The Billesdon 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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (Previous inspection October 2016 – Good with safe domain rated as requires improvement)

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

We carried out an announced comprehensive inspection at Billesdon surgery on 26th April 2018 following up on previous breaches of regulations found in 2016.

In October 2016 the practice was issued with a requirement notice for the breach of regulation 12 for Safe care and treatment of the Health and Social care act. The regulation was not being met as the registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to health and safety of service users. The practice needed to make improvements in systems to manage medications and review the repeat prescribing procedure for high risk medications.

At this inspection we found:

The practice had addressed all concerns that were identified at the previous inspection.

- The practice had clear systems to manage risk so that safety incidents were less likely to happen.
- 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.
- There was an emphasis on continuous learning and improvement at all levels of the practice. This included the significant event analysis, sharing and updating of policies, clinical audit and feedback from patients and staff.
- The practice implemented and monitored changes to ensure the patients' needs were always met.
- 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 were named accountable clinicians for areas of the practice and also non-clinical lead for patients with dementia or carers.
- The leadership structure was well embedded within the practice.

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

- Review the process to ensure all safety alerts are received, recorded and acted upon.
- Review any missed appointments for children or vulnerable adults within secondary care documenting the response in all cases and act upon if required.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a member of the CQC medicines team and a second CQC inspector.

Background to The Billesdon Surgery

Billesdon surgery is a practice which provides a range of primary medical services to 7009 patients from a main surgery in the village of Billesdon, 4 Market place, Billesdon, Leicestershire, LE7 9AJ and a branch surgery in Bushby, Hill Court, Main Street, Bushby, Leicestershire, LE7 9NY. Both sites were visited as part of the inspection.

The practices services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS) to deliver primary care services to local communities.

The practice is registered with the CQC to carry out the regulated activities of: Diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder and injury.

The service is provided by two full time male GP partners, two part time female GP partners, one part time salaried female GP and one part time locum GP who provide 33 sessions per week. There are also three practice nurses, one health care assistant, a dispensary manager and four dispensers. They are supported by a practice manager, a business manager, an IT manager and reception and administration staff.

The out of hours service is provided by Derbyshire Health United (DHU) between the hours of 8am and 8.30am and 6pm and 6.30pm. For hours between 6.30pm and 8am patients could phone 111 services.

All clinical areas across both sites are situated on the ground floor of the buildings and can be accessed easily. Parking is available at both sites, including spaces designated for use by people with a disability.

The practice offered dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. 3566 patients are eligible to receive the dispensing service which is 51% of registered patients.

The practice population demographics reflect those nationally except having a higher number of patients aged over 65. The practice falls within the 10th decile of deprivation which is much lower levels of deprivation compared to the average for practices in England.

Good

Are services safe?

We rated the practice as good for providing safe services.

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. The practice followed up on any missed appointments for children or vulnerable adults within the practice, however there was no evidence of following up on missed appointments in secondary care.
- Chaperones were available during appointments and all staff who acted as chaperones received suitable training for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment as per their recruitment policy. The practice had a new starter induction pack which included training schedules.
- There was an effective system to manage infection prevention and control with a named lead who managed audits and action plans effectively and in a timely manner.
- 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 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. We saw evidence on the day of staff members supporting in reception if patients needed assistance. There were buddy systems in place for clinicians to ensure continuity of care for patients.
- There was an effective induction system for temporary staff tailored to their role. All temporary staff received the same induction and training as permanent staff.
- The practice was equipped to deal with medical emergencies and all staff were suitably trained in emergency procedures. Panic buttons were available on desks and in clinical rooms as well as available on all computer monitors to call for urgent help. Staff we spoke to on the day said they had used them effectively.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff had received training on emergency symptoms and the practice had a policy for how to deal with these. Clinicians knew how to identify and manage patients with severe infections including sepsis and made use of prescribing tools available for identifying any patients displaying these symptoms.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a well-documented approach to managing test results when received by clinicians including covering when other clinicians were unavailable.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Handover information systems were used when patients moved between services.
- Clinicians made well documented and 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. Regular checks on expiry dates were seen for all medications and vaccines as well as emergency equipment.

Good

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice was involved with local prescribing guidelines with the CCG medicines team for the most cost effective treatment options.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The number of antibiotics prescribed was slightly above local and national average however was still comparable to local and national averages.
- Patient's health was monitored in relation to the use of medicines and followed up on appropriately. Patients on any repeat medicines were involved in annual reviews of their medicines. On the day on inspection we saw evidence of this on patient's records, however they had not always been coded effectively on the system. Following the inspection the practice had implemented a system for capturing these reviews and coding them on the system for effective monitoring.
- On the day of inspection we found some patients on medications for managing blood pressure had not had a recent blood test recorded which is required to ensure patient safety. The practice actioned this promptly following the inspection and ensure all patients received blood tests.
- Arrangements for dispensing medicines at the practice kept patients safe and were covered by a wide range of standard operating procedures (SOPs).
- The dispensary had a system to ensure controlled drugs security at all times within the dispensary.
- The dispensary had systems in place to ensure that all prescriptions were signed before being dispensed. Prescriptions all had a second check before being handed out to patients.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues which were regularly reviewed.
- The practice monitored and reviewed activity. This helped to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- The dispensary had evidence of changing procedures to maximise patient safety following near misses or errors.
- Prescription security was well managed within the practice ensuring all blank prescriptions are safely locked at all times.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The practice held records of significant events, dispensing errors and near misses including what the outcome, risk and learning points were for each one. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were extensive systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice and implement new procedures to avoid recurrence. Significant events and complaints were well documented and included a RAG rating tool to identify the risk involved. This was then discussed in team meetings to disseminate learning and again in an annual significant event review meeting.
- There was a system in place to act on and learn from external safety events as well as patient and medicine safety alerts however on the day of inspection not all alerts were being received. However since the inspection the practice had evidenced they have now expanded their alert system to include more.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice by discussing new guidance during clinical meetings. 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 which were easily accessible.

- 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.
- The practice used text messaging to contact patients as well as using online booking for appointments or repeat prescription ordering. The practice utilised the chose and book system for referrals.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- 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 were monitored regularly and had an annual clinical review and an agreed care plan.
- Patients over 75 had a named accountable GP who regularly reviewed the patients as part of their long term condition review.
- 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.

People with long-term conditions:

- The practice has a clinical lead in place for all major long term conditions. The practice offered specialist COPD and diabetic nurse appointments.
- The practice held a register of patients with long term conditions which was monitored regularly for changes.
- 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 practice held monthly multidisciplinary team (MDT) meetings with other health care professionals to deliver a coordinated package of care which were regularly reviewed.
- Patients with complex needs such as respiratory or heart conditions, had agreed care plans in place.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were at 100% higher than the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and postnatal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments or for immunisation. However there were no arrangements for following up for any missed appointments at secondary care.

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

Good

Are services effective?

- The practice's uptake for cervical screening was 80%, which was the same as the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was higher than the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks 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. Palliative patients were reviewed regularly and discussed at monthly palliative MDT meetings to update all agencies involved in the patients care.
- 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 held a register of patients who had a learning disability and offered annual health care assessments to these patients. The practice had signed up to the learning disability enhanced service and would lengthen appointment times if necessary to review patient's needs.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks and interventions to other agencies if required. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice held a register for patients with severe mental health disorders. All patients with mental health illnesses were offered an annual health review including medication, monitoring and reviewed care plans.
- 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. The practice liaised with other agencies for mental health support and for emergency situations.
- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the national average of 84%.
- 100% 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 higher than the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was higher than the national average of 91%.
- 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. Patients with dementia were offered annual reviews of health and care plans.
- The practice offered an in house "Let's Talk" therapy service for patients who needed support with their mental health.

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.

- The practice had a schedule of clinical audit to complete each year including two cycle audits which showed improved care. The practice undertook audits in the dispensary planned to expand to other non-clinical areas in the future.
- QOF results were mainly comparable with local and national averages however exception reporting in some areas was higher than average. When we looked into this on the day all patients who had been exception reported had well documented reasoning as to why they had been removed from the data.
- The practice used information about care and treatment to make improvements.

Good

Are services effective?

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. There was evidence of the practice working with the CCG for local QIPP (quality, innovation, productivity and prevention) initiatives.

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. There were specialist COPD and diabetic nurses providing clinics within the practice.
- All clinical staff took responsibility for one area and there were none clinical leads for specific areas too. Staff knew where to go to raise concerns.
- 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 every month to keep up to date with training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, reception staff had raised understanding QOF data as a learning point. The practice provided training on QOF for them and as a result they were involved in collecting some QOF data reducing the burden on other staff members.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- Dispensary staff were appropriately qualified and their competence was assessed annually through the Dispensing Services Quality Scheme as part of staff appraisal. They could demonstrate how they kept up to date.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. These were discussed in regular MDT meetings for patients with complex needs.
- 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 utilised a handover system for patients who attended any out of hours or secondary care services to ensure continuity of care. 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. These patients were discussed regularly with other agencies involved and decisions were documented on patient records. There was a list of these patients available for all staff to be aware of.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example referring patients to smoking cessation clinics and

weight watchers or exercise referrals. The practice had a notice board with information on topical issues providing information for patients. The practice was actively involved with the local Neighbourhood team.

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 and documented it accordingly within the patient's records.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP survey results were above the local and national averages. The practice was aware of this but had still conducted their own patient feedback for areas they had received feedback on. The practice had completed a dispensary feedback questionnaire and had made some changes to improve patient's knowledge of the service and reduce complaints.
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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 those patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand. Interpretation services were available if required.
- 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.
- There was a carers champion who proactively identified and supported carers, signposting to local relevant services

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice 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. The practice offered a daily open surgery to patients which was popular with patients. The practice annually reviewed the appointment system with the patients and adjusted the system if necessary.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. Appointments were available to book online for patient's convenience.
- The facilities and premises were appropriate for the services delivered.
- The practice provided effective care coordination for patients who were more vulnerable or who have 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 well coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service or monthly blister packs.
- The practice offered an in house physiotherapy service.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at 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.
- There was a medicines delivery service for housebound patients.
- The practice had a voluntary car service for patients who found accessing the service difficult.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicine 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.
- We saw evidence on the day of the dispensary staff raising concerns with the GP about patients who were overusing medications and how they may no longer be effective treatment.
- The practice provided in house INR services for patients on warfarin. (INR is a specific blood test needed for patients on anticoagulation medicine).

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency 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 weekly midwife and health visitor clinics who were involved in monthly safeguarding meetings.

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

- There were appointments available at both sites for patients to utilise. There was a mix of prebookable appointments and open surgery appointments, as well as telephone consultations for those who found accessing the surgery difficult.
- The practice provided Wi-Fi for patients waiting at the practice following patient feedback.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances, including those of no fixed abode, were easily able to register with the practice.

Good

Are services responsive to people's needs?

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice had signed up to the local CCG dementia friendly GP practice scheme and was working towards the recommended gold standards. The dementia lead was also involved in dementia teleconferences.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice supported a local residential home where all patients had a named GP. The practice delivered monthly GP ward rounds within the residential home and weekly GP and nurse appointments. The practice had a dedicated phone line for the residential home to use.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately. The practice displayed the amount of missed appointments to increase patient awareness and reduce wasted clinician time. Since the practice had started doing this the amount of time had reduced.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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 from analysis of trends. It acted as a result to change procedures and improve the quality of care. For example some correspondence with patients had been worded inappropriately and was amended following feedback.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them and had a clear vision of what to work towards.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that leaders would often assist if there was any outstanding work and there was an emphasis on team work.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The leadership structure was well embedded within the practice and the team knew all leaders responsibilities.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice ethos was “Partners in Care” and all staff knew and worked with this in mind.
- There was a clear vision which all of the team knew and worked towards. The practice had a realistic strategy and supporting business plans to achieve priorities. Staff were aware of and understood the vision, 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 practice had a strong 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 and would often implement changes to benefit patients experience.
- 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. We saw evidence of the practice apologising to patients when required.
- The practice had a system for handling significant events including responding and learning from them as well as identifying trends quarterly. Staff were actively encouraged to raise concerns and had confidence they would be addressed.
- There were processes for providing all staff with the development they need. This included annual appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff we spoke with had experience of the practice supporting them through problems and had encouraged flexible working and supported them back to work effectively.
- 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.
- All staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There were named doctors responsible for common conditions such as heart disease, mental health and dementia, cancer, respiratory conditions. There was non-clinical leads to support GPs on areas such as dementia and carers.

Good

Are services well-led?

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All policies and standard operating procedures were managed efficiently and reviewed annually and adhered to in practice.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The practice had a schedule of upcoming audits and completed them effectively to include all learning.
- The practice had plans in place and had trained staff for major incidents. The practice had an extensive business continuity plan.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The 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 such as tools to diagnose and monitor patients and a task system to alert clinicians of any changes.
- The practice submitted data or notifications to external organisations as required.
- There were 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 a patient participation group who worked with the practice to increase awareness of health and wellbeing.
- The practice held a number of meetings to include staff and other external agencies to discuss patients care. Discussions were well documented in patients notes however the minutes of meetings were not standardised. Since the inspection we have seen templates for meeting minutes to ensure all information is captured.
- The service was transparent, collaborative and open with stakeholders about performance. The practice was actively engaged with stakeholders.

Continuous improvement and innovation

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

- There was a strong focus on continuous learning and improvement.
- All significant events, errors or complaints were encouraged to be recorded to ensure the practice had oversight of performance and could develop systems to avoid recurrence and increase productivity.
- The practice had a staff suggestion form to encourage them to raise their ideas to create improvements.
- Staff knew about improvement methods and had the skills to use them.

Good

Are services well-led?

- 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.