Todmorden Group Practice

Inspection report

Todmorden Health 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. The practice was previously inspected on 6 December 2017 and received a rating of Requires Improvement for providing safe and well led services, which led to a rating of Requires Improvement overall.

The key questions at this inspection 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 Todmorden Group Practice on 26 July 2018. We carried out this inspection to review the changes the practice had implemented since their previous inspection, and to follow up on the breach of regulation identified at that time.

At this inspection we found:

- The practice had revised their staffing structure and had identified clear leadership areas in relation to clinical and non-clinical governance. Staff were clear about the leadership structure and their roles and responsibilities within the organisation.
- There were appropriate systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them, communicated them to staff, and improved their processes.
- Policies and protocols in relation to staff activity had been reviewed and updated. We viewed a sample of these and saw they were up to date and gave relevant guidance.
- Staff recruitment, training and ongoing monitoring processes had been reviewed. These were effective and safe.
- Health and safety issues were addressed in the practice. An external agency provided and updated risk assessments to support the provision of a safe environment for staff and patients.
- Staff told us the practice had a culture of openness and the senior leadership team was supportive.
- The practice had good facilities and a number of additional services including hospital consultant clinics were available to patients on site.
- The practice was part of 'Calderdale Group Practice', a group of 11 practices developing shared back office functions to improve resilience.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to up to date evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patient feedback in relation to the appointment system was mixed. Some patients told us GP appointments could be difficult to obtain.
- Continuous learning and improvement was supported for all staff via the appraisal process.

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

- Embed communication systems and processes in the practice to ensure that there is a sustained forum for two-way staff feedback.
- Continue to review and improve access to the practice, including GP appointments for patients and telephone access in general.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

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 Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to Todmorden Group Practice

Todmorden Group Practice is situated in Todmorden, Calderdale. There are currently 13,517 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures

The practice is housed in modern, purpose built premises which are shared with another practice and a walk-in centre. The practice building hosts several additional services such as medical consultants in cardiology, rheumatology, psychiatry, gynaecology and paediatrics; as well as X Ray and ultrasound services, podiatry, diabetic retinal eye screening and a young person's clinic for sexual health services.

The Public Health General Practice Profile shows the majority of the practice population to be of white British origin, with around 4% of mixed or Asian ethnicities. The level of deprivation within the practice population is rated as five, on a scale of one to ten. Level one represents the highest level of deprivation and level ten the lowest.

The age/sex profile of the practice is largely in line with national averages. The average life expectancy for patients at the practice is 78 years for men and 82 years for women, compared to the national averages of 79 years and 83 years respectively.

The practice offers a range of enhanced services:

- Meningitis vaccination and immunisation
- Childhood vaccination and immunisation
- Extended hours access
- Facilitation of timely diagnosis and support for dementia
- Influenza and pneumococcal immunisation
- Support for patients with learning disabilities
- Minor Surgery
- Rotavirus and shingles immunisation

The practice is a training practice, which means it provides training and support for qualified doctors wishing to specialise in general practice. A GP registrar was due to begin their placement at the practice the week following our visit.

There are four GP partners, two male and two female. One of the GPs was due to retire within the next few months following our inspection, and a salaried GP was being recruited in their place. The practice also makes use of regular locums. A female clinical pharmacist is also in post. The clinical team also includes four female advanced nurse practitioners, three female practice nurses and two female health care assistants (HCAs).

Supporting the clinical team is a practice manager, deputy practice manager and a range of secretarial, administrative and reception staff.

Out of hours care is provided by Local Care Direct and can be accessed by calling the surgery telephone number or by calling the NHS 111 service.

When we returned for this inspection we checked, and saw that the previously awarded ratings were displayed, as required, in the practice premises and on the practice website.

Good

Are services safe?

We rated the practice as good for providing safe services.

At our previous inspection we rated the practice as requires improvement for providing safe services because:

- Learning from significant events was not sufficiently embedded
- Assessment of clinical competency was not consistently applied
- Infection prevention and control measures were not sufficiently thorough.

On this visit we found that the processes for reporting and sharing learning from significant events had been improved; that staff induction processes had been reviewed; and checking and logging processes for infection prevention and control issues were thorough.

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. Staff received up to date safeguarding and safety training appropriate to their role. During discussions with staff they provided examples to demonstrate their awareness of identifying and reporting concerns. Alerts were in place on patient records to identify children or adults who were at risk or vulnerable. Reports and documentation relating to safeguarding conferences were available on the patient record. 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. All staff were aware of their responsibilities in relation to maintaining safe systems.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens were appropriate.

Risks to patients

Systems were in place 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. Staff availability was monitored at least six weeks ahead of time in order to identify 'pinch points' and arrange adequate cover for each staff discipline.
- The induction system for temporary staff was appropriate, and was 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. Non-clinical staff had received awareness raising training. We saw symptom sheets were pinned up at reception to remind staff of key signs to look out for.
- 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.

- There were systems in place for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment.

Good

Are services safe?

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. A clinical pharmacist had been employed by the practice. They oversaw antibiotic and other prescribing and took action 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, including high risk medicines.

Track record on safety

The practice had a good track record on safety.

- Comprehensive risk assessments, developed by an external agency, were in place in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

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. The significant incident policy had been overhauled to include a flow chart to aid staff when reporting incidents or near misses. Staff told us they were supported by senior staff when they did so.
- We saw that practice processes for sharing and embedding learning from significant events and near misses had been reviewed. We saw that changes were effectively implemented and communicated with staff following incidents.
- The practice demonstrated that their processes in relation to receiving and acting upon patient and medicine safety alerts were clear and effective.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

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 making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured 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 an annual review, usually carried out in the month of their birthday, to check their health and medicines needs were being met. For patients with the most complex needs, clinical staff liaised with other health and care professionals as appropriate in order to meet patient needs.
- 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.
- The practice was able to initiate and monitor insulin and other injectables for patients living with diabetes. Retinal screening services were available in-house. This reduced the need to attend outpatient appointments in hospital.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. Cardiac rehabilitation services were delivered from within the same building.
- 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. We saw that exception reporting rates in some cases were higher than local and national average. For example, in relation to chronic obstructive pulmonary disease (COPD). We discussed this with the practice during our inspection. The practice told us they had recently reviewed their approach in relation to providing repeat 'rescue' antibiotics for this group of patients routinely; instead issuing them based on need. They told us they were anticipating that a higher number of patients with COPD would attend for their annual review as a result of this. Exception reporting is the removal of patients from QOF calculations where, for example, patients decline or do not respond to invitations to attend a review of their condition; or when a medicine may not be appropriate.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice held regular multidisciplinary meetings where the needs of vulnerable children and families were discussed, and care plans updated as appropriate.
- Antenatal and postnatal care was mostly delivered by midwives working with the practice. Practice staff liaised as appropriate with midwifery services when enhanced need had been identified.

Good

Are services effective?

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

- The practice's uptake for cervical screening was 76%, which was consistent with the local average of 77% and the national average of 72%.
- The practice's uptake for breast and bowel cancer screening was in line with local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice ran a women's health clinic, offering sexual health and family planning advice, and a range of contraceptive services, including coils and long-acting reversible contraception.
- 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 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 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 assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. Patients were offered annual reviews. In addition, physical activity, weight reduction and smoking cessation services were available locally.
- Psychiatrist run clinics operated weekly from the practice building. Patients who failed to attend for administration of long term medication, or who failed to collect prescriptions for medicines to manage their condition were followed up.
- When patients were assessed to be at risk of suicide or self-harm the practice had access to the crisis team to help them to remain safe.
- 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 offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages. We saw that exception reporting rates for some mental health indicators were higher than local and national average. We explored this during the inspection. The practice told us that due to the availability of specialist psychiatric care which was offered locally, patients were reluctant to attend additional review appointments offered by the practice.

Monitoring care and treatment

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

- QOF results were consistent with local and national averages.
- We discussed higher than average exception reporting rates which applied in some cases. The practice told us patients were offered three appointments before being exception reported. Method of contact included written invitations, telephone call and text communication to encourage attendance. They told us they would continue to review their processes in this regard.
- 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

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.

Good

Are services effective?

- 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 given opportunities to develop. We saw that since our previous inspection changes to processes had been applied to ensure that staff of all disciplines received a comprehensive and appropriate induction, including clinical induction and ongoing support when applicable.
- The practice provided staff with ongoing support. This included appraisals and attendance at clinical development meetings; where clinical updates were shared, and case study discussion facilitated continuous learning.
- There were systems and processes in place to manage staff where performance issues arose.

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. The practice hosted a quarterly information sharing meeting with representatives of the care homes for older people where they had patients registered. 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 had 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 worked towards, 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.
- Practice health champions were active in the practice. They facilitated a host of activities designed to support those people who may be socially isolated, or had chronic health problems.
- 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 smoking cessation campaigns and healthy eating awareness raising.

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 caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff supported 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.
- The practice's GP patient survey results were above local and national averages in relation to patients' experience of the GP involving them in decisions about their care; but below local and national averages in relation to their experience of the nurse explaining tests and treatments. We explored this during the inspection. The practice was unable to account for this. They told us they were in the process of developing an internal patient survey, supported by the health champions, in order to review patient satisfaction with services provided.

Privacy and dignity

The practice respected patients' privacy and dignity.

- A private room, adjacent to the reception area, was available for patients requiring additional privacy, or those who appeared distressed.
- Seating for patients in the waiting area was organised to maximise privacy and confidentiality for patients speaking with reception staff.
- Patients were able to register their arrival for appointments via a touch screen system located in the reception area.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are 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:

- Older patients were supported in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice had patients resident in a number of residential and nursing homes for older people. We sought feedback from one of these before the inspection. They told us GPs provided visits when needed. Local 'Quest' matrons were also available to provide regular weekly input, and acted as a link between the practice and the care homes. Quest matrons were a CCG initiative who provided regular input into nursing and residential homes for older people to offer advice and support, and to liaise with GPs to ensure accessible appropriate care.
- Home visits were available for older patients who were housebound or had complex health needs.

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. Appointments were usually offered in the month of their birthday. A clinical pharmacist, employed by the practice carried out medicines reviews for those patients taking multiple medicines.
- The practice held regular meetings with district nurses and other relevant staff to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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. Appropriate alerts and flagging systems were in place to support this.
- Vulnerable families were discussed at regular meetings involving health visitors and school nurses.
- Following a recent complaint from a parent of a young baby, the practice had changed their approach in relation to offering appointments to children. All children under two were offered a same day appointment.

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

- The practice offered telephone appointments and online access to book appointments. Extended opening times were available on Thursday between 7am and 8pm.
- The practice participated in an improved access scheme, which meant that patients were able to access appointments at a nearby practice from 6.30pm to 8pm Monday to Friday; and between 10am and 2pm Saturday and Sunday. In addition, a walk-in centre was located in the same building as the practice, where patients were able to access appointments from 8am to 8pm on weekends and bank holidays.

People whose circumstances make them vulnerable:

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

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

Good

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. All staff had received 'dementia friendly' training to help increase their understanding of the issues faced by people living with dementia.
- A dementia friendly café ran from the practice premises on a monthly basis, accessible to all.
- A consultant psychiatrist delivered weekly mental health clinics from the same building in which the practice was housed. Practice staff were able to liaise appropriately in order to meet the needs of this group of patients.
- The practice participated in the 'Insight' scheme, provided by an external agency; which enabled patients with long-term conditions to access counselling and support, in recognition of the additional pressures which this group of patients may experience.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- A same day access service was available Monday to Friday, delivered by advanced nurse practitioners, with support from the duty doctor to help meet patient need.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patient feedback noted difficulty accessing GP appointments. The practice was aware of this. They told us they had revisited their clinical skill mix in order to respond to patient need. They were in the process of recruiting a salaried GP to replace the GP who was due to retire later in the year. In addition, they had been accepted onto a CCG initiative which gave them access to qualified doctors from overseas. They had been allocated two additional doctors from this resource who were planned to begin work at the practice later in the year.
- The practices GP patient survey results were generally in line with local and national averages for questions relating to access to care and treatment. Results for nurses explaining tests and treatments were below average. The practice was unable to offer an explanation for this. They told us they were developing their own internal patient survey, supported by the practice health champions, to better understand patient experiences.

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.
- The complaints policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- The practice had updated their processes for responding to written complaints. When patients communicated by email, the practice response included information on further options available when patients were not satisfied with the outcome of complaints.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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

At our previous inspection we rated the practice as requires improvement because:

- Governance systems in the practice were not sufficiently embedded to give assurance of safe systems and processes.
- Staff induction, indemnity and competency assessments were not consistent;
- Learning from significant events could not be assured.
- Systems and processes linked to equipment and medicines checking and cleaning were not always sufficiently thorough
- Clear leadership structures were not assured. Some staff told us they did not always feel supported by senior staff.
- At this inspection we saw that governance systems had been overhauled. A notice in the staff areas clearly indicated lead areas allocated to key senior staff. Communication within the practice had been reviewed and improved. Staff were able to post anonymous questions, suggestions and comments on a board in the staff meeting room, and the leadership team responded to these at staff meetings. Policies in relation to staff induction, competency and indemnity checking arrangements had been updated. Staff meeting structures had improved to include standing agenda items covering key clinical governance areas, and these were reviewed at each meeting and communicated to all staff. Clear processes for checking and logging medicines; and cleaning equipment had been established.

Leadership capacity and capability

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

- Leaders were aware of issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- GP partners and the practice manager had made efforts to increase their visibility within the practice, in order to become more accessible to staff.
- The practice had processes to sustain leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and 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 had been involved in developing the vision and values of the practice, and were aware of 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 delivery of the strategy.

Culture

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

- Staff stated they received support when needed. They told us they enjoyed working in the practice.
- The practice focused on the needs of patients.
- Systems were in place to act upon behaviours and performance which was out of step with the vision and values.
- Openness and honesty was 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 needed. This included annual appraisals. All staff had received an appraisal in the preceding year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice was aware of issues in relation to equality and diversity. Staff had received equality and diversity training.
- Staff described improved relationships between staff and teams.

Governance arrangements

Systems in relation to responsibilities, roles and systems of accountability to support good governance and management had been improved.

Good

Are services well-led?

- Structures, processes and systems to support good governance and management had been reviewed and communicated to staff. 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 reviewed and updated 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.
- Quality improvement activity had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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 clear 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 range of patients and external partners' views and concerns were listened to, and acted on to shape services and culture. Recent improvements had been made to the way the practice engaged with the views of staff. An anonymous message board was available for staff to post ideas, questions and comments. The leadership team considered these and provided feedback at staff meetings. The patient participation group had a small, static membership. However, the practice had appointed practice health champions who undertook a range of activities within the practice, and met regularly with staff representatives.
- 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.
- 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.
- Time was allocated during meetings to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.