

Denton Turret Medical Centre

Inspection report

10 Kenley Road
Newcastle Upon Tyne
Tyne and Wear
NE5 2UY
Tel: 01912741840
www.dentonturret.co.uk

Date of inspection visit: 4 April 2018 to 4 April 2018
Date of publication: 28/06/2018

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

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

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 December 2014 – 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 Denton Turret Medical Centre on 4 April 2018. This was as part of our ongoing inspection programme.

At this inspection we found:

- The practice had clear systems to keep people safe and safeguarded from abuse.
- Improvements were needed to ensure the practice had adequate systems to assess, monitor and manage risks to patient safety.
- Their approach to learning from incidents and near misses was limited as not all staff were supported and encouraged to identify incidents that the practice could learn from.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable services. However, the practice was not always effective at engaging with the patient participation group to ensure the voices of patients were listened to and acted upon.

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

- Review the processes for identifying significant events and near misses to encourage staff to identify a wider range of these that the practice could learn from.
- Keep a full record for staff of their immunity level for measles, mumps, chickenpox and rubella in line with The Green Book Immunisation against infectious disease.
- Carry out regular fire evacuation tests in line with their own fire risk assessment.
- Continue with the planned programme of staff appraisals to ensure all staff benefit from these support meetings at least annually.
- Review the arrangements for the patient participation group to encourage and act upon feedback from the group.

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.

Background to Denton Turret Medical Centre

Care Quality Commission registered Denton Turret Medical Centre to provide primary care services.

The practice provides services to 8,650 patients from one location, which we visited as part of this inspection:

- 10 Kenley Road, Newcastle Upon Tyne, Tyne and Wear, NE5 2UY.

The practice website is .

Denton Turret Medical Centre is a medium sized practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice has three GP partners (two male and one female). They employ two GPs (both female), a practice manager, two nurses, a health care assistant and staff who undertake reception and administrative duties.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in the fourth most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 78.3 years, compared to the national average of 79.2 years. Average female life expectancy at the practice is 82.2 years, compared to the national average of 83.2 years.

94.4% of the practice population were white, 0.9% were mixed race, 3.6% were Asian, 0.6% were black and 0.5% were other races.

The practice had displayed their CQC ratings from the December 2014 inspection, in the practice reception area and on their website, in line with legal requirements.

Are services safe?

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

The practice was rated as requires improvement for providing safe services because:

- Improvements were needed to ensure the practice had adequate systems to assess, monitor and manage risks to patient safety.
- Their approach to learning from incident and near misses was limited as not all staff were supported and encouraged to identify incidents that the practice could learn from.

In December 2014, we told the practice they should ensure that all staff undertake annual fire safety training. During this inspection (April 2018) we found staff had undertaken fire safety training within the last twelve months.

During the December 2014 inspection we also noted:

- not all significant events were formally recorded.
- not all patient group directions (PGDs) had been signed by all relevant to indicate they had read them. (Patient group directions allow healthcare professionals without prescribing rights to supply and administer specified medicines to pre-defined groups of patients, without a prescription).

In April 2018, we found although the practice was formally recording all identified significant events, their approach to identification of these did not take a whole practice approach. It was only doctors who raised significant events. Although other staff were aware of the process and knew what to do if they wanted to raise a significant event, they were not encouraged to do this.

They had addressed the concern about patient group directions (PGDs) when we inspected in April 2018. All PGDs were now signed by the clinicians who were authorised to administer medicines based on them, to indicate they had read and understood them.

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 appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. However, the practice did not maintain a full record for staff of immunity level for measles, mumps, chickenpox and rubella.
- 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 mostly adequate systems to assess, monitor and manage risks to patient safety. The practice should take action to improve the arrangements for fire 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 had equipment to deal with a medical emergency.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, the practice had not carried out a fire evacuation or test within the last twelve months. 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.

Are services safe?

- 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 mostly reliable systems for appropriate and safe handling of medicines. However, the practice had not managed the risks associated with some types of medical emergencies.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks in most areas. However, some improvements were needed to ensure the practice held appropriate medicines to treat medical emergencies. They did not hold medicines to treat emergencies related to hypoglycaemia or epileptic fits. The medicine for treating asthma was not stored with the other emergency medicines. The practice provided evidence following the inspection that they had addressed these concerns.
- Staff were suitably trained in emergency procedures.
- 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.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped 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. However, their approach was limited as not all staff were supported and encouraged to identify incidents that the practice could learn from. The bar for identifying significant events was set at a high level, and therefore the practice identified only a small number of incidents over the last year.

- Staff understood their duty to raise concerns and report incidents and near misses. However, leaders and managers did not support and encourage staff who were not GPs to identify and raise incident and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned, identified themes and took action to improve safety in the practice. They shared lessons with staff when they were involved within an incident.
- 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 and all of the population groups as good for providing effective services .

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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 are 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 did not invite patients aged over 75 for a health check; however, these were available on request. The practice told us many patients over the age of 75 were invited in for a health check because they had a long-term condition. 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. 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. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

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 was above the World Health Organisation target of 95% for some childhood immunisations.
- 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 78.4%, which was below the 80% coverage target for the national screening programme. However, it was above the CCG average of 71.0% and the national average of 72.1%. The practice had taken action to improve the uptake rates. This included sending reminder letters to

Are services effective?

patient on pink paper to make the information stand out. They appropriately followed up where patients failed to attend by sending an additional two letters and a final phone call where a patient failed to respond.

- The practices' uptake for bowel cancer screening was in line with the national average. However, the uptake for screening for breast cancer was slightly lower than comparators.
- The percentage of new cancer cases (amongst patients registered at the practice) referred using the urgent two-week wait referral pathway was slightly lower than the CCG and national averages. However, the practice was not an outlier on this indicator.
- 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. However, the practice do not invite patients in for NHS checks for patients aged 40-74. These are available on request, but the local authority was responsible for delivering these locally. 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 those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- For the practice, 98.2% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 88.9% and a national average of 90.3%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was lower than comparators at 79.2% (compared to a CCG average of 85.4% and a national average of 83.7%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had a record of alcohol consumption within the preceding 12 months was 100%. This compared to a CCG average of 91.3% and a national average of 90.7%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had audited the palliative care offered to patients reaching the end of their life. Where appropriate, clinicians took part in local and national improvement initiatives.

- Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 99.3% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 95.5% and the local CCG average of 97.6%. (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice had achieved 100% of the points available for 16 of the 19 clinical and for five of the 6 public health domains within QOF.

Are services effective?

- The overall clinical exception-reporting rate was 9.9% in comparison to a CCG average of 10.2% and a national average of 9.6%. The overall QOF exception reporting was 5.6% (with CCG 6.2%, England 5.7%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) There was higher than expected exception reporting in indicators for coronary heart disease (10.3%); chronic obstructive pulmonary disease (10.3%); cancer (20.6%); diabetes (13.6%); dementia (17.1%); depression (12.8%) and osteoporosis (28.6%). We spoke with practice staff about this, who told us they provided three reminders to patients who failed to attend review appointments. The practice had started to involve practice nurses in regular reviews of patients with long term conditions who were housebound.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

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.
- 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. However, there had been some delays in providing staff with regular appraisals. The practice had started to address this. The induction process for healthcare assistants included the requirements of the Care Certificate.

- 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. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which 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 and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Are services effective?

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 services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice was slightly lower on their satisfaction scores within the National GP Patient Survey (published July 2017) on consultations with GPs and nurses. However, they were not a statistical outlier on these indicators. The practice told us they used their own survey and patient feedback information to inform quality improvements within the practice. They were not aware they were below average on these indicators and as such had not done any analysis or investigation of the reasons for these results. They told us they would consider this information going forward.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- 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.
- Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were slightly below when compared with local and national averages. However, they were not a statistical outlier on these indicators. Although the majority of feedback we received about the practice was positive, a small number of patients told us they felt some GPs within the practice did not always listen to them and they felt brushed off. They told us some GPs were not approachable.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

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. They took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The practice had health champions in place. Health Champions are people who voluntarily give their time to work with the staff in their local GP Practice to find ways to improve the services that the practice offers, and to help to meet the health needs of patients and the wider community. This group supported organised activities, such as a cycling group. The activities supported by the health champions had reduced over the last few years, as numbers taking part had dwindled.
- The needs of this population group had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, including 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):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

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.

Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients generally reported that the appointment system was easy to use. However, some patients reported difficulty in getting or making an appointment.

Results in the National GP Patient Survey (published July 2017) were generally above national and local CCG averages for how satisfied patients were with how they could access care and treatment.

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. They acted as a result to improve the quality of care. For example, where a patient complained about the attitude of a GP they had consulted, the GP held a reflective discussion with their colleagues and responded to the complainant with an apology and guidance on changes to medicines were updated.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders 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. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. However, there had been delays in providing staff with appraisal and career development conversations within the last six months. Only two staff had received regular annual appraisals in the last year. The practice had identified this and were in the process of scheduling meetings with staff. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- 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. However, the arrangements to learn from incidents and events was limited as not all staff were supported and encouraged to identify incidents that the practice could learn from. The bar for identifying significant events was set at a high level, and therefore the practice identified only a small number of incidents over the last year.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, they had not carried out an infection control audit within the last twelve months. The practice immediately identified a new audit template and started to carry out an audit on the day of the inspection.

Are services well-led?

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was 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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on 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. However, the practice was not always effective at engaging with the patient participation group to ensure the voices of patients were listened to and acted upon.

- The practice sought and acted upon the views and concerns of staff and external partners and acted on these to shape services and culture.
- The practice also consulted with patients through topic specific surveys. There was a patient participation group, but numbers had reduced over the last couple of years. Concerns were shared with us that the practice did not actively engage and listen to the group, with some members left feeling consultation with the group was a box ticking exercise rather than real engagement.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- 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.