The Village Medical Centre

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.

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 The Village Medical Centre on 20 June 2018 as part of our regulatory purposes.

At this inspection we found:

- The practice had good systems to manage risk so that safety incidents were less likely to happen. When incidents did occur, the practice learned from them and improved their processes.
- The practice had a clear process and understanding of safeguarding.
- Although effective monitoring processes were in place, which included health and safety, infection prevention control, training and appraisals. During our inspection the practice was unable to provide evidence to demonstrate that an effective employee immunisation programme was in place. Specifically, evidence was not in place to demonstrate that relevant staff had been immunised against infectious diseases such as measles, mumps and rubella (MMR). All staff were immunised against Hepatitis B.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered in accordance with evidence based guidelines. Support and monitoring was in place for nurse prescribers.
- Staff treated patients with compassion, kindness, dignity and respect. All staff had received equality and diversity training.
- Information on the complaints process was available for patients at the practice and on the practice's website. There was an effective process for responding to, investigating and learning from complaints.
- Staff had the skills, knowledge and experience to carry out their roles and there was a strong focus on continuous learning and improvement at all levels of the organisation. Staff we spoke with felt supported by the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Some patients reported difficulties accessing appointments. The practice advised that improvements had been made to improve appointment access. For example, the practice had employed an advanced nurse practitioner to improve appointment access.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- We saw evidence of effective implementation and management of change at the practice Improvements were made within a short period of time, which helped to stabilise the practice team following a period of instability and ongoing uncertainty. In particular communication amongst the practice team and other key stakeholders was developed to help drive improvement. The practice shared learning with four other practices that were managed by the provider organisation.

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

- Ensure that an effective employee immunisation programme is in place so that staff working in general practice receive the immunisations that are appropriate for their role.
- Continue to identify patients who maybe carers in order to offer them support.
- Continue to monitor and assess the suitability and availability of emergency medicines in line with guidance.
- Continue with efforts to improve access to appointments and improve patient satisfaction.

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

Population group ratings

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

Our inspection team

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

Background to The Village Medical Centre

The Village Medical Centre is a GP practice currently being managed by NHSolutions Ltd under a caretaking agreement with NHS England and the local commissioners. The practice holds an Alternative Personal Medical Services provisions (APMS) contract with NHS England in a caretaker role (caretakers are utilised when a contract has been returned and the long-term contract has not yet been awarded to a successful applicant).

The Village Medical Centre provides a range of primary medical services to the residents of the Great Denham and the surrounding areas. The provider NHSolutions Ltd also deliver services in a number of other locations in England. At the time of inspection, the practice had approximately 8,070 patients consisting primarily of white British patients, with higher than average numbers of patients between the ages of 30 to 50 years.

National data indicates that the area does not have significant levels of deprivation. The clinical team consists of a lead GP (male) who is supported by two regular locum GPs (male) and a long-term locum advanced nurse practitioner (ANP) (female). In addition there is a lead nurse trained in minor illness(female), three practice nurses (female) and a health care assistant (female). The clinical team is supported by the operations manager, the practice manager, health secretaries and a team of administrative staff.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are available from 8.30am to 11.45am and from 2pm to 6pm Monday to Friday. The practice offers a variety of access routes including telephone appointments, on the day appointments, home visits and advance pre-bookable appointments. When the practice is closed out of hours services are provided by the Herts Urgent Care and they are accessed via the NHS 111 service.

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.
- 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). We saw posters advising patients of the availability of the chaperone service in the reception area.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was an effective system to manage infection prevention and control. However, the practice was unable to provide evidence to support that an effective employee immunisation programme was in place on the day of inspection. Specifically, evidence was not available to demonstrate that relevant staff had been immunised against infectious diseases such as measles, mumps and rubella(MMR). All staff were immunised against hepatitis B.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

- There were adequate systems to assess, monitor and manage risks to patient safety. However, during our inspection we found that the practice had not formally assessed risk in the absence of a specific emergency medicine. The practice informed us that the medicine were easily available from the pharmacy opposite the practice but the practice had not assured itself that it were kept in stock. Following the inspection, the practice submitted evidence to demonstrate that the medicine had been ordered and would be available in the future.
- 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We reviewed referral letters and clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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. The practice kept prescription stationery securely and monitored its use.
- 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 acted to support good antimicrobial stewardship in line with local and national guidance.

Good

Are services safe?

- We reviewed the records of patients who were prescribed medicines which required additional monitoring. All the records we looked at showed that patients were appropriately monitored before medicines were re-prescribed.
- 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

- There were comprehensive risk assessments in relation to some safety issues. These included for example, fire and legionella. (Legionella is a term for a bacterium which can contaminate water systems in buildings). However, we found that regular checks on legionella had not been completed since January 2018. During our inspection the practice advised that they had arranged for an external company to undertake a further risk assessment. The practice advised regular checks of the water systems would then be scheduled based upon the outcome of the risk assessment.
- Health and safety premises risk assessments were undertaken.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. 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. Significant events were marked as complete when identified actions had been completed.
- The practice shared learning, identified themes and took action to improve safety in the practice. For example, we saw that when a clinic letter was filed in the wrong patient file and information was disseminated to other multi-disciplinary team members. All administrative staff were reminded to continue double checking before filing and reminded of the importance of data protection and information governance to avoid recurrences.
- 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.

Good

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We reviewed prescribing data for the practice and found they were comparable with other practices both locally and nationally.
- 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.
- The practice supported the clinical team on updating and attending external training courses on managing long-term conditions to ensure effective care which follows the latest guidelines and techniques.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Influenza, pneumonia and shingles vaccinations were offered to all older patients
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services, and the community matron. They were supported by an appropriate care plan.
- 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 health and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice's Quality Outcomes Framework (QOF) data relating to long-term conditions including asthma, chronic obstructive pulmonary disease (COPD), and atrial fibrillation was comparable to the clinical commissioning group (CCG) and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice).
- QOF performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and the national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- All new patients over 16 registering with the practice were offered a new patient health check.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care.

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

- The practice's uptake for cervical screening was comparable to the CCG average and national average.
- The practice's uptake for breast cancer screening was comparable to the CCG average and national average and bowel cancer screening was also comparable to the CCG average and national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

- 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 considered the needs of those whose circumstances may make them vulnerable.
- Annual health checks were offered to patients with a learning disability. The practice had 27 patients on their learning disability register and 16 patients had received a health check in the preceding 12 months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption comparable to the CCG and the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had undertaken two completed audits that demonstrated quality improvement in the past 12 months. One of these audits ensured that patients taking a certain medicine were being monitored adequately.

The most recent published Quality Outcome Framework (QOF) results showed the practice performed above avergae compared with the clinical commissioning group (CCG) and national averages. The practice informed us that they had a lead member of staff for QOF, who had the responsibility of maintaining the QOF achievement. Identified members of the administration team ensured patients were appropriately called to the practice for review.

The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, clinical supervision and support for revalidation.
- The practice ensured the competence of staff employed in advanced roles through regular audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred to, 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Good

Are services effective?

- The practice could demonstrate that they held multi-disciplinary case review meetings where all patients on the palliative care register were discussed.

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 (referring patients to a range of local, non-clinical services).
- 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.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for providing caring service to all population groups.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 11 Care Quality Commission patient comment cards, all of them were very positive about the service experienced. Comments made referred to how the staff were professional and helpful and how patients felt they were treated with kindness, dignity and respect.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, we noticed that reception staff spoke quietly so that others could not overhear.
- Staff helped patients and their carers find further information and access community and advocacy services. The practice had identified less than 1% of their registered patients as carers. There was a carer's lead and a carer's noticeboard and carers were referred to other agencies for carers support services. The practice informed us that they had changed wording on their registration forms to try and encourage new patients who would not normally identify themselves as carers to be identified so that the practice could offer them support.
- Staff told us that if families had experienced bereavement, the practice sent them a sympathy card. The lead GP would call the bereaved family to offer a patient consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

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 access to the practice's dedicated room (known as Room 101) to discuss their needs.
- The practice complied with the Data Protection Act 1998.
- Staff recognised the importance of maintaining people's dignity and respect.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all 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, they provided online services such as repeat prescription requests and advanced booking of appointments and telephone consultations.
- The facilities and premises were appropriate for the services delivered. All consultation and treatment rooms were on the ground floor and access enabled toilets were available.
- 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 coordinated with other services.
- The practice had received high number of complaints around access to appointments, they informed us that their patient participation group was formed as a result of them resolving issues.

Older people:

- Patients had GP support in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs, Advanced Nurse Practitioner and practice nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- We found that the practice facilitated the local Hearing Aid Service with a room enabling their patients and local residents to have their hearing aids serviced and repaired locally.
- The practice provided phlebotomy services prioritising their elderly patients being seen locally by a team they were familiar with.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and other health care professionals to discuss and manage the needs of patients with complex medical issues.
- All patients newly diagnosed with a long-term condition were booked with the nurse for explanations on their condition and care and treatment.
- All the practice's housebound patients were prioritised for home visits.
- The practice informed us that they had recruited a highly experienced lead nurse who had implemented a robust recall system and regularly monitored patients with long-term conditions. The lead nurse implemented a joint diabetes clinic once monthly with a local diabetic specialist nurse to manage complex diabetic patients.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Parents could book immunisation appointments anytime during practice opening hours which reflected in the practice's uptake rates which were above the world health organisation (WHO) based target for immunisations.
- The practice reserved appointments for children aged under 5 years presenting suddenly as unwell. These were named 'Hot Kids' appointments and were available in the mornings and after school to cater for working families.
- A private area was available on request for nursing mothers wishing to breastfeed. Baby changing facilities were available.

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

- Although the practice did not offer extended appointments they provided online services which allowed working age patients to book appointments and request repeat prescriptions to a pharmacy of their choice.

Good

Are services responsive to people's needs?

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including all patients over the age of 90 years and those with a learning disability.
- Home visits were available for this group of patients when needed.
- Flexible appointment booking and longer appointment times were available.

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 a register of patients experiencing poor mental health including people with dementia; all identified patients had access to an annual review in the practice or in their own home.
- A mental health counsellor provided counselling services once per week to patients experiencing poor mental health which had become an essential part of supporting the practice's patients.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that although the appointment system was difficult to access the practice operated a 'sit and wait' system for patients presenting at 8am requesting a same day appointment. We were informed that all patients who use the 'sit and wait' system were guaranteed a same day appointment with a clinician.

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. Thirty-seven complaints were received in the last year. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- We found that most of the complaints were about the difficulties patients had accessing appointment. The practice took action to address these issues. For example, the practice had employed an advanced nurse practitioner to improve appointment access.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, following receipts of several complaints about staff attitude, all administrative staff were educated and reminded on the need to ensure good customer service.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice and all 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.

- When the provider took over the management of the practice a lot of clinical and non-clinical staff were leaving because of the instability and uncertainty at the time. There was no full-time GP in post, the practice employed a lead GP who supervised the regular locum doctors and other clinical staff to ensure safe and effective patient care.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They looked at different ways of working in response to problems experienced when trying to recruit GPs. For example, the practice had employed an advanced nurse practitioner and a highly experienced lead nurse to increase access for patients by offering more appointments.
- 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 we spoke with spoke highly of the leadership at the practice.
- The practice had implemented a highly effective meeting structure to enable changes to be implemented effectively. For example, the practice held fortnightly clinical governance meetings which required attendance from all team leaders. Staff we spoke with advised that they felt change had been implemented well following and during a prolonged period of ongoing uncertainty for the practice.

Vision and strategy

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

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice had a no blame culture where staff learnt from their experiences both positive and negative and focused on the needs of their patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, from a sample of complaints we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice offered affected people support, information and a verbal and written apology. 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice provided yearly appraisals for all their staff and all new starters had three, six months and then yearly appraisals thereafter.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Good

Are services well-led?

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 joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There were identified lead members for different areas and all staff we spoke with were aware of who these were.
- The provider had established full sets of policies and implemented them to ensure safety and to ensure that they were operating as intended.
- The practice had employed a lead nurse who brought changes to the nursing team which improved patient care. For example, immunisations for children were now being undertaken on any day of the week during practice opening hours. There had been a marked improvement on the immusation rates for the practice since the implementation.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice had introduced an effective system of clinical supervison for the nursing team. For example, lead nurse provided clinical supervision for the nursing team and the health care assistant (HCA) trained in foot care with the diabetes nurse providing supervision for them.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There were consistently high levels of constructive engagement with staff and people who use services, including all equality groups.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard, and acted on to shape services and culture. For example, the practice changed the appointment system and the way the front desk was operated which had improved access for the patients.

Good

Are services well-led?

- The practice transformed a complaint into the formation of a patient participation group (PPG) to gather patient views and feedback to improve on service provision.
- There was an active patient participation group (PPG), the group met quarterly with the practice. We spoke with two members of the PPG who said that the practice was responsive to patient views and feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, when staff requested specific training to enhance their skills the practice facilitated this.
- Nursing staff had been trained to use treatment pathways to manage some long-term conditions.
- Lead nurse peer reviews all the nursing team to continuously improve on patient care.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. We found that the practice shared learning with four other practices managed by the provider to make improvements on service provision.
- 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.