

The Old Church Surgery

Quality Report

Silverthorne Centre
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Website: www.oldchurchsurgery.org.uk

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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 service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions 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 process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at The Old Church Surgery on 29 March 2018 following the relocation of the practice to its new premises.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Formalise guidance, policies and clinical pathways for the recognition and management of sepsis.
- Consider ways to improve the uptake of bowel cancer screening amongst the practice's patients.
- Formalise systems for making sure the requirements of the duty of candour are met.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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	

The Old Church Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to The Old Church Surgery

The Old Church Surgery is registered as a Partnership with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures, Family planning, Maternity and midwifery services, and Treatment of disease, disorder or injury from one location: The Old Church Surgery, Silverthorne Centre, 2 Friars Close, London E4 6UN.

The Old Church Surgery provides services to patients under a General Medical Services (GMS) contract with NHS England. The practice is a member of the NHS Waltham Forest Clinical Commissioning Group (CCG).

The practice is located in Chingford in north east London and has approximately 5,800 registered patients. It has experienced an increase of some 1,500 registered patients since moving to its new premises in February 2017.

The index of multiple deprivation score for the practice area is five (one equals most deprived and 10 equals least deprived). Twenty four per cent of the people in the practice area are from black and minority ethnic groups.

The practice provides GP care to all the residents in four local care homes and to some of the residents in a further three care homes.

The Old Church Surgery is an approved training practice wherein qualified doctors, known as registrars, complete the final stages of their training to become a GP. There were three trainees at the time of the inspection.

The practice is in refurbished NHS premises. Patient areas and facilities are mostly on the first floor and wheelchair accessible. There is a lift to the first floor.

There are three GP partners working at the practice, two female and one male. Together they make up 1.9 whole time equivalent (WTE) GPs. There is one part-time advanced nurse practitioner (0.8 WTE), one part-time practice nurse (0.5 WTE), and one part-time healthcare assistant (0.3 WTE). The clinical staff are supported by a team of receptionist staff and a part-time practice manager (0.6 WTE).

The practice opening times are 8.00am to 6.30pm Monday to Friday. The practice is open for extended hours between 6.30pm to 8.00pm on Wednesday.

Appointments are available between the following times:

- 8.15am and 6.00pm on Monday, Tuesday, Thursday and Friday.
- 8.15 am 7.40pm on Wednesday.

The out-of-hours service is provided by Partnership of East London Cooperatives (PELC). Patients are directed to the out of hours GP service when the practice is closed.

The practice has a website: www.oldchurchsurgery.org.uk.

In October 2015 we inspected the practice in its previous premises: 99 Chingford Avenue, E4 6RG. The practice was rated as good for all five questions and for all six population groups. The inspection report can be found at www.cqc.org.uk/location/1-559742210.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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 the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. 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 systems for safely managing healthcare waste.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- 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 demonstrated awareness of how to identify and manage patients with severe infections including sepsis; however formalised guidance, policies and clinical pathways were not in place for the recognition and management of 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and 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 to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. 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, looked for themes and took action to improve safety in the practice; for example patients who had an MRI or ultrasound scan were always contacted by a doctor afterwards to ensure good communication of results.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

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.
- The practice was not an outlier in respect of prescribing indicators.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice was taking part in a project to improve outcomes for care home residents, for example a reduction in hospital admissions, and to help to educate relatives and care home staff on the residents' physical and mental health. It aimed to achieve these objectives through increased multidisciplinary working between General Practice trainees, Old Age Psychiatry speciality registrars, a pharmacist and a member of the nursing team working at the care home. The practice was not receiving funding for taking part in the project. The

project commenced in January 2017 and was expected to be completed in 2018. The results of the primary outcomes measures were not yet available, however the initiative had been well received by relatives, trainees and the care home manager.

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.
- The practice provided phlebotomy, spirometry and anticoagulation services.
- It had developed a call and recall system that specifically catered for the needs of patients with diabetes.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was not an outlier in respect of quality and outcomes indicators relating to diabetes, asthma, COPD, hypertension and atrial fibrillation in 2016-17.

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 above the target percentage of 90% amongst children whose parents consented to them being given vaccines.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines, for example women with diabetes. 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 for immunisation.

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

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 81% which was above the 80% coverage target for the national screening programme.
- The practices' uptake for breast cancer screening was in line the national average. Its uptake for bowel cancer screening was below the national average, however. The practice recognised this was an area where improvements should be made.
- The practice was considering using text messaging to better 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; for example the practice used the PEACE (Proactive Elderly Advanced Care) advanced care planning model to support end of life care and avoid inappropriate hospital admissions for people living in care homes, including people with dementia.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average. The practice gave us its QOF results for 2017-18 which showed 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months.
- 81% 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 comparable to the national average. The practice gave us its QOF results for

2017-18 which showed 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 89% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average. The practice gave us its QOF results for 2017-18 which showed 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption.
- 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.

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. It was carrying out clinical audits:

- As part of national improvement initiatives, such as antimicrobial prescribing.
- To check it was following national guidance, such as the recognition and treatment of osteoporosis to reduce affected patients' risk of a fragility fracture.
- To optimise the treatment and care it provides, for example to ensure all patients who need one have an up to date medicines review.

The osteoporosis and medicines review audits were examples of two-cycle audits in which checks had been repeated and shown changes in practice had resulted in improved outcomes for patients.

The most recent published Quality Outcome Framework (QOF) results in 2016-17 were 100% of the total number of points available compared with the national average of 95%. QOF is a system intended to improve the quality of general practice and reward good practice. The clinical exception rate was 10% which was the same as the national average. Exception reporting is the removal of

Are services effective?

(for example, treatment is effective)

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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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, clinical and practice meetings, appraisals, 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, services and organisations, were involved in assessing, planning and delivering care and treatment.

- 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.

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

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated the practice, and all of the population groups, 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.
- 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.
- All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with other feedback received by the practice. The average monthly result of the NHS Friends and Family Test in 2017 was 97% of patients would recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and eighteen surveys were sent out and 114 were returned. This represented about two per cent of the practice population. The practice was above the local clinical commissioning group (CCG) average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the CCG average of 84% and the national average of 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 92%; national average - 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG- 80%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 87%; national average - 91%.

- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 84%; national average - 91%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Fact sheets in community languages were available for patients and the information on the practice website could be readily translated into other languages. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials could be made 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 patients who were carers. There was information on display in the waiting area which helped people identify themselves as carers, and clinical and non-clinical also proactively identified patients who were carers. The practice had identified 109 patients as carers (two per cent of the practice list).

- The practice had a Carers Pack which it had developed with the local carers association containing information and guidance. Carers were offered the flu jab and a health check. The practice's computer system alerted GPs if a patient was also a carer.
- Staff told us that if families had experienced bereavement, the practice sent them a sympathy card and offered support. Information and advice was available on how to find a support service if they needed one.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local averages:

Are services caring?

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 75%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs? (for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. It provided extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, and signposted patients to advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, for example by reproducing written information in large print and assisting people with impaired mobility.
- 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.
- 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 had regular communication 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. Unplanned hospital admissions and accident and emergency (A&E) attendances were reviewed and monitored.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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 Wednesday evening. Patients were also signposted to Waltham Forest Federated GP Network (FedNet) services which provided GP appointments every week day evening and at the weekend.
- 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 those with a learning disability.

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.
- Phlebotomy was available at the practice for patients who needed regular blood tests to monitor the effectiveness of their medicines.
- The GPs provided weekly ward rounds at the four care homes where all the residents were registered with the practice for the regular review of patients 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.

Are services responsive to people's needs? (for example, to feedback?)

- 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.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the local average. Three hundred and eighteen surveys were sent out and 114 were returned. This represented about two per cent of the practice population.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 92% of patients who responded said they could get through easily to the practice by phone; CCG – 59%; national average - 71%.
- 84% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 78%; national average - 84%.
- 87% of patients who responded said their last appointment was convenient; CCG - 73%; national average - 81%.

- 91% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 74% of patients who responded said they don't normally have to wait too long to be seen; CCG - 47%; national average - 58%.

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 was in line with recognised guidance. The procedure for handling complaints had been amended within the last six months to ensure all complaints were brought to the attention of the complaints lead as soon as they were received. The practice received six complaints in the last year. We reviewed one complaint and found it was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care; for example it had changed the procedure so that patients were informed of normal diagnostic test results in a more timely way.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

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 had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They 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 objectives 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 practice was quick to acknowledge, remedy and to apologise for mistakes. The provider was aware of the duty of candour: that every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. Formal systems to ensure compliance with the requirements of the duty of candour were not in place however.
- 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.
- Clinical staff, including nurses, 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.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- 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 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 monitored 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.

- 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, for example in relation to the relocation of the practice to new premises and meeting the additional demands placed on the practice by the rapid increase in the number of registered patients.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice, for example the practice protocol put in place to ensure better treatment and care for patients with osteoporosis and work to improve the medical care people living in care homes received.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of 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.