Westgate Surgery

Inspection report

Westgate
Otley
West Yorkshire
LS21 3HD
Tel: 01943660533
www. www.onemedicalgroup.co.uk/westgate-surgery

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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. (A previous inspection undertaken on 7 December 2017 had rated the practice as requires improvement overall.)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection programme, we carried out an announced comprehensive inspection at Westgate Surgery on 28 June 2018.

At this inspection we found:

- The practice had addressed all issues and areas of concern, which had been identified at the previous inspection.
- There was effective management and clinical leadership at a local level, which was supported at an organisational level.
- There were improvements in the identification, reporting and recording of incidents. We saw evidence of shared learning from events, both at a local level and across the organisation as a whole; this also included a "lessons learned" bulletin which was shared with staff.
- There was a clear process for dealing with complaints. On a daily basis, patients had access to a manager in the practice should they need to make a complaint.
- There were comprehensive processes in place relating to the central administration call handling team. Regular meetings were held with the team to enable any issues to be addressed in a timely manner.
- There was a clear and detailed programme of audit in place, which evidenced quality improvement relating to service delivery and patient care. These were shared at a local and organisational level.
- There was regular staff engagement through the use of appraisals, daily 'huddles', staff meetings and the "what matters to you" questionnaire.
- There was evidence of good patient engagement through the use of the patient participation group, practice patient survey and the NHS Friends and Family Test.
- There was evidence of a cohesive team with a strong focus on continuous learning and improvement at all levels of the organisation. Staff informed us of the improvements and positive changes that had occurred since the previous inspection.
- The practice was engaged with innovative schemes to support quality patient care and service delivery.

We saw an area of outstanding practice:

- The practice had significantly increased their patient and local community engagement to support patient care. They had facilitated an 'open afternoon' to listen to and understand patients' concerns; set up a regular carers' café and a bereavement café; attended a local event to perform health checks and provide training in basic life support. The practice offered weekly exercise classes and were currently in the process of developing an area behind the premises into a community garden.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence table for further information.

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 Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and second CQC inspector.

Background to Westgate Surgery

One Medicare Ltd is the provider at Westgate Surgery, Westgate, Otley LS21 3HD. It is one of four GP practices operated by the provider in West Yorkshire. They also operate a walk-in centre and primary care co-located services based in the two central Leeds hospitals.

Otley is a small market town situated approximately 12 miles north west of Leeds city centre. The Public Health National General Practice Profile shows the level of deprivation within the practice demographics being rated as nine. (This is based on a scale of one to ten, with one representing the highest level of deprivation and ten the lowest.)

The provider is contracted to provide Personal Medical Services (PMS) to a registered population of approximately 5,724 patients, who were mainly white British with 2% from mixed ethnic groups.

There are some variables to the practice patient profile compared to national figures. For example, the percentage of patients whose working status is classed as being unemployed is 0% (5% nationally) and the percentage of patients aged 65 years and over is 21% (17% nationally). The average life expectancy for males is 81 years and 86 years for females (compared to 79 years for males and 83 years for females nationally).

The provider is registered with Care Quality Commission to provide the following regulated activities: diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services; family planning and surgical procedures.

The practice clinical team is made up of six salaried GPs (three male and three female), an advanced nurse practitioner, a pharmacist and four practice nurses. The practice had just recruited a healthcare assistant who had not yet started employment. The administration team consisted of a practice coordinator and five reception/administration staff. There were also overarching organisational staff who supported the practice staff.

Opening times for Westgate Surgery are Monday to Friday 8am to 6pm, with extended hours from 7am on Wednesday and Friday. Bookable appointments were from 8.30am to 11.30am and 1.30pm to 6.00pm. With early appointments between 7.00am and 8.00am on Wednesday and Friday. Patients had access to Saturday morning appointments via a locality 'hub'.

Routine and urgent appointments are available, along with telephone consultations as appropriate. Patients

can also make appointments via the practice's online portal on their website. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed by calling the NHS 111 service.

We saw that the ratings from the previous inspection were displayed both in the practice and on the website: www.onemedicalgroup.co.uk/westgate-surgery/

Good

Are services safe?

We rated the practice as good for providing safe services.

At the previous inspection on 7 December 2017, the practice had been rated as requires improvement for providing safe services, as learning from significant events had not always been documented; some policies had passed their review date; there had been some issues relating to the central administration team. At this inspection we found the provider had taken action to improve in these areas.

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. Staff gave us several examples where they had addressed safeguarding concerns. Learning from safeguarding incidents were available to staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, 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.
- All staff who acted in the capacity of a chaperone had been trained and had received a Disclosure and Barring Service (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.)
- There was an effective system to manage infection prevention and control. There were up-to-date audits and evidence of completed actions.
- The practice had arrangements in place to ensure that facilities and equipment were safe, regularly maintained and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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 a comprehensive induction system for all new staff tailored to their role. This was supported by the provision of additional training as appropriate.
- 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. All staff within the practice had received sepsis training and there was an accessible information toolkit available, which had been developed by the provider.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice was supported by an organisational Head of Patient Safety, who provided advice and information as appropriate to manage risks.

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. Regular multidisciplinary meetings were held with other community staff, such as the district nurse, palliative care team and health visitors. Patients' records were updated with relevant information arising from those meetings.
- Daily 'huddles' occurred which supported all staff to be engaged and up-to-date with information to support the safe care and treatment of patients.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

Good

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Medicines were prescribed, administered or supplied to patients in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial management in line with local and national guidance.
- There was a patient-centred approach regarding how their health and prescribed medicines were reviewed and monitored.
- Those patients who were prescribed high risk medicines received regular reviews in line with national guidance.
- There was access to an organisational lead pharmacist who provided advice and a general oversight regarding the safe use of medicines. In addition, there was also a site based independent prescribing pharmacist who provided support to both patients and staff.

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 safety using information from a range of sources.
- There was an effective system in place to manage patient safety alerts. These were cascaded to staff, discussed in clinical meetings and actioned as appropriate. We saw the practice had taken action in response to Medicines and Healthcare products Regulatory Agency (MHRA) drug safety alerts. We saw that any patients which may have been affected by those alerts had been identified and reviewed accordingly. The lead pharmacist also had oversight of any medicine alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- We saw evidence of improvements in the identification, reporting and recording of incidents. The processes in the practice had been reviewed, which included the introduction of an escalation policy.
- Staff were aware of their responsibilities and the process regarding the reporting and recording of incidents and near misses. They were encouraged to report any issues by the leaders and managers at both a local and organisational level.
- All learning was documented and discussed at the wide range of staff meetings. We saw minutes of meetings which evidenced this took place. There was also a “lessons learned” bulletin which was shared with staff.
- All safety incidents were discussed at the organisational Integrated Governance Committee. This supported shared learning across the organisation as a whole at both a corporate and local level.
- We saw evidence where the provider had addressed the concerns they had received relating to the central administration call handling team (CAT).

Please refer to the evidence table for further information.

Good

Are services effective?

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

- Patients' immediate and ongoing needs, including their physical and mental wellbeing, were fully assessed by clinicians. Care and treatment were delivered in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols. There was no evidence of discrimination when clinicians made care and treatment decisions.
- Clinical templates were used, where appropriate, to support decision making and ensure best practice guidance was followed.
- Practice staff were aware of social prescribing and signposted patients to other avenues of support as appropriate or if their condition deteriorated.

Older people:

- An appropriate tool was used to identify patients aged 65 years and over who were living with moderate or severe frailty. Those identified as being frail received a holistic review of their care and treatment needs.
- The practice followed up on older patients discharged from hospital. They ensured that patients' 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.
- The practice provided weekly "stability and balance" exercise classes. Feedback received from patients was positive about the impact these classes were having on their mobility.
- The practice worked with local older people organisations to support their patients effectively; especially those who were socially isolated.

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, clinicians worked with other healthcare professionals to deliver a coordinated package of care.
- The practice pharmacist provided telephone and face-to-face advice for patients who had questions regarding their medication.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training in these areas.
- The practice provided care and treatment for adult patients who were newly diagnosed with cardiovascular disease, which included the offer of high-intensity statins for secondary prevention. Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. Any patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- 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.
- Diabetes and pre-diabetes workshops were held for patients, to provide information and advice regarding diet, exercise and managing their health.

Families, children and young people:

- The childhood immunisation uptake rates ranged from 97% to 98% and were above the World Health Organisation (WHO) target of 95%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Clinicians liaised regularly with the health visiting team, to ensure appropriate support was available for children and families.
- Contraception services were provided, which included coil and implant fitting and removal.
- The practice held a separate contract to delivery vasectomy services, which patients could access without the need for attending secondary care services.

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

- The practice's uptake for cervical screening (2016/17 data) was 82%, which was above the 72% national average.
- At 76% and 68% respectively, the practice's uptake for breast and bowel cancer screening was also higher than the national averages (70% and 55%).

Good

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS health checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients were signposted to other services to support them with health and lifestyle issues.
- Public health related catch-up vaccinations were offered to patients, for example meningitis before attending university for the first time, and the measles, mumps and rubella in response to a local outbreak.

People whose circumstances make them vulnerable:

- The practice had a process to identify any patients who were deemed to be vulnerable, which included patients who were homeless or had a learning disability.
- Annual health checks were offered to patients who had a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Patients who were deemed to be vulnerable were also signposted to other appropriate services for additional support.

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

- Patients who had complex mental health needs or dementia had their care reviewed in a face-to-face consultation with a clinician.
- 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.
- 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.
- Those patients who were on long-term or high-risk medication were reviewed in line with guidance.
- Patients had access to health checks and interventions for obesity, diabetes, heart disease, cancer and access to 'stop smoking' and physical activity services.
- The practice had engaged with psychiatry services to improve understanding, communication and strengthen links.
- The practice's performance on quality indicators for mental health and dementia was above local and national averages. For example, 95% of patients diagnosed with dementia had been reviewed in the preceding 12 months (compared to 84% nationally).

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives, such as medicines optimisation. They also used information provided by the CCG and from an organisational level to identify and address any areas for improvement.
- The QOF results for 2016/17 showed the practice was performing in line with CCG and national averages. This supported patients receiving effective care and treatment in line with best practice.
- There was a clear and detailed programme of audit in place, which was used to drive quality improvements in clinical care and service delivery. These were shared at a local and organisational level. We reviewed two audits in detail relating to warfarin therapy and the overuse of asthma inhalers by patients. Both audits could evidence actions and plans were in place to re-audit within six months to evaluate and monitor any improvements.

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 patients with long-term conditions.
- 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.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This

included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. We were informed of the dedicated weekly session the advanced nurse practitioner received with one of the GPs.
- There were comprehensive processes in place relating to the central administration call handling team. Regular meetings were held with the team to enable any issues to be addressed in a timely manner.
- There was consistent staff engagement, through the use of appraisals, daily 'huddles', staff meetings and the "what matters to you" questionnaire.
- 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.

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information 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.
- 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.
- We saw evidence to support that discussion of patients regarding coordination of their care and treatment was held in clinical meetings.

Helping patients to live healthier lives

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

- Staff encouraged and supported patients to be involved in monitoring and managing their own health. Healthy lifestyle information and interventions, such as smoking cessation, alcohol misuse and social prescribing, were available for patients. The local Citizens' Advice Bureau was hosted at the practice to support patients with any appropriate concerns.
- There were strong links with the local job centre and a "return to work" workshop was planned to be delivered in August. It was aimed at removing barriers faced by people returning to work after ill-health.
- The practice supported national priorities and initiatives to improve the population's health, for example, frailty and falls prevention.
- The practice engaged in health promotion and health awareness schemes. The practice had facilitated days where staff had actively promoted health awareness relating to pancreatic cancer, brain tumours and Alzheimer's disease.
- There was a blood pressure (BP) machine located within a 'pod' in the patient waiting area, which patients could access to record their own BP. This information was communicated electronically directly into the patient's record. Any anomalies were picked up and addressed in a timely way by a clinician.
- Staff had recently attended a local event and delivered practical sessions on how to deal with a "choking child". It was reported that a patient had been in a situation where they had used the skills they had learned from this session. Following feedback staff were in the process of arranging further sessions to be delivered at the practice.
- The practice had significantly increased their patient and local community engagement to support patient care. They had facilitated an 'open afternoon' to listen to and understand patients' concerns; set up a regular carers' café and a bereavement café; The practice were currently in the process of developing an area behind the premises into a community garden which patients and local people could access.

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 table for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Feedback from patients we received via CQC comment cards was positive about the way staff treat people.
- The most recently published national GP patient survey results (January to March 2017), showed the practice was higher than the national averages, for the percentage of patients who said they thought the GP and nurse were good at listening to them and at treating them with care and concern.

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 and had access to communication aids such as easy read materials and translation services.
- The practice identified patients who were a carer for another person and support was provided at an individual level.
- Patients and carers were signposted to advocacy services that could support them in making decisions about their care and treatment if needed.
- The most recently published national GP patient survey results (January to March 2017), showed the practice was higher than the national averages for the percentage of patients who said they thought the GP and nurse was good at involving them in decisions about their care.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients' comments we received and observations on the day supported this.
- 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.

Please refer to the evidence table for further information.

Good

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 understood the needs of the patient population and organised and delivered services to meet those needs.

- 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. This included longer appointments and arranging translation or sign language services as appropriate.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- A weekly social prescribing clinic was facilitated at the practice.

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 practice made use of a frailty register which enabled them to identify those patients who were at a higher risk of illness or injury and supported them to respond quickly to areas of concern.
- Clinicians attended the local residential care home where registered patients resided. Fortnightly 'walk rounds' were undertaken, patients had annual health checks and were reviewed as needed and after a hospital discharge. Clinicians also attended the home on request.

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.
- Longer 15-minute appointments were standard for those patients who had complex and chronic health problems.
- Care was coordinated with other health care professionals, such as district nurses, to support patients who were housebound. Multidisciplinary meetings were held to discuss and support these patients.

Families, children and young people:

- 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.
- There was access to emergency appointments or telephone consultations for those parents who had concerns regarding their child's health.
- Ante-natal clinics were held by a midwife and supported by the GPs. Post-natal checks were undertaken by the GPs.
- Patients had access to contraception services, which included coil and implant fitting and removal.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered telephone consultations and early morning appointments. Appointments were available on Saturdays via a local 'hub' of GP practices.
- Virtual pharmacy advice was available by telephone.
- Patients were encouraged and supported to access online services, such as booking appointments and ordering prescriptions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those patients who had a learning disability.
- Longer appointments were available for those patients who had complex needs.
- Carers were identified and supported as needed.
- The practice attended a local care home, where patients who had a learning disability resided. Care, treatment and support was provided as needed.

Good

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 held a register of patients who lived with dementia and utilised appropriate tools to identify early signs of dementia.
- Patients who needed additional support were signposted to other services as appropriate.

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.
- Telephone advice was available which supported patients who were unable to attend the practice during normal working hours.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- There was still some mixed feedback regarding the appointment system. However, patients did comment positively on the improvements in the past few months. The practice continued to review and act on patient feedback to improve the appointment system.

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.

- There was a clear process for dealing with complaints. On a daily basis, patients had access to a manager in the practice should they need to make a complaint.
- We saw evidence to show how the practice had dealt with any previously outstanding and ongoing complaints.
- There was a complaints tracker in place which evidenced actions taken and timescales.
- 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 table for further information.

Good

Are services well-led?

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

At the previous inspection on 7 December 2017, the practice had been rated as requires improvement for providing well-led services. At this inspection we found the provider had taken action to improve in these areas.

Leadership capacity and capability

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

- There was effective management and clinical leadership at a local level. We saw there had been considerable improvements in this area. There was now a manager and clinical lead permanently available on site.
- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services. They were working proactively to address them.
- Leaders and managers were visible and approachable and worked closely with staff and others to make sure there was effective service delivery.
- There were effective processes to develop leadership capacity and skills.
- There was overarching support for all staff provided at an organisational level.

Vision and strategy

The practice had a clear vision, a realistic strategy and supporting business plans to deliver high quality, sustainable care.

- All 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.
- Progress against delivery of the strategy was monitored both at a local and organisational level.
- The practice engaged the support of staff and their patients in delivering their vision and strategy.

Culture

The practice promoted a culture of high-quality sustainable care.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Any behaviour and performance issues were acted upon.
- The practice actively promoted equality and diversity and staff had received training in this area.
- The practice focused on the needs of patients. There was a strong emphasis on the safety and well-being of all staff and patients.
- We were informed of the challenges that had been in place during the previous inspection. Many staff told us they had felt compromised prior to and during that time. However, at this inspection we were told about the positive changes that had occurred and how they now felt respected, supported and valued by the leaders and managers at both a local and provider level. They were proud to work in the practice and passionate about the care and service they provided.
- We were informed of the 'thank you kit' that was given to members of staff who went "above and beyond" as recognition of their services.
- There was evidence of a cohesive and supportive team approach.

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 co-ordinated person-centred care.

Good

Are services well-led?

- 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.
- There were a range of meetings where governance was high on the agenda and staff were kept informed. These included daily 'huddles' to ensure staff were kept up-to-date on an ongoing basis.
- There was overarching governance arrangements at an organisational level to support staff at a local level.

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 clear strategies, plans and processes to manage current and future performance. Practice staff had an organised approach to the management of safety alerts, incidents and complaints and ensured these were shared as a whole.
- 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.
- There was an overarching organisational approach to support management of risks, issues and performance at a local level.

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 and discussed both at a local and organisational level.
- 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 the public, staff and external partners to support high-quality sustainable services.

- The practice had significantly increased their patient and local community engagement to support service development and improve patient satisfaction.
- 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 evidence of good patient engagement, through the use of the patient participation group, practice patient survey and the NHS Friends and Family Test
- There was regular staff engagement, through the use of appraisals, daily 'huddles', staff meetings and the "what matters to you" questionnaire.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice worked collaboratively with other local practices to improve the quality of and access to patient care.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff were enthusiastic and passionate and motivated to provide quality patient care.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Good

Are services well-led?

- We were informed of how the practice wanted to improve the patient experience and have wider engagement within the local community. For example, use of the carers' and bereavement cafes and the planned community garden.

Please refer to the evidence table for further information.