

Avenham Surgery

Inspection report

Avenham Lane Health Centre
Avenham Lane
Preston
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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.

(Avenham Surgery is a new registered practice and this is the first inspection of the service under this provider.)

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 Avenham Surgery on 18 May 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had clear systems to manage risk so 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. It ensured care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.

- There was a strong focus on continuous learning and improvement at all levels of the organisation. We saw many areas where improvements had been made since the new provider took over the practice and we saw considerable evidence of enthusiasm and drive by the practice to deliver patient-centred care.

We saw one area of outstanding practice:

- The practice had appointed a “practice media champion” to support and maintain the new practice website and social media page. They were given protected time every week for this work. They used the online sites to engage with patients and promote health awareness, co-ordinating the selected topics with national campaigns and local initiatives. They kept a table of this work to ensure the sites were up to date and relevant.

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

- Continue to follow the new protocol for managing communications coming into the practice, including GP audit of the process.
- Implement the new risk assessment tools to assure the day-to-day safety of the surgery premises.
- Continue to implement the new staff training programme.
- Consider keeping copies of patient care plans in patient own homes for patients with care plans in place.
- Continue to identify and support patients who are carers.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a CQC registration inspector in training.

Background to Avenham Surgery

Avenham Surgery is a single-handed GP practice and is based in a purpose built facility, Avenham Lane Health Centre in Avenham Lane, Preston, PR1 3RG. The building also accommodates community health services. The practice is part of Greater Preston Clinical Commissioning Group and all services are delivered under a General Medical Services (GMS) contract. Information on services offered can be found on the practice website at

The practice provides services to 3655 registered patients. Data shows the practice population is made up of a lower proportion of patients aged 65 years and over than nationally (5% compared to 17%) with the majority of patients being aged between 25 and 49 years of age (47%, compared to 35% nationally). Figures indicate the percentage of patients from a black or minority ethnic background is 37%.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. There are 54% of patients with a long-standing health condition; the same as the national average. The practice has a higher percentage of unemployed patients compared with the national average; 7% compared with 5%.

Although the practice opens its doors from 8.30am to 6pm each weekday, patients can telephone the surgery from 8am in the morning and between 6pm and 6.30pm, when telephone access to the practice is diverted to a mobile telephone number. When the practice is closed patients are advised to contact NHS 111. Out of hours service is provided by GotoDoc Ltd., based at Preston hospital.

One regular female long-term locum GP who provides lunchtime surgeries on two days in the week, supports the male principal GP. An advanced nurse practitioner, a practice nurse and a healthcare assistant who also acts as the practice medicines co-ordinator, support the GPs. The practice has three administrative and reception staff who are led by the practice manager.

The service provider changed in November 2017 with the retirement of the principal GP and the practice has continued to offer services to existing and new patients. The practice provides family planning, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and there were good communication systems with the local community staff. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- 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 and on an ongoing basis.
- There was an effective system to manage infection prevention and control (IPC). IPC systems, policies and procedures had been comprehensively reviewed and updated and actions identified by IPC audits had been addressed.
- The practice had arrangements to ensure 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. Medical students were provided with a dedicated practice student introduction file giving important information about the practice.

- 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 and all staff were trained in the possible signs and symptoms of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. The practice had reviewed all safety systems, processes and procedures when the new provider started in November 2017.

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 information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. We saw evidence test results were dealt with in a timely and effective way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw there was a workflow protocol to manage communications coming into the practice although it lacked some detail and there was no audit of the process. However, staff demonstrated only a few low-risk items of paper post were removed, coded and filed without sight of the GP. Following our inspection, the practice sent us evidence of a new workflow protocol which also allowed for audit of the process by a GP.
- 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.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks, although at the time of our inspection the practice did not have a risk assessment in place for those emergency medicines not held in the practice. We saw this had been completed following our visit.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken 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.

Track record on safety

The practice generally had a good track record on safety.

- At the time of our inspection, the practice was in the process of putting together a suite of premises risk assessment tools to ensure the practice environment was safe for staff and patients. We saw there were risk assessments in place for the building generally in the form of an electrical safety certificate, gas safety certificate and fire, legionella and asbestos risk assessments. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Any identified risks had been mitigated.

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

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. The practice process for dealing with significant incidents had been improved to ensure timely review of actions taken and for learning points to be shared with staff.
- 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.

Please note: As this was an inspection of a new provider, any Quality Outcomes (QOF) data related to 2017/18 had not been nationally validated and had been obtained directly from the practice. (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 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 used appropriate tools to assess the level of pain in 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 are 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 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a six month period since November 2017, the practice had offered 59 patients a health check and 11 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. The principal GP contacted them to ensure their care and treatment needs were met and ensured 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 GP worked with other health and care professionals to deliver a coordinated package of care. Staff worked to engage those patients with the most complex needs and those who had previously not attended the practice for health reviews.
- 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 engaged with the local chronic obstructive pulmonary disease (COPD; a lung condition) community team to ensure patient social and welfare needs were met.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension. They checked patients' pulse rates opportunistically to detect any irregularities.
- We saw evidence of improved QOF results for the part-year that the new provider had been in place. For example, the percentage of patients with diabetes on the register with well-controlled blood sugar levels in the year 2016/17 was 64% and 72% in 2017/18. Also, the percentage of patients with asthma on the register who had had an asthma review that included an assessment of asthma control was 58% in 2016/17 and 86% in 2017/18. The practice was aware further improvement was needed and planned to work to make these improvements. There were additional clinical staff in place to provide increased time for patient health reviews and treatment.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. We saw

Are services effective?

practice data that indicated that uptake rates for the vaccines given were generally in line with the target percentage of 90% although staff were aware that further work was needed to increase uptake.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 77% which was below the 80% coverage target for the national screening programme. The practice was aware of this and was working to try to increase uptake. They had introduced a new letter for patients who did not attend their appointment which was printed on pink paper. They also told us they had not excluded anyone from being invited but continued to engage with all eligible patients. The practice also had a social media site that advertised and promoted cytology to patients. Figures we saw showed there had been an increase in patients attending for cervical screening since the new provider took over in November 2017; 48% of eligible patients were shown to have attended for screening within the previous five years in 2016/17 and 77% in 2017/18.
- The practice told us that historically, patient uptake for breast and bowel cancer screening was below the national average. They said they planned to work to improve these figures in the future.
- 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. All patient deaths were discussed in practice meetings to see whether there were any lessons to be learnt.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Staff worked with the local homeless centre to ensure these patients could register at the practice and their health needs were met.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Staff worked with members of the local substance misuse team to deliver shared care for patients who were overusing drugs or alcohol.

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 for administration of long term medication.
- Improvements to QOF results showed better care and treatment for patients with severe mental illness. For example, 54% of patients had a documented, agreed care plan recorded in their patient record in 2016/17 and 91% in 2017/18.
- 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.
- Patients diagnosed with dementia had their care reviewed in a face to face meeting every year and patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented each year.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- 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 and there were longer appointments for this.

Monitoring care and treatment

Are services effective?

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw examples of both clinical and non-clinical audit. For example, the practice had audited whether the medicines prescribed for first-line treatment of patient urinary tract infections had been in line with best practice guidelines and, although results of this showed good compliance, reminded clinicians of the need to follow best practice. They also audited appointment availability regularly over a five-week period to ensure access to appointments was able to meet patient demand.

The practice was a training practice for medical students and these students also carried out quality improvement work such as audit and producing patient leaflets.

Where appropriate, clinicians took part in local and national improvement initiatives. They worked closely with members of the clinical commissioning group (CCG) medicines management team to ensure practice prescribing was in line with best practice and took part in the national diabetic patient audit.

- The practice showed us unvalidated data for QOF that showed improvement in all areas of management of patients with long-term conditions compared to results in 2016/17. Staff told us this had been achieved mainly in the six months from the start of the new provider and given the additional resources and commitment to this, the practice hoped to improve these figures further in 2018/19.
- We also saw that only two patients (0.1%) had been excepted from QOF figures for 2017/18 compared to 7.5% of all patients in 2016/17. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- 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.
- 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. We saw there were areas of staff training that had needed improvement under the previous provider. To address this, the practice had purchased an accredited online training system and staff had started to use this with ongoing management oversight.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for the healthcare assistant included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. It 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.

Are services effective?

- 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. We saw examples of these care plans that were held on the patient electronic record although they were not always kept in the patient's own home to provide information for emergency services.
- The practice ensured 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.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice had arranged for a new website and had implemented a social media page. They had appointed a "practice media champion" to support and maintain these online resources. They were given protected time every week for this work. They used the social media site to engage with patients and promote health awareness, co-ordinating the selected topics with national campaigns and local initiatives. They kept a table of this work to ensure the sites were up to date and relevant.

Helping patients to live healthier lives

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

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

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 practice had used the national GP patient survey carried out under the previous provider and published in July 2017 to inform service provision and address any identified patient concerns. Feedback on the NHS Choices website, interviews with patients and patient comment cards that we received at our inspection indicated patients found staff and GPs friendly, caring, helpful, respectful and sympathetic.

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 patients and their carers can access and understand the information they are given.)

- Staff communicated with people in a way 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 was aware they had further work to do in order to proactively identify carers. Following our inspection, they discussed ways of doing this and planned to involve reception staff more in the identification of carers.
- We received feedback from patients that confirmed they felt involved in making decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

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. At the time of our inspection, the practice had submitted a bid to the clinical commissioning group (CCG) for additional rooms to be made available in the building so they could accommodate an annual increase of 6% in the practice patient list and the additional staff employed or to be employed in the practice.
- The practice made reasonable adjustments when patients found it hard to access services. It provided home visits and flexible walk-in appointments for those patients who found it difficult to remember appointment times.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. It 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, 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 also did planned home visits with community services when needed.
- Patients with complex needs could book longer appointments.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice used yellow paper for invitations to reviews. This made the invitations more noticeable for patients and helped those with poor vision to read them.
- The practice held regular meetings with members of local health and social care services to discuss and manage the needs of patients with complex medical issues.
- Staff carried out regular medicines checks to ensure medicines for patients with long-term conditions were being prescribed and used appropriately.

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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The practice had actively promoted its online services with patients. Staff had sent letters to 700 patients to encourage them to register for these services along with forms that could be used to update patient health and contact details held by the practice.
- 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, extended opening hours and weekend appointments at neighbouring practices and lunchtime appointments.

People whose circumstances make them vulnerable:

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

Are services responsive to people's needs?

- The practice had met with local community organisations such as Disability Equality North West and the Pukar Centre (a disability resource centre) and hoped these services could be represented in the practice in the future if the practice bid for more space in the health centre was successful.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The new provider had considered previous problems with access to appointments and had taken steps to address them.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, as a result of a complaint regarding the practice cervical screening service, the practice reviewed and amended the patient recall system to try to ensure all patients with an abnormal result were recalled to the practice.

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 enthusiastically.
- 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 which all staff in the practice had contributed to. The practice had a realistic strategy and supporting business development plan to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. It aimed to work more closely with services such as the local centre for homeless people, Age UK, local schools, Disability Equality North West and the Pukar Centre (a disability resource centre).
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice 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 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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 practice had reviewed all governance systems when the new provider had taken over the practice to ensure the governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended. The workflow protocol was new to the practice but included the necessity to audit the process which the practice assured us they would do.

Are services well-led?

Managing risks, issues and performance

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

- There was generally an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice premises risk assessment tools were in the process of being adopted for use by the practice however, many general risk assessments for the building were in place such as the electrical and gas safety certificates and fire risk assessments.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were comprehensive 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.
- 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.
- 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...