Seaton Park Medical Group

Inspection report

Seaton Hirst Primary Care Centre
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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 rated, comprehensive inspection – 21 October 2014 – rating – good).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Seaton Park Medical Group on 19 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to keep patients safe and safeguarded from abuse.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Some patients reported they were not able to access care and treatment from the practice within an acceptable timescale for their needs. The practice had implemented a range of innovative measures to help them improve patient access and were closely monitoring the effectiveness and impact of the changes they had introduced.
- The provider's strategies and supporting action plans for improving the care and treatment they provided were challenging and innovative.
- There was a very strong focus on continuous learning and improvement at all levels of the organisation. The practice actively used performance information to drive improvement.

We saw the following area of outstanding practice:

- The leadership, governance and culture of the practice was used to drive and improve how care and treatment was provided. The practice had worked with other organisations to create a range of local, non-clinical services, to which clinical staff could refer, to help support vulnerable patients take greater control of their own health. Steps had been taken to expand and increase the skill-mix of the team, to create more time for GPs to focus their time on patients with the most complex needs. Leaders and clinicians were piloting a 'group consultation' approach for patients with some long-term conditions, to help them reduce appointment demand, whilst also delivering care and treatment in a supportive group setting, providing opportunities for patients to listen, learn and share experiences. Strategies had been developed to manage and reduce demand for appointments through, for example, the use of an awareness campaign to educate patients about the range of services provided by the practice.

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

- Carry out periodic, comprehensive infection control audits, to make sure the practice is complying with the Health and Social Care Act (2008): Code of Practice.
- Improve uptake rates for cervical cancer screening so they are in line with the local clinical commissioning group average.
- Where the practice's exception reporting rates are higher than the local clinical commissioning group and England averages, take action to reduce them.
- Carry out regular checks of the contents of the doctors' bags and maintain suitable records of this.
- Continue to take steps to improve access to appointments and reduce patient complaints in this area.

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 advisor, a practice manager specialist adviser and a second CQC inspector.

Background to Seaton Park Medical Group

Seaton Park Medical Group provides care and treatment to approximately 18,224 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of NHS Northumberland Clinical Commissioning Group (CCG) and covers Ashington, Newbiggin, Choppington, Guidepost, Bedlington, Pegswood, Ellington, Lynemouth, Widdrington Station, Ulgham and Longhirst. We visited the following locations as part of the inspection:

- Seaton Park Medical Group, Norham Road, Ashington, Northumberland, NE63 0NG.
- Newbiggin branch surgery, Buteland Terrace, Newbiggin-by-the-Sea, Northumberland, NE64 6NS.

Information taken from Public Health England placed the area in which the practice is located in the third most deprived decile. This shows the practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages. The percentage of people with a long-standing health condition and caring responsibilities is above the England average. National data showed that 1.1% of the population are from an Asian background.

Seaton Park Medical Group is located in purpose built premises which provides patients who have mobility needs with access to ground floor treatment and consultation rooms. The practice team consists of: seven GP partners (three male and four female); six salaried GPs (four female and two male); a senior practice pharmacist (female) and two part-time, 'Vanguard' initiative funded, pharmacists (also female); two advanced nurse practitioners (female); six senior prescribing practice nurses (female); three practice nurses (female); three healthcare assistants (female); two phlebotomists (female); an orthopaedic practitioner (male); a practice manager; a quality and human resources manager; a support services manager; a patient services manager; and a large team of administrative and reception staff. The practice is a training practice and offers placements to GP trainees. There was a GP trainee on placement at the time of our visit.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had systems in place to safeguard children and vulnerable adults from abuse. Staff had completed safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The provider made sure that reports of safeguarding incidents, and any lessons learned, were shared with 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.)
- 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; including checks to make sure clinical staff continued to be registered with their professional body.
- The practice and its branch surgery were clean and hygienic throughout. Weekly audits were carried out, to make sure appropriate standards of hygiene were being maintained in each consultation and treatment room.
- The practice had arrangements for making sure 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 effective systems in place to help staff assess, monitor and manage risks to patient safety.

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

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 satisfactory process for 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

Overall, the practice had reliable systems for the appropriate and safe handling of medicines, the practice did not have a structured system in place to ensure regular checks were carried out of the contents of the doctors' bags.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed their antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- 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.

Good

Are services safe?

- The practice monitored and reviewed activity. This helped managers to understand risks and gave a clear, accurate and current picture of safety.

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. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- 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 of the population groups, as good for providing effective services.

(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. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when clinicians made decisions about how to care and treat their patients.
- 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 have been vulnerable received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital and 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:

- 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 GPs 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 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 had a patient 'POD' in the reception area which enables patients to take their own healthcare measurements.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, publicly available data showed that the practice's childhood immunisation uptake rates, for the period from 1 April 2016 to 31 March 2017, were below the World Health Organisation target of 80%. When we shared this with the practice, staff told us the data was incorrect. The practice manager explained this may have been due to how the data was converted during the practice's migration to the another clinical records system during 2017. Following the inspection, the practice provided us with evidence (data taken straight from their clinical records system) which demonstrated they had actually achieved an uptake rate of more than 90% for each quarter of 2016/17.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had arrangements in place 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):

- The practice's uptake for cervical screening was 72.8%, which was below the 80% coverage target for the national screening programme. (The practice presented us with evidence of their recent Quality and Outcomes Framework performance. This showed that between 2015/16 to 2017/18, there had been an increase of 5.3% in cervical screening uptake rates. (The Public Health England data used in our Evidence Table reflects the number of women screened and whether they were screened at an appropriate time. This data takes into account women who have had a hysterectomy and no longer require cervical screening.

Good

Are services effective?

- The practice's uptake for breast screening and bowel cancer screening were above the national averages.
- The practice's performance in relation to the detection of cancer was lower than average. Publicly available data showed the percentage of new cancer patients at the practice detected, following a two-week wait referral for being suspected of having cancer, was 34.1%. This was lower than the CCG average of 47.5% and England average of 51.6%. After sharing the data with the practice, we were assured that appropriate arrangements were in place to diagnose and refer patients with suspected cancer.
- Following the inspection, the practice queried the source of the data used to calculate the detection rate of 34.1%, indicating that an analysis of their own data showed a higher detection rate of 40%. (The Commission uses data supplied by Public Health England (PHE). The PHE practice figure of 34.1% indicates the definition of this indicator highlights that the patient group in the numerator and the denominator are not identical. One is defined by period of referral and the other by period of first treatment. Persons referred/treated at the start or end of the year may feature in one but not the other.)
- The practice had systems to inform eligible patients, such as students attending university for the first time, to have the meningitis vaccination.
- 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.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.

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

- The practice assessed and monitored the physical health of people with mental illness 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.
- The practice's performance in relation to the mental health indicators was higher, when compared to local CCG and national averages.
- 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.

- The practice had achieved 100% of the total number of QOF points available, compared to the local CCG average of 99% and the national average of 95.5%. The practice's overall exception reporting rate was higher than the local CCG and national averages. We explored the reasons for the higher exception reporting rates for some clinical indicators. The practice told us their patient recall system ensured all relevant patients were invited to attend for a review appointment, so appropriate tests could be carried out and treatment provided. Where no response was received from a patient a further two recall letters were sent out. If a patient failed to respond to an invitation to attend for a healthcare review, they were then 'exception-reported' based on 'informed dissent.' In addition, clinical staff were advised to add 'maximum tolerated treatment' codes for patients who declined an escalation of treatment at review or where it was clinically inappropriate to increase treatment.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Good

Are services effective?

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 and older people.
- 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, appraisals, clinical supervision and support for revalidation.

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 appropriate staff were involved in assessing, planning and delivering patient 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 patients living in a care home. Staff shared information and liaised with healthcare and social services staff as necessary. However, the backlog of non-urgent patient information that required scanning onto the practice's clinical IT system could mean that clinicians do not have access to an up-to-date patient record. The practice told us they had reviewed all of the items in the backlog and found that none had the potential to detrimentally affect the care and treatment a patient might receive.
- Patients received coordinated and person-centred care. This included when they were referred to, or 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 need 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 patients who were also carers.
- Staff actively encouraged and supported patients to be involved in monitoring and managing their own health through, for example, their promotion of social prescribing schemes. The practice had developed their own in-house schemes, and had worked with local organisations, to develop a range of community resources which their patients were able to benefit from.
- 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 and tackling obesity campaigns.

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.

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 about the way staff treated people was positive.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their 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). The practice used a specific form to encourage patients to inform them if they had any communication needs. In addition, new patients were asked if they had any sensory impairment needs.

- Staff communicated with people in a way that they could understand. For example, communication aids and easy read materials were available.
- Staff helped patients and their carers obtain relevant information and access community and advocacy services.
- The practice proactively identified patients who were also carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- A privacy booth was in place at the reception desk and, in addition, 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 treating patients with 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 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 and took account of their individual needs and preferences.

- The practice understood the needs of their patient population and tailored services in response to those needs.
- Telephone consultations and the provision of out-of-hours appointments supported patients who were unable to attend the practice during normal working hours.
- The facilities and the premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients. For example,
- The senior pharmacist supported the work of the integrated pharmacy hub team, to help make sure older patients had the right medicines prescribed following their discharge from hospital.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Patients were offered an initial appointment with a healthcare assistant to take health measurements and complete blood tests. This was followed up by a meeting with a member of the nursing team to discuss the results and plan their care. Patients with multiple conditions were reviewed at one appointment, to help avoid them having to attend the practice on several occasions.
- The practice had participated in a 'group consultation' pilot for patients with a cardiovascular risk of over 20%. This initiative was due to be rolled out to other chronic disease areas.
- The practice held regular multi-disciplinary meetings to help manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- A baby immunisation clinic was held twice a week, and patients were proactively invited to attend at appropriate age intervals. There was rigorous follow up for non-attendance.
- The six-week baby check clinic was combined with the post-natal check so patients only required one appointment.
- Same-day nurse-led 'Xpress' appointments were available after the end of the school day for children with minor ailments.
- Members of the practice patient participation group's (PPG) 'Knit and Natter' group helped organise an Easter Craft Fayre, to help raise funds for the group. The practice had also organised a 'Flu Bug' poster competition with local schools, to raise awareness and improve engagement.

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

Good

Are services responsive to people's needs?

- 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, there were same-day telephone appointments to help patients avoid taking time off work for a face-to-face appointment. The practice offered extended access opening hours seven-days a week, in collaboration with other local practices.
- Patients could book appointments and order prescriptions on line. The number of patients registered to use the online service had increased from 5.3% to 13.5%, over the previous 12 months.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The GP safeguarding lead attended 'Supporting Families' multi-disciplinary team meetings, to help ensure that information about risk was shared with relevant healthcare professionals.
- The practice provided a weekly clinic, or undertook home visits, to review the needs of patients with learning disabilities. There had been an increase of 5.6% in the number of annual reviews completed since 2015/16.
- The practice's carers' champion worked in partnership with the local carers' organisation, to help meet the needs of patients who were also carers.
- Clinical staff had completed training, to help them manage the needs of patients experiencing, or at risk of experiencing, domestic violence.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs, including patients living with dementia.
- The lead GP for mental health provided dedicated clinics as and when this was considered necessary.
- The practice was dementia-friendly and staff were trained as dementia friends.
- The practice provided a weekly clinic, or undertook home visits, to review the needs of patients with dementia and patients on the mental health register. There had been an increase of 32.2% in the number of annual dementia reviews completed since 2015/16 and an increase in other mental health reviews of 12.6%, over the same period.

Timely access to care and treatment

We recognised at the time of the inspection that the practice had spent considerable time and effort improving telephone access and access to appointments. However, some patients still said they found it difficult to use the practice's appointment system to obtain suitable appointments.

- The practice's national GP Patient Survey results, published in July 2017, were below all the local CCG and national averages for questions relating to access to care and treatment. Comments received from patients on the day of the inspection reflected the results of the national survey.
- The practice demonstrated they were aware of patients' concerns. Leaders had developed an innovative access strategy and action plan in response to patient feedback and were actively measuring their progress in implementing these. Evidence of improvement actions included the recruitment of additional clinical staff and the development of new practitioner roles.
- Overall, patients had timely access to initial assessment, test results, diagnosis and treatment.
- Overall, waiting times, 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

Good

Are services responsive to people's needs?

The practice took complaints and concerns seriously and responded to them appropriately.

- The practice clearly recognised they had a high level of complaints.
- Leaders had undertaken a detailed review of the complaints they received during 2017/18, to help them understand the reasons for them.
- They had identified the key themes and outlined the measures they had put in place to address the concerns raised.
- Leaders told us they hoped to see an improvement in the forthcoming year as recent changes at the practice, such as the installation of a telephone system and a new clinical records system, bedded in. In addition, patient services assistants had been provided with additional training to help them manage patients' concerns more effectively, by dealing with dissatisfaction at the earliest possible point.
- Information about how to make a complaint or raise concerns was available in the practice and on their website. 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 acted as a result to improve the quality of care. For example, following complaints received about the practice's repeat prescription process, a range of improvement actions were implemented. These included: contacting the new telephone system provider to address the difficulties patients experienced getting through to the practice on the telephone; promoting the practice's on-line repeat prescription service, to help avoid errors being made when repeat prescriptions were ordered.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice as good for providing well led services.

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 practice's challenges and weaknesses, and were actively addressing them.
- Leaders at all levels demonstrated the high levels of experience and the capability needed to deliver their commitment to continually improving patient care and treatment. They took responsibility and were accountable for their area of service provision. For example, the patient services manager focussed on providing support to carers and managing the practice's response to complaints.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The leadership of the service did not fear change or challenges and actively looked for ways in which it could improve the service for patients.

Vision and strategy

The practice's vision and strategy to deliver high quality, sustainable care, was stretching and forward-thinking.

- There was a clear vision and set of values. The practice had realistic strategies and supporting action plans to help them achieve their priorities. For example, a key aspect of their access strategy was to improve the skill mix of their team and use staff in creative ways, to help provide patients with access to the right type of appointment to meet their needs. The practice had developed their strategies and action plans in collaboration with their staff and external partners.
- Staff were aware of and understood the practice's vision, values and strategy and their role in achieving them.
- There was a systematic approach to monitoring, reviewing and providing evidence of their progress in implementing strategies and action plans.
- The practice planned their services to meet the needs of the practice population. For example, staff actively worked with locally available resources and organisations to help develop the social prescribing opportunities available to the clinical team.

Culture

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

- Staff stated they felt respected, supported and valued. There were positive relationships between staff and teams.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the practice's vision and values.
- 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed. The Quality and HR manager offered a 'Carolyn's Confidential' commitment to any staff who may want to raise an issue, that would they would be able to do so in confidence.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff 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. For example, staff had received equality and diversity training. There was evidence that all staff were encouraged to contribute towards plans for developing and reviewing the service.

Governance arrangements

Good

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management. There was embedded team-working and a common focus on improving the care and treatment patients received.

- 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 promoted interactive and co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended, except for a comprehensive infection control audit. There was a programme of audit across the organisation. We saw that any new process was audited for success and impact. For example, the advance nurse practitioners providing the weekly care home ward rounds were surveyed, to ascertain their views in relation to the effectiveness of this approach. The practice also sought feedback from the care homes concerned as to how useful they had found this service.

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 a documented organisational and skill-mix strategy and plan in place. Staff had been consulted about this and the plan had recently been reviewed and updated.
- Leaders welcomed rigorous and constructive challenge from patients and stakeholders and viewed this as a vital way of holding the service to account.
- The practice had processes to manage current and future performance.
- 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.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address 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.

- Leaders created informal and formal opportunities for constructive engagement with staff and patients. For example, lunch-time meetings provided opportunities for staff to discuss issues of the day and how they could be addressed.
- A full and diverse range of patients, staff and external partners' views and concerns were encouraged, heard and, where appropriate, acted on to improve the care and treatment provided.
- There was a very active patient participation group (PPG), which worked in partnership with the practice to raise money and provide social opportunities, to benefit patients and the local community.
- The service was transparent, collaborative and open with stakeholders about performance.

Good

Are services well-led?

- The practice had a very active Facebook page, which they used to deliver information about: the rate of missed appointments; key health messages; events arranged by the PPG.

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, including improving patient care and treatment following significant events.
- The practice had developed a rigorous access strategy and action plan, to help them improve access to appointments.
- The practice was actively addressing their patient access challenges by recruiting new role practitioners, upskilling non-clinical staff and using nurses in advanced roles, to free up GP time to focus on patients with more complex needs.
- The practice was a long-standing training practice. They supported trainee GPs to learn about general practice and develop their skills.
- The practice had a proactive approach to seeking out and developing new ways of working, such as the implementation of the 'group consultation' approach. This included the trialling of 'group consultations' for patients with high cardiovascular risk.
- Staff planned to offer similar sessions for patients with other types of long-term conditions, as a means of improving productivity and access to routine care, within a supportive peer group setting.
- 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.