

# Cockhedge Medical Centre Ltd

## Quality Report

7-8 Cockhedge Way  
Cockhedge Shopping Centre  
Warrington  
Cheshire  
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Website: [www.cockhedgemedicalcentre.co.uk](http://www.cockhedgemedicalcentre.co.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	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection 5 May 2015 – Good)

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 Cockhedge Medical Centre Limited on 9 January 2018 as part of our inspection programme.

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance and the provider routinely reviewed the effectiveness and appropriateness of the care provided.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- Feedback from patients about the care and treatment they received from clinicians was positive. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients said they found it easy to make an appointment and there was good continuity of care. The appointments system was flexible to accommodate the needs of patients.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The staff team had a clear vision to provide a safe and good quality service.

- Patient views were sought and acted upon. This included the practice having and consulting with a patient participation group (PPG).
- There was a focus on learning and improvement at all levels.

The areas where the provider should make improvements are:

- Monitor all referrals to secondary care made under the two week wait rule.
- Review the arrangements for maintaining privacy and patient confidentiality during consultations in clinical areas.
- Carry out a risk assessment and plan to mitigate the risks associated with the use of floor mats.
- Actively identify carers to ensure they are offered appropriate support.

**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.

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

# Cockhedge Medical Centre Ltd

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Cockhedge Medical Centre Ltd

The registered provider for the practice is Cockhedge Medical Centre Limited, 7-8 Cockhedge Way, Cockhedge Shopping Centre, Warrington, Cheshire, WA1 2QQ. The provider's website can be reached at; [www.cockhedgemedicalcentre.co.uk](http://www.cockhedgemedicalcentre.co.uk)

The location from which the regulated activities are provided is Cockhedge Medical Centre Ltd at the provider's address as above.

Cockhedge Medical Centre Ltd is based in Cockhedge Shopping Centre in Warrington. The practice treats patients of all ages and provides a range of medical services.

The medical centre is led by Dr Whitenburgh and the staff team includes a business manager, a

practice nurse who is also trained as a nurse practitioner, a healthcare assistant and a team of reception and administrative staff.

The practice is open Monday to Friday from 7.30am to 6.30pm. The practice offers open access (no appointment needed) every morning alongside pre-bookable appointments. In the afternoon pre-bookable appointments and book on the day appointments are available. Patients can book

appointments in person, on-line or via the telephone. The practice provides telephone consultations and home visits to patients who are housebound or too ill to attend the practice.

Patients at this practice can also access a GP at a Health and Wellbeing Centre in the centre of Warrington during evenings and weekends by pre-booked appointment.

Outside of practice hours patients can access the Bridgewater Trust for primary medical services by calling the NHS 111 service.

The practice is part of Warrington Clinical Commissioning Group. It is responsible for providing primary care services to approximately 3,069 patients. The practice is situated in an area that has higher than average levels of deprivation. The practice has a smaller than average percentage of older patients and a larger than average patient population between the ages of 25 to 39 years.

The practice has a Personal Medical Services (PMS) contract.

# 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 systems in place to keep patients safe and safeguard them from abuse.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. All staff had received safeguarding training relevant to their role. For example, the GP was trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of when they had raised safeguarding concerns.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the (DBS)
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check.
- Procedures and practices were in place to ensure appropriate standards of hygiene were maintained and to prevent and control the spread of infection. A practice nurse was the infection control lead. There was an

infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The practice had achieved a high score during the most recent audit.

- 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 systems to assess, monitor and manage risks to patient safety.

- Health and safety related risk assessments had been carried out and a range of health and safety policies were available to staff. However, we found the use of floor mats had not formed part of a risk assessment.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. M

### 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.
- Information needed to deliver safe care and treatment was available to relevant staff.
- Systems were in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referrals to other services were made promptly. Some but not all referrals to secondary care under the two week wait rule were monitored. The provider told us they were planning to introduce monitoring of all two week wait referrals.

### Safe and appropriate use of medicines

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

## Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe.
- There was a system to ensure the safe issue of repeat prescriptions and patients who were prescribed potentially harmful drugs were monitored regularly.
- Regular medicines audits were carried out with the support of the local CCG pharmacy team. There was evidence of actions taken to support antimicrobial stewardship.
- Medicines prescribing data for the practice was comparable to national prescribing data.
- A system was in place to account for prescriptions and they were stored securely.

### Track record on safety

The practice had a good safety record.

- The provider assessed, monitored and reviewed risks and took action to mitigate risks to the safety of patients and staff.

- Risk assessments had been carried out in relation to health and safety related issues. For example an assessment of the risk and management of Legionella had been undertaken and measures were in place to mitigate risks associated with Legionella.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There were systems for identifying and reporting significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt supported to report concerns.
- There were systems for investigating when things went wrong and for sharing any lessons learned from events so as to improve the safety of the service.

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 as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

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

- Clinicians assessed needs and delivered care and treatment in line with guidance and supported by clear clinical pathways and protocols.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those for patients locally and nationally.
- The average daily quantity of hypnotics prescribed per specific therapeutic group was comparable to other practices.
- The number of antibacterial prescription items prescribed per specific therapeutic group was comparable to other practices.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 1.5% which is lower than the national average of 4.7%.

### Older people:

- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to outcomes for patients locally and nationally.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Patients aged over 75 were invited for a health check.

### People with long-term conditions:

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long term conditions had received training appropriate to their role.
- Data from 2016 to 2017 showed that the practice was performing comparably with other practices locally and nationally for the care and treatment of people with chronic health conditions.

### Families, children and young people:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were largely in line with the target percentage of 90% or above.

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

- 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.
- The practice's uptake for cervical screening was 92%, which was higher than the 80% target for the national screening programme.



# Are services effective?

(for example, treatment is effective)

## People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked with other health and social care professionals in the case management of vulnerable people.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- A system was in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% (national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 91% (national average of 90%).
- Dementia screening was offered to at risk patients.

## Monitoring care and treatment

The provider routinely reviewed the effectiveness and appropriateness of the care provided.

- Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out

if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed a sample of audits that demonstrated that the provider has assessed and made improvements to the treatment provided to patients.

- The most recently published Quality Outcome Framework (QOF) results showed that the practice had achieved 98% of the total number of points available. This compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 12%. This was higher than the national average of 9%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)

Data from the QOF from April 2016 to March 2017 showed performance in outcomes for patients was comparable to or better than that of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 79% compared to a Clinical Commissioning Group (CCG) average of 79% and a national average of 80%.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 89% (CCG average 82%, national average 79%).
- The percentage of patients with atrial fibrillation with a record of CHAD2DS2-VASc score of 2 or more treated with anti-coagulation was 100% (CCG average 86%, national average 88%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 97% (CCG average 92%, national average of 90%).

## Effective staffing

# Are services effective?

(for example, treatment is effective)

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 provider had assessed 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.
- Staff were provided with

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet system.
- 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 used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

## Helping patients to live healthier lives

Staff were 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 and patients at risk of developing a long-term condition.
- The practice supported national priorities and initiatives to improve the population's health, for example, by referring patients for smoking cessation or dietary advice.
- Health promotion information was available in the reception area and on the provider's website.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 in line with their roles and responsibilities.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

# 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.

- We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Reception staff told us they could offer patients a private area when they wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.
- We made patient comment cards available at the practice prior to our inspection visit. All of the 29 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice.
- Staff demonstrated a patient centred approach to their work during our discussions with them and long term members of staff felt they knew patients and their individual communication needs.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 378 surveys were sent out and 109 were returned. This represents about 3% of the practice population. The practice received scores that were close to average for patient satisfaction on consultations with clinical staff. For example:

- 80% of respondents said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. This compared to the Clinical Commissioning Group (CCG) average 87% national average 85%).
- 89% said that the last time they saw or spoke to a nurse, they were good or very good at treating them with care and concern (CCG average 91%, national average 90%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The practice manager was 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.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice maintained a register of patients who were carers.

- The practice's computer system alerted GPs if a patient was also a carer. However, the practice had identified only 11 patients as carers (this is less than one percent of the practice list).
- The practice offered services to carers such as flu immunisations and health checks.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card and provided advice on how to find a support service.

Results from the national GP patient survey for questions about patient involvement in planning and making decisions about their care and treatment were comparable to or lower than local and national averages. For example;

- 78% of respondents said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% national average 82%).
- 89% said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 89%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG 87%, national average 85%).

## Are services caring?

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and they told us how they worked to ensure they maintained patient confidentiality.
- Music was played in clinical areas to prevent private consultations or discussions being overheard. However, discussions from adjoining rooms could still be overheard in some clinical areas.
- The practice complied with the Data Protection Act 1998.

# 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. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services in response to feedback from patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP and health checks were provided to patients over the age of 75 years.

### 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. Patients with multiple health conditions were reviewed at one appointment.
- The practice held multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.

### Families, children and young people:

- Systems were in place to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.

### 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.
- Early morning appointments were provided every morning Monday to Friday.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

### People whose circumstances make them vulnerable:

- The way in which same day appointments were provided supported patients whose circumstances made them vulnerable.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided appropriate access and facilities for people who were disabled.

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

- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- Patients experiencing poor mental health were referred to appropriate services such as psychiatry and counselling services.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

# Are services responsive to people's needs?

(for example, to feedback?)

## Timely access to the service

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us the appointment system was easy to use and flexible to accommodate their needs.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 86% of respondents were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 95% said they could get through easily to the practice by phone (CCG average 61%, national average 70%).
- 86% said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 73%, national average 75%).
- 86% described their experience of making an appointment as good (CCG average 71%, national average 72%).

This high level of patient satisfaction was also supported during discussion with patients on the day of inspection and in completed comment cards.

## Listening and learning from concerns and complaints

Complaints and concerns were taken seriously, investigated, responded to and action was taken to improve the quality of care provided.

- A complaints policy and procedure was in place and information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. This included providing patients with contact details for referring complaints on to the Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint.
- We looked at a sample of complaints received in the last 12 months and found that these had been investigated and responded to in a timely manner and patients had been provided with an explanation and an apology as appropriate.
- Complaints were discussed on a regular basis at practice meetings and a periodic review of complaints was carried out to identify any trends or themes.

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills 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.
- Staff told us that leaders were visible and approachable.
- There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities.
- There were processes to support staff development. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which outlined its aims and objectives.
- There was a clear vision and set of values. 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.

### Culture

The provider promoted a culture that supported high-quality, sustainable care.

- Staff stated they felt respected, supported and valued. They told us they were proud to work in the practice. They described good team working and collaborative working.

- The practice focused on the needs of patients.
- 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.

### Governance arrangements

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

- Arrangements were in place to monitor the effectiveness of the service and ensure good outcomes were provided for patients.
- Clinical staff used evidence based guidance in the treatment of patients.
- Clinical audits were carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The clinical system was used effectively to ensure patients received the care and treatment they required.
- The provider had a clear understanding of the performance of the practice. The Quality and Outcomes Framework (QOF) and other performance indicators were used to measure performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- The system for reporting and managing significant events was effective and learning gained from the investigation of events was used to drive improvements.
- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

### Managing risks, issues and performance

There were clear and effective processes for managing risks.



# Are services well-led?

Good 

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

- There were effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- Performance of employed clinical staff was demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action having been taken to change practice and improve quality.
- A business continuity plan was in place to deal with unforeseen emergencies.
- The practice actively encouraged and valued feedback from patients and acted upon this.
- There was an active and engaged patient participation group (PPG). We met with seven members of the PPG and they gave us very positive feedback about their engagement with the practice. They told us they met with leaders on a regular basis and were consulted with about the service provision and were regularly asked to give feedback on their experiences of the practice.
- The provider had knowledge of and incorporated local and national objectives. They worked alongside commissioners, partner agencies and other practices to improve and develop the primary care provided to patients in the locality.

## Appropriate and accurate information

The practice acted on information appropriately.

- Quality and operational information was used to improve performance.
- The practice used information technology systems to monitor and improve the quality of care.
- 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, staff and external partners to support a good quality sustainable service.

## Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.
- The practice made use of internal and external reviews of incidents and complaints. Learning was used to make improvements.