

Cleveland Surgery

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating May 2018 – Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Cleveland Surgery on 01 November 2018. This inspection was carried out to follow up on breaches of regulations.

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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation, some of which was at an early stage. Practice leaders had worked collaboratively with the staff to improve systems and processes moving forward.
- The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion and access to care and treatment. However, we saw patient feedback to the practice included comments about the kindness shown by practice staff and that patients appreciated the care and treatment they received.
- Staff we spoke with told us they were proud to work in the practice and there were positive relationships between staff and teams.

- Some patients we spoke with told us they found it difficult to get through to the practice to make an appointment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- QOF results were worse than CCG and national averages for the period 01/04/2017 to 31/03/2018. However, QOF data for the current year 2018/19 reflected improvements made in managing long term conditions in particular.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Practice leaders had responded to performance concerns and had implemented action plans to monitor and improve performance. However, there was limited evidence available to show improved outcomes as systems had been recently implemented and were still being embedded.

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

- Take action to complete a risk assessment for Dexamethasone as part of the emergency medicine protocol
- Continue to embed the significant event process
- Take action to identify all carers

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Cleveland Surgery

Cleveland Surgery provides services to around 13,050 registered patients in Gainsborough, Lincolnshire. In January 2017, the practice took on approximately 3,700 patients following the closure of Pottergate Surgery. The practice is run by the senior male GP partner in conjunction with three male GP partners supported by a GP pharmacy technician and a prescriptions clerk. The practice employs two advanced nurse practitioners, one diabetes specialist nurse, one emergency care practitioner, two practice nurses and two healthcare assistants. Additional staff include a practice manager, two assistant managers, secretary, assistant secretary, receptionists and administration staff.

Cleveland Surgery is the name of the registered provider and the practice holds a general medical services (GMS) contract with NHS England. Services are provided at Cleveland Surgery, Vanessa Drive, Gainsborough, Lincolnshire DN21 2UQ. Regulated activities provided are Family planning, Treatment of disease, disorder or injury, Diagnostic and screening procedures and Surgical procedures.

The practice is open from 8am to 6:30pm. Pre-bookable appointments, telephone appointments and on the day 'urgent' appointments are available. The practice offers a drop in clinic run by the emergency care practitioner four days per week from 9:15am to 11:35am and 3:15pm to 5:40pm. A home visit service for patients is also available should this be needed. The practice offers online services for patients such as online appointment booking and ordering repeat prescriptions. From September the practice started to offer an extended access service with appointments available between 6.30pm and 8pm Monday to Friday, 10am to 12 noon Saturdays and 10am to 11.30am on Sundays.

When the practice is closed patients are automatically directed to the GP out of hour's service. Patients can also access advice via the NHS 111 service. NHS Lincolnshire West Clinical Commissioning Group (LWCCG) is responsible for improving the health of and the commissioning of health services for patients living in Gainsborough, Lincoln and the surrounding villages. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

We reviewed the most recent data available to us from Public Health England which showed the practice has a higher number of patients aged under 18 years compared with the CCG and national average. The practice profile shows a higher percentage of patients whose working status is unemployed (8%) compared to the CCG average (4%) and the national average (5%). Life expectancy for patients at the practice is 76 years for males and 81 years for females. This is below the CCG and national average (79 males; 83 females).

Are services safe?

We rated the practice as good for providing safe services.

The practice was rated as good for providing safe services because:

- The practice had effective systems in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Staff who acted as chaperones were trained for their role and had received a DBS check.
- There were adequate systems for reviewing and investigating when things went wrong.

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.) The practice used a locum GP who had completed Level 2 Safeguarding Adults and Children training. After the inspection the practice provided evidence the locum was booked onto Level 3 training.
- 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.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. There was no evidence of a risk assessment to determine a decision had been made to omit Dexamethasone from the stock of emergency medicines. Following the inspection the provider told us they have now completed a risk assessment and Dexamethasone had been added to the emergency medicines.
- 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.

Are services safe?

- 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 it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. We saw evidence practice staff learned and shared lessons, identified themes and took action to improve safety in the practice. Practice leaders had introduced a new incident reporting policy which was yet to be fully embedded.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups except for People experiencing poor mental health (including people with dementia), which we rated as inadequate.

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

- The practice's performance on quality indicators for long term conditions and people experiencing poor mental health (including people with dementia), was below local and national averages for verified data from 2017/18. However, unverified data from the current QOF year 2018/19 showed improvements had been made for people with long term conditions. For example, 87.6% of patients with hypertension in whom the last blood pressure reading taken measured 150/90mmHg or less (unverified January 2019).
- QOF exception reporting levels were significantly lower than local and national averages. For example, the exception reporting level for patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 1.7% (16 patients). This compared to the CCG average of 8.8% and the national average of 7.7%.
- The practice's uptake for cervical screening was comparable with local and national averages but below the 80% coverage target for the national screening programme.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw 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 advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated requires improvement for effective because of practice-wide issues which affected all population groups:

- Older patients who were 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 followed up on older patients discharged from hospital. It ensured 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:

This population group was rated requires improvement for effective because of practice-wide issues which affected all patient groups:

- The practice's performance on quality indicators for long term conditions was below local and national averages. For example, 53.6% of patients with COPD had received a review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF). This compared to the CCG average of 85.8% and the national average of 90%. However, unverified data from January 2019 showed the practice had made improvements and 84.7% of patients had now received a review.
- 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.
- Adults with newly diagnosed cardiovascular disease were offered 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.

Are services effective?

- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The diabetes specialist nurse worked closely with the community diabetes specialist nurse to improve patient care. Twenty two out of twenty five patients were discharged back to Cleveland Surgery for their diabetes management.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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):

This population group was rated good for effective because:

- The practice's performance for quality indicators for patients with cancer who had a patient review was 98.2%. This compared to the CCG average of 92.9% and the national average of 93.6%.
- The practice's uptake for cervical screening was 73.6%, which was below the 80% coverage target for the national screening programme, but was in line with local and national averages.
- The practice's uptake for bowel cancer screening uptake was below the national average and breast screening was above the national average.
- 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:

This population group was rated requires improvement for effective because of practice-wide issues which affected all patient groups:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

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

This population group was rated inadequate for effective because of practice-wide issues which affected all patient groups:

- 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's performance on quality indicators for mental health for 2017-18 was below local and national averages. For example, 47% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This compared to 85.6% average for the CCG and 89.5% for the national average.
- 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.

Monitoring care and treatment

Are services effective?

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

- The practice overall exception rate was lower than local and national averages.
- QOF results were worse than CCG and national averages for the period 01/04/2017 to 31/03/2018.
- The practice used information about care and treatment to make improvements.
- The practice was involved in some quality improvement activity and was in the process of developing an audit programme.

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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.
- 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 and 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.
- The practice monitored the process for seeking consent appropriately.

Are services effective?

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- Results from the most recent GP patient survey (01/01/2018 to 31/03/2018) showed the practice scored lower than local and national averages for questions relating to kindness, respect and compassion.
- Patients we spoke with told us some staff did not always treat them with respect.
- The practice did not have an up to date carers register.

Kindness, respect and compassion

Staff did not always treat patients with kindness, respect and compassion.

- The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. For example 58.5% of respondents to the GP patient survey responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018). This compared to the CCG average of 83% and the national average of 84%.
- Feedback from patients was mixed about the way staff treated people. This included interviews with patients and comments cards.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice did not always give patients timely support and information. Some patients we spoke with told us they were not able to get an appointment when they needed one. Other patients told us they were able to see a clinician straightaway; these patients identified they had pre-existing conditions or children.

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 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's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The practice provided resources for carers, such as a carers pack and information in the reception area to signpost carers for support. The practice was aware the carers register was not up to date and they had plans to recode patients so patient information was accurate. Following the inspection, the practice confirmed work was ongoing to identify all carers.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered 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 requires improvement for providing responsive services.

The practice was rated as requires improvement for responsive because:

- Patient satisfaction levels for questions in the GP patient survey relating to access to care and treatment were below local and national averages.
- Practice leaders had considered ways to improve access and had implemented changes such as installing additional telephone lines and recruiting more clinical and reception staff. Practice leaders told us they monitored patient DNA rates which were 6% on average. Extended access appointments were available for patients every day since the introduction of the service in September.
- Some patients we spoke with told us they experienced problems making an appointment by telephone.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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.
- 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, for example when a home visit was required.
- The practice provided effective care coordination for patients who were 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:

This population group was rated as requires improvement for responsive because of practice-wide issues which affected all patient groups:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated requires improvement for responsive because of practice-wide issues which affected all patient groups:

- 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:

This population group was rated requires improvement for responsive because of practice-wide issues which affected all patient groups:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had recently developed a short questionnaire for parents and carers of young children but it was too early to consider responses and actions.

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

Are services responsive to people's needs?

This population group was rated requires improvement for responsive because of practice-wide issues which affected all patient groups:

- 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 and Saturday appointments.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for responsive because of practice-wide issues which affected all patient groups:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed address.

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

This population group was rated requires improvement for responsive because of practice-wide issues which affected all patient groups:

- 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 sometimes unable to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. For example, 26% of respondents to the GP patient survey responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018). This compared to

the local average of 71% and the national average of 70%. The practice was aware of the data and had taken steps to improve patient access. Additional reception staff had been recruited, extra telephone lines had been added and the practice had also recruited to other clinical staff roles which would impact positively on patient access. The practice monitored the actions it had taken and reviewed its progress. After the inspection, practice leaders told us they had recruited an additional female GP who would start work in January undertaking eight sessions per week. The practice hoped an additional GP would contribute further to improving access for patients.

- Some patients we spoke with reported they experienced difficulty getting through to the practice to make an appointment.
- Extended access appointments were available for patients every day.
- When patients were in the practice waiting to see a clinician, waiting times for appointments, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

The practice was rated as requires improvement for well-led because:

- Although the practice had made significant progress within a short timeframe, systems and processes were still being embedded at the time of the inspection.
- Practice leaders had reacted and responded positively to recent challenges which had resulted in improved systems and processes.
- There were positive relationships between staff and teams and staff felt well-supported in their role.
- We saw practice leaders were ambitious for the practice and the quality of care provided to patients. However, we were unable to see sufficient evidence of progress and feedback to reflect this.

Leadership capacity and capability

Leaders were developing 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 in the process of 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. Leaders had recently identified and taken responsibility for particular areas of work within the practice which had contributed to quality improvement.
- The practice had begun to implement effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, an additional assistant practice manager had been recruited to the leadership team.

Vision and strategy

The practice had developed a clear vision and credible strategy to deliver high quality, sustainable care and this was beginning to be implemented.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. Practice leaders we spoke with were proud of their decision to provide the extended access service and their achievements in offering minor surgery and specialist diabetes care to patients. However,

verified data such as QOF and the GP patient survey showed the practice needed to demonstrate improvements in patient care in order to achieve their vision which would take more time.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice had begun to monitor progress against delivery of the strategy.

Culture

The practice was in the process of developing a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued and they were proud to work in the practice. There were positive relationships between staff and teams and the practice had considered ways to improve team working. There was a strong emphasis on the safety and well-being of all staff.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

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,

Are services well-led?

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. A terms of reference document had been introduced for the clinical meeting to ensure staff understood the importance of maintaining a structured approach to managing risks and encouraging performance improvements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. Practice leaders had responded to performance concerns and had implemented action plans to monitor and improve performance.
- 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- We saw evidence practice leaders were in the process of developing improvement methods and had consulted with staff to seek their opinion and feedback. There was some evidence of audits but an audit programme had not been implemented at the time of the inspection.
- 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.