outstanding

Are services responsive? – Outstanding

Are services well-led? - Outstanding

We carried out an announced comprehensive inspection at Prudhoe Medical Group on 6 September 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice consistently reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Feedback from patients who used the service, those close to them and external stakeholders was continually positive about the way staff cared for patients.
- Patients found the appointment system easy to use and reported that access to appointments was good, staff confirmed this.

- Leaders had the capacity and skills to deliver high-quality, sustainable care. They had an inspiring shared purpose, strived to deliver and motivated staff to succeed.
- Staff told us they felt supported and engaged with managers and there was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- The practice had all-encompassing systems and processes in place to ensure that patients received high quality care and treatment. Significant events triggered clinical audits. Audits identified improvements to patient care, and also associated protocols and templates to systematically implement these improvements. This all together resulted in safe use of innovative approaches to improve how care was delivered. High quality care had been commended by the local clinical commissioning group.

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

- Carry out a risk assessment for non-clinical staff who had not received a DBS check.

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

## Population group ratings

|  |  |
|--|--|
| <b>Older people</b>  | <b>Outstanding</b>  |
| <b>People with long-term conditions</b>  | <b>Outstanding</b>  |
| <b>Families, children and young people</b>                                     | <b>Outstanding</b>  |
| <b>Working age people (including those recently retired and students)</b>      | <b>Outstanding</b>  |
| <b>People whose circumstances may make them vulnerable</b>                     | <b>Outstanding</b>  |
| <b>People experiencing poor mental health (including people with dementia)</b> | <b>Outstanding</b>  |

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

## Background to Prudhoe Medical Group

Prudhoe Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 6,800 patients from one location; Kepwell Bank Top, Prudhoe, Northumberland, NE42 5PW.

The practice is situated in purpose-built premises at ground floor level. It offers on-site parking including disabled parking and step free access.

The practice has five GP partners (three female and two male) whole time equivalent (WTE) 2.8. There is a one female salaried GP (WTE 0.4). The practice is a training practice who have GP registrars allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general medical training programme). There are three practice nurses (WTE 1.4), and one healthcare assistant (WTE 0.3). There is a practice manager. There are 12 (WTE 7.5) staff who undertake administration duties.

The opening times at the practice are 8am to 6pm Monday, Wednesday and Friday. On Tuesdays from 7.30am to 6pm. Thursday 7.30am with emergency cover available by an on-call GP from 1pm to 6pm.

GP appointments are available 8.30 to 6pm Monday, Wednesday and Friday. On Tuesday there are appointments available from 7.30am to 6pm. On Thursday from 7.30am to 1pm.

The practice is part of NHS Northumberland clinical commissioning group (CCG). The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

The practice provides late evening, weekend and bank holiday appointments; they are part of the local GP federation of GP practices who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients can contact the practice reception team to arrange appointments. When this service is not provided patients requiring urgent medical care can contact the out-of-hours service provided by the NHS 111.

Information from Public Health England places the area in which the practice is located in the eighth most deprived decile, where one is the most deprived. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 78 years which is lower than the national average of 79. Average female life expectancy at the practice is 82 years which is lower than the national average of 83.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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 staff checks at the time of recruitment and on an ongoing basis. However, there was no risk assessment as to why some members of non-clinical staff had not received a DBS check. Following the inspection the practice assured us that this had been addressed.
- There were systems in place to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- 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. The practice were below the target set for this and data from the last six months were the seventh lowest prescribers in the CCG area compared to the other 42 practices.
- 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 had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.

## Are services safe?

- The practice monitored and reviewed activity. This helped them 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 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 the Evidence Tables for further information.**

# Are services effective?

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

## Effective needs assessment, care and treatment

All staff were working within the protocols of the practice which were up to date with current evidence-based practice. These were linked to prescribing of patient medication and recalls for review. There was one icon on the practice computer system which held templates and links to guidance for staff. These were innovative and ensured high quality care.

- The protocols were linked with the practice policy of standardised note keeping which was continually audited, this was effective for the GPs time management.
- 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 clinicians made decisions about patients' care and treatment.
- 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 were early adopters of emergency health care planning, frailty assessments were used to identify those patients the practice needed to concentrate on in relation to planning, support and interventions.
- All patients had a named GP and had for some years.
- All older patients discharged from hospital were followed up by the practice. They 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.

### 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. This was a holistic review which

looked at multiple long-term conditions and medications (polypharmacy). The clinician would advise the administration staff how long the appointment needed to be to suit the patient need. There were safeguards set up by the practice so that no patient could go over a year without a review of medication.

- The clinical templates ensured clinicians could work consistently and have current guidance. They also focused on less emphasised areas such as obesity and rheumatoid arthritis.
- 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.
- 87% of patients with asthma, on the register, had an asthma review in the preceding 12 months compared to the national average of 76%.
- 96% of patients with chronic obstructive pulmonary disease (COPD), on the register, had a review in the preceding 12 months compared to the national average of 90%.

### 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 all above the England target percentage rate of 90% and also the higher World Health Organisation target of 95%.
- Uptake rates for the vaccines given were in line with the target percentage of 95%.
- The practice offered a full contraceptive service, for the locality, which included patients registered with other practices.
- 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 practices had an internal safeguarding template so the process for reporting a safeguarding concern was consistent, auditable and easy for staff to access. They recorded when children did not attend appointments. They were a pilot practice for police child concern (PCC) notifications to primary care records. They created family meetings at the practice with a broader remit of identifying and discussing children of concern.

## Are services effective?

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above national average.
- 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual health checks to patients 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.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.

- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- 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.
- There was a policy for patients who did not attend appointments, the clinicians were required to consider contact with the patient.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent public data for the Quality Outcomes Framework (QOF) data available to us was for 2016/17, the practice had received 98.9% of the points available to them for the 19 clinical indicators, compared to the national average of 95.6%.
- The overall clinical exception reporting rate in 2016/17 was 7.6% compared with a national average of 9.9%.
- For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months, who were exempted, were 0.7% (3 patients) compared to the national average of 7.7%.
- To ensure that good clinical care was delivered the practice annually ran an audit of patients across the disease and QOF registers to identify any patients not on an active recall system. Any administrative errors and clinical issues identified were tasked to a GP to resolve. The audit ensured that dates, for example, for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) signing and implant and intra uterine device removal dates were identified. High quality care for most vulnerable patient groups such as elderly and learning disability was ensured. Clinical coding on the practice computer system was limited to fewer than normal codes for easier auditing.
- The practice were able to demonstrate that clinical audit had been used going back several years to improve patient care. There were a high number of clinical and other audits carried out for the size of the

## Are services effective?

practice. Some of these audits were as a result of significant events or good practice guidance. Other audits were as a result of searches to improve management of patients with long term conditions.

- The practice ran a monthly report to ensure correct screening was carried out for patients who were prescribed anticoagulant medication.

### 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. Staff were encouraged and given opportunities to develop. Additional training was available to staff, for example care navigation training, management and professionalism training.
- 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 and when

coordinating healthcare for care home residents. 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. There was a weekly meeting of the GPs to discuss and learn from referrals.
- The practice had the lowest accident and emergency (A and E) emergency admissions in the CCG area. They had reduced these year on year. A reduction of 36% (214 to 136) from 2016/17 to 2017/18 was seen. The practice believed this was due to effective care planning and extra daily appointment slots being made available by the practice for those patients who called NHS 111 service.
- The practice liaised with the CCG at their request to give examples of when care planning had been successful and when it had not worked well, the CCG used this to help advise other practices.
- 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 frailty list was split into frail and palliative patients and then rated severe, moderate and mild needs, this meant that care to these group of patients could be more appropriate to their needs.
- The practice received a letter of commendation from the local CCG for the quality of care the practice provided.
- The practice received a letter of thanks from a paediatrician thanking a GP at the practice for their extra efforts in researching the primary care record to help co-ordinate a child's complex arrangements for secondary care.

### Helping patients to live healthier lives

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



## Are services effective?

- 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.
- 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, 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.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as outstanding for caring.**

## **Kindness, respect and compassion**

Feedback from patients who used the service, those close to them and external stakeholders was continually positive about the way staff cared for patients.

- Feedback from the Care Quality Commission comment cards was wholly positive. Patients praised the practice for providing an excellent service. Words used to describe the practice were exceptional, high quality treatment and supportive care. Doctors and nurses were named individually as going the extra mile and giving exceptional care. Patients said that receptionists went out of their way to be helpful.
- The practice scored higher than the local clinical commissioning group (CCG) average in every question in the National GP Patient Survey. There was continuity in performance being positive across both the 2017 and 2018 surveys. For example, respondents to the GP patient survey in 2017 who stated that they would definitely, or probably, recommend their GP surgery to someone who had just moved to the local area, was 96.9% compared to the CCG average of 81.4% and the national average of 78.9%.
- The practice had undertaken their own surveys in order to monitor quality, patient satisfaction and access.
- There were examples of where the practice received positive feedback from patients. For example, NHS England received a compliment from a patient's relative making them aware of their thanks to the practice for the outstanding care and support they received whilst they cared at home for their elderly relative.
- Staff understood, valued and supported patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

## **Involvement in decisions about care and treatment**

There is a strong visible person-centred culture. Staff consistently empower people to have a voice and demonstrate they understand the importance of involving people in their care. 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.)

- In the National GP Patient Survey responses were above local and national averages for involvement in decisions about care and treatment for every question. For example, respondents to the GP patient survey in 2017 who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments was 97.9% compared to the CCG average of 91.2% and the national average of 89.9%.
- Staff communicated with people 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 carers and supported them.

## **Privacy and dignity**

Staff were highly motivated to offer kind, compassionate care that respected people's 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.

**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 outstanding for providing responsive services.**

## Responding to and meeting people's needs

Services were tailored to meet the needs of individual patients and are delivered in a way to ensure flexibility, choice and continuity of care.

- 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 were proactive in their planning to ensure that the premises were well kept. This included clearing of ice and snow in the winter months.
- There was a full sexual health and family planning service. The practice provided contraceptive and implant and injection services for the local area not just the practice.
- The surgery offered an INR clinic for patients on warfarin. INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to come to the clinic, patients did not have to travel to hospital for the test.
- There was a home blood pressure monitoring service.
- The practice provided minor surgery which included the fitting of IUD (Intrauterine device), joint injections and minor excisions.
- 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 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.

### 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.
- When patients were aged 16 the practice issued them with a letter giving them information on services available to them at the practice.
- The practice carried out a young people's survey. Feedback was positive. Questions asked included if they had the choice to be seen on their own and if they thought the service was suitable for young people.
- The practice had a breast-feeding awareness initiative and policy.

### 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 on a Tuesday and Thursday morning and primary care hub 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 in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

## Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice were early adopters of screening for dementia and had an impaired cognition template. Staff had received dementia awareness training.

### Timely access to care and treatment

Patients were able to access appointments and services in a way and at a time which suited them.

- 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.
- From the completed comment cards patients reported that it was easy to obtain an appointment.
- Staff told us that the patients had good access to appointments and usually did not have to wait more than two days for routine appointments.
- On the day of our inspection there were routine appointments available the following day.
- The National GP Patient Survey data on appointments and getting through to the surgery on the telephone was much higher than all of the local CCG and national

averages. For example, the number of patients asked how easy is it was to get through to someone at the surgery on the phone, who responded positively, was 98% compared to the local CCG average of 72% and national average of 70%.

- The practice were second out of 41 practices in the CCG area for signing up patients for on-line services. The percentage of patients signed up was 39% of the practice population. The average for other practices was 21%

### 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.

**Please refer to the evidence tables for further information.**

# Are services well-led?

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

## Leadership capacity and capability

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the capacity and skills to deliver high-quality, sustainable care. They had an inspiring shared purpose, strived to deliver and motivated staff to succeed.

The practice had over many years continually improved its clinical care due to the effective and clear systems and processes put in place by the leadership. This could be demonstrated for example by;

- Comprehensive clinical audits completed and on-going.
- Performance figures for QOF, A and E admissions and prescribing data.
- Proactive management of long-term conditions.
- Patient and staff feedback and evidence of how they responded to it.
- Feedback from credible external bodies.
- A good accessible appointment system.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care. The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. There was a five-year business and financial plan.
- The practice were challenged with the retirement and reduction in hours worked by established practice nurses and the increased need for nurse appointments. A work force planning audit of the practice nurse provision at the surgery was carried out. This resulted in a restructure in the nurse duties and appointments at the practice. They were able to increase the number of weekly nurse appointments offered.
- The practice had developed a new role of reception team co-ordinator to support the delivery of high quality care and support the role of the practice manager.
- 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice worked in partnership with many other organisations to link patients with other support organisations. For example, they could refer patients to charitable organisations for the elderly, mental health awareness, debt and health promotion.
- 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. For example, when one of the GPs reduced their number of sessions, the practice reviewed the number of patients they had as their named GP and moved them to the care of a new GP. The patients were consulted and this was managed appropriately.
- 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. The practice liaised with the CCG to give examples of when care planning had been successful and when it had not worked well.
- 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. For example, as a result of a request from the practice nurses the practice devised a protocol for the prescribing and monitoring of a commonly used medicine to treat high blood pressure in patients.
- 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.
- There was a strong emphasis on the safety and well-being of all staff.

## Are services well-led?

- The practice had an away day for staff which included consulting staff for their ideas for the future of the practice and how it could be improved.
- The practice staff had raised money for various charities.
- 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. Governance and performance management arrangements were proactively reviewed and reflected best practice.

- 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 co-ordinated person-centred care. There were regular governance meetings where quality and risk were discussed and performance was measured.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The GPs ensured that administrative work was shared out as equally as possible and they all had leads in clinical and non-clinical area.

### Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of 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 considered and understood the impact on the quality of care of service changes or developments.

### 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.
- 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. Rigorous and constructive challenge was welcomed and seen as a vital way of holding services to account.

- 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.
- The practice had an active patient participation group of approximately eight members. They met every two months. The practice manager chaired the meetings and one of the GPs usually attended. We spoke with two patients who were members of the group. Topics discussed at the meetings included mental health awareness, dementia, carers support, the availability to patients of a local walking group. They said the practice

## Are services well-led?

were open and honest and listened to their views. They had asked for the kerb in the car park to be lowered to assist with easier access to the building. This work was carried out. The group suggested some literature at the local library on health. The practice arranged for some patient friendly books on health subjects to be made available in the library. The group in conjunction with the practice provided stall on health awareness annually at the local village fayre.

- The PPG and the practice were working together on a scheme 'Commit to be fit' to improve the health of the locality by engaging the local community in various activities such as walking clubs. The practice held a launch event for this in the local community centre with several local health groups present, there have been quarterly meetings of this since 2017. The group has more recently been linked with mental health issues and the practice are in the process of having a volunteer trained to work with local clubs, groups and charities to bring people along to sessions at the practice.
- When one of the GPs reduced their number of sessions worked the practice reviewed the number of patients they had as their named GP and moved them to the care of a new GP. The patients were consulted and this was managed appropriately.
- The practice had carried out a patient access survey in 2018. Results were positive.
- The practice carried out a young people's survey. Feedback was positive. Questions asked included if they had the choice to be seen on their own and if they thought the service was suitable for young people.
- The practice wanted to become paper free in relation to patient information leaflets. This was due to increasing costs and to be more environment friendly. Patients had

the choice of email, text or printed information at the point of request. The practice then surveyed the patients after they had been given the leaflets for feedback. The most popular communication preference was by text with mental health and contraception the most popular information requested.

- The practice produced a newsletter for patients this included information on the PPG, on-line access and seasonal health information.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear approach to seeking out and embedding new ways of providing care and treatment.

- We saw examples of improvements suggested by staff which had been supported and promoted by management.
- Managers at the practice were always looking for innovative ways of working.
- Clinical audit improved the quality of care.
- 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.**