

Sunnybank 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 practice had previously been inspected in April 2016 when it was rated good overall and requires improvement in providing responsive services. A follow up focused inspection in March 2017 rated responsive services as 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 Sunnybank Medical Centre on 26 April 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. The practice had carried out several full two cycle clinical audits to drive improvement.
- The practice had carried out their own patient survey and identified improvements following lower than average satisfaction results in the national GP patient survey 2017. This included a review of patient access and increased availability of book on the day appointments.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The majority of patient

comment cards we collected during the inspection were very positive about the care and services offered.

However, several said that appointments were hard to access and occasionally reception staff were unhelpful.

- The practice offered a number of enhanced services, extended hours on a Monday evening and appointments with a wide range of health professionals including pharmacists. The provider also hosted secondary care clinics for cardiology and dermatology consultations, which was of benefit to registered patients and other local people.
- There was an active patient group that worked closely with the staff team. The group helped patients through the development of patient champions and wellbeing groups such as walking and relaxation.
- There was a strong focus on continuous learning at all levels of the organisation. The provider had undertaken a comprehensive staff satisfaction survey across the whole staff team and implemented several initiatives to improve wellbeing and staff support.
- The clinical team were collaborative and supportive. A daily clinical briefing session was held during the morning to discuss any complex or urgent issues that needed discussion or resolution.

The areas where the provider should make improvements are:

- The provider should continue to identify the number of carers within the practice population.
- The provider should continue to review and act on areas of patient satisfaction highlighted in the national GP patient survey, that are lower than the national average.

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 also included a GP specialist adviser and a second CQC inspector.

Background to Sunnybank Medical Centre

Sunnybank Medical Centre, is located at Towngate, Wyke, Bradford, West Yorkshire, BD12 9NG. The practice provides services for 10,541 patients under the terms of the Personal Medical Services contract. The practice building is accessible for those with a disability. In addition, the practice has on-site parking available for patients, with designated spaces for disabled patients who require them.

The practice population catchment area is classed as within the fourth more deprived areas in England, with a rating of one being the most deprived and ten the least deprived. The age profile and life expectancy of the practice population is comparable to other GP practices in the NHS Bradford Districts Clinical Commissioning Group (CCG).

The National General Practice Profile states that 93% of the practice population is from a White British background.

Sunnybank Medical Centre is registered with the Care Quality Commission to provide; surgical procedures, diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice offers a range of enhanced local services including those in relation to:

- childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Anti-coagulation clinics
- Diabetes care including insulin initialisation
- Access to visiting cardiology and dermatology clinics
- Minor surgery
- Family planning including the fitting of coils and implants

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including AAA screening (a screening service offered to men over 65 at risk from an aneurysm), asthma, chronic obstructive pulmonary disease (COPD), alcohol misuse, weight loss and social prescribing including help in accessing welfare benefits.

Allied with the practice is a team of community health professionals that includes health visitors, midwives and members of the district nursing team.

The practice is accredited as a training practice and supports GPs in training as well as nursing, medical and pharmacy undergraduates.

The clinical team consists of six GP partners (two male, four female), two salaried GPs (both female), a GP registrar (female), two advanced nurse practitioners (female) and four practice nurses (female). The provider

also employs a prescribing pharmacist and a pharmacy assistant, two health care assistants and a phlebotomist. They are supported by a non-clinical business partner who oversees the practice management and a team of administrative and management support staff.

The practice appointments include:

- Pre-bookable appointments
- Urgent and on the day appointments
- Telephone consultations
- Home visits

Appointments can be made in person, via telephone or online.

Practice opening times are:

Monday - 8am to 8pm (telephone access from 8am, doors open to personal callers at 8.15am each day).

Tuesday - 8am to 6:30pm

Wednesday - 8am to 6:30pm

Thursday - 8am to 6:30pm

Friday – 8am to 6:30pm

Out of hours care is provided by Local Care Direct, reached by dialling 111.

The previously awarded ratings are displayed as required in the practice and on the practice's website.

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 had received some awareness training in safeguarding. The safeguarding lead had up-to-date safeguarding and safety training appropriate to their role. On the day of the inspection, not all of the GPs and ANPs had level three safeguarding training. However, the provider arranged level three training immediately following the inspection and sent us evidence to confirm this had happened. Staff we spoke with knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

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

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Antibiotic prescribing was lower than CCG and national averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. A pharmacist was directly employed by the practice and was available for face to face consultations to support patients in the review and management of their medicines.
- We saw evidence to confirm that patients who took certain higher risk medicines that required additional monitoring to ensure their safety were tracked and appropriately supported.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources, including complaints and significant events.

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. We were told by staff we interviewed that 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 took action 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.

Are services effective?

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

Effective needs assessment, care and treatment

The practice had effective 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 making care and treatment decisions.
- All clinicians were invited to utilise a daily clinical briefing meeting each morning at 10.30am to allow any complex or urgent matters to be discussed and resolved by the GPs and ANPs collaboratively.
- 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 had a clinical review including a review of medication.
- Patients aged over 75 had a named GP and housebound patients were able to telephone their prescription requests to the practice. There were appropriate safeguards in place to manage this approach.
- 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.
- Multi-disciplinary Gold Standard meetings were held monthly to review the needs of patients who were in need of end of life care. We saw evidence of effective and compassionate working by clinicians in partnership with other health professionals.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- Practice health champions actively supported older patients in accessing activities such as walking groups and relaxation sessions. Older patients were also identified for flu vaccine campaigns.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins (recommended medicines) for secondary prevention. People with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (a heart condition) were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages. However, we saw that the provider had successfully reduced the number of hypnotic medicines prescribed. This group of medicines can cause long term addiction problems and providers are encouraged to find alternative medicines where possible. The provider's rate of prescribing was one third of the national average and less than half the local average.

Families, children and young people:

- Childhood immunisation uptake rates were higher than the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Are services effective?

- The practice had arrangements to identify and review the treatment of pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme.
- The practice's uptake for breast cancer screening was lower than the national average. We saw that there were ongoing efforts being made to improve uptake. The uptake for bowel 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 to 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 highly 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 the housebound, those receiving end of life care and people with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition and also carers, according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to

'stop smoking' services. There was a system for following up patients who failed to attend routine appointments, including those for the administration of long-term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice had a GP with a special interest in supporting patients with mental health issues.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice's performance on quality indicators for mental health was above in line with local and national averages.

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 through clinical audit. Where appropriate, clinicians took part in local and national improvement initiatives and reviewed patient care following medicine alerts from the Medicines & Healthcare products Regulatory Agency (MHRA).

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through the development of practice health champions and 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, stop smoking campaigns, 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.

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 national GP patient survey results from July 2017 were in line or below local and national averages for questions relating to kindness, respect and compassion. Data showed that 77% of patients who replied to the survey said the last GP they spoke to was good at treating them with care and concern. This was lower than the local and national average of 86%. The survey also found that 91% of patients said that the last nurse they spoke to was good at treating them with care and concern. This was the same as the local and national average of 91%.

Involvement in decisions about care and treatment

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

- Staff 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 find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. For example, by holding awareness raising events such as coffee mornings. On the day of our inspection, the provider confirmed that there were 94 patients recorded as carers. This was less than 1% of the patient population and we have told the provider they should review this.
- The GP patient survey results were lower than local and national averages for questions relating to involvement in decisions about care and treatment. The practice was aware of these findings and had developed an action plan to address this. During the inspection we received positive feedback from patients relating to their involvement in decision making about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff told us they offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as 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, by offering minor surgery and joint injections.
- Telephone consultations, on line services and extended hour surgeries were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they told us that arranged face to face interpreters and a British Sign Language interpreter when required.
- The practice provided effective care coordination for patients who are 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.
- Face to face pharmacist appointments were offered to assist patients on new or multiple medications as required.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- A screening service for eligible men was offered to detect the risk of an aneurysm (AAA screening).

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. For example, COPD patients could access spirometry (a test to assess lung function).

- Patients who needed to have regular blood tests to check their blood clotting (INR) could attend the regular anti-coagulation clinic.
- The practice hosted several secondary care clinics at the location to support patients with cardiology, dermatology and epilepsy.
- Patient's experiencing chronic pain could access the pain management clinic where acupuncture was also offered as pain relief.
- There was also alcohol misuse support available delivered by a specialist worker.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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.
- A comprehensive family planning service was offered, including the fitting of implants and coils.
- Young people were able to access sexual health screening services.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, on line appointment access, telephone consultations and extended hours supported patients that may not be able to attend the practice during the usual working day.
- The provider offered smoking cessation advice and practice health champions were able to help patients wishing to lose weight in a supportive environment.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including carers and people with a learning disability.
- Patients with a learning disability were offered an annual health check.
- A welfare benefits advisor attended the provider and social prescribing was offered.

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.
- A GP at the practice also had a special interest in mental health and was able to effectively support these patients and provide guidance to clinical colleagues.
- Access to counselling and therapy could be arranged and the practice health champions offered walking and relaxation sessions to reduce loneliness and improve wellbeing.

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.
- However, the national patient GP survey found that only 25% of patients who completed the survey gave a positive response to the question “generally, how easy is it to get through to somebody at your GP surgery on the phone?”. This was significantly lower than the local average of 58% and the national average of 71%. The practice also scored below average for satisfaction with opening hours and the experience of making an appointment.
- During the inspection, the practice showed us that they had written and implemented an action plan in response to these findings. The practice had adjusted

the telephone and appointments systems and increased the number of staff answering phones at times of peak demand to improve access. The practice had also exceeded the CCG target of 20% of the practice population registering for on line services. We saw that 36% patients were now registered for on line services, which had improved their access to appointments, prescription requests and access to their care record.

- We also saw that reception staff had received additional customer service training and had used real life recordings of patient contacts to reflect and improve on their interactions.
- The provider had also followed up with their own patient satisfaction survey and were working with the patient group to encourage ongoing feedback from patients, which was improving.
- Patients we spoke with during the inspection and comment cards we received praised the care. However, some continued to report difficulties in securing a convenient appointment. On the day of inspection we were told of several instances where patients said that registering from online services had led to a significant improvement in their ease of access. We reviewed appointment capacity across the provider and found that there were enough staff available to meet patient demand.

Listening and learning from concerns and complaints

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

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

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as 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.
- 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.

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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against the delivery of the strategy.

Culture

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

- Staff stated they felt respected, highly supported and valued. They were proud to work in the practice. Staff had been extensively consulted and a staff survey demonstrated that staff felt highly included as internal stakeholders.
- The practice focused on the needs of 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- 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.

Are services well-led?

- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group and the practice had recruited a number of patient practice champions to educate and improve patient well-being.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The provider was in the process of joining the Affinity Care organisation to standardise policies and procedures across the group and benefit from membership of a wider clinical and organisational base.
- 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. 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.