

Hackness Road Surgery

Quality Report

19 Hackness Road
Scarborough
North Yorkshire
YO12 5SD

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Website: www.HacknessRoadSurgery.co.uk

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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 service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hackness Road Surgery on 7 November 2017 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. All staff were aware of incidents and the changes made to prevent the incident reoccurring. Incidents were discussed weekly.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. We observed staff dealing with patients in a caring and courteous manner.
- Patients found the appointment system easy to use and reported that they were able to access care

when they needed it. Patients were able to book appointments up to six weeks in advance. Appointments could be booked in person, by telephone or online. Same day appointments were available each day for emergencies. On the day of the inspection there were still three appointments available in the afternoon.

- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice was keen to encourage staff to undertake further training and qualifications. An example was that recently one of the health care assistant had left to commence nurse training.

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

- Improve infection control monitoring in the main and branch practice.
- Improve access to emergency equipment in the branch surgery.
- Ensure the storage of medical gas is labelled.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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	

Hackness Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and another CQC inspector.

Background to Hackness Road Surgery

Hackness Road Surgery, Scarborough YO12 5SD is the main practice situated on the outskirts of Scarborough. The branch surgery is in the village of Cloughton at 1 Station Lane, Cloughton, and Scarborough, YO19 0AD. The branch surgery opens three times a week. We visited both of these sites during the inspection. Dr Philip Clinton Jones is the registered provider. The practice web site can be viewed using the following link, www.hacknessroadsurgery.co.uk

The practice provides services under a General Medical Services (GMS) contract with the NHS Scarborough and Ryedale Clinical Commissioning Group.

The practice population is 3,300. The proportion of the practice population in the 65 years and over age group is above the local CCG and England average. The practice population in the 0 to 50 age group is below the local CCG and England average. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The practice has 695 patients who use the dispensary.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. The practice were part of a group of practices who jointly reviewed safety systems across the practices to improve the processes. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. There were regular meetings where Safeguarding concerns were discussed.
- Staff who acted as chaperones were trained for the role and had received a DBS check. The practice policy was to DBS check all of their staff.
- There was an effective system to manage infection prevention and control. However there was no annual infection prevention and control audit completed. The practice provided assurance following the inspection that infection control is being reviewed by the Health and Safety Group. We saw monitoring of the clinical rooms, environmental and hand washing was undertaken. The branch surgery was carpeted throughout and two consulting rooms in the main practice. The carpets were regularly cleaned, however we saw no risk assessment in relation to bloods being taken in these areas.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. All non-clinical staff worked part-time and provided cover when necessary.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. We saw that there had been a simulated emergency held in the practice to help teach staff how to deal with a medical emergency. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. However we saw there was no access to emergency equipment such as oxygen or defibrillator in the branch surgery or a risk assessment of the risks associated with this.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. However there was no medical gas alert on the door that stored medical gas.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe. There were 695 patients registered to use the dispensary.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. There were 49 significant events raised in the last year. An example included, following a delay in ensuring urgent bloods were done on the same day, changes were made and urgent bloods are coded with a red flag on the system and completed the same day. Reception and other staff were given further training regarding the significance of this. A further example was, following a dog attack during a home visit the lone working policy was reviewed and practice records updated regarding identified risks during home visits.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The number of patients receiving antibacterial prescription items prescribed per Specific Therapeutic Group was comparable to other practices within the local CCG area
- The number of patients receiving prescribed antibiotic items that are Cephalosporins or Quinolones was comparable with the local CCG.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw that the practice could refer patients for support and assessment to maintain their independence.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. The practice nurse and advanced nurse practitioner also supported local care and nursing homes in the management of patients and their conditions.

Older people:

- 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.
- 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. The practice had a high number of elderly patients. However in comparison to other practices in the CCG area there were not as many

presenting at Accident and Emergency. The practice felt this reflected that the older and frail patients had care plans in place and good access to the practice appointments.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The prevalence of some of the long term conditions were above the CCG average which links to the practice population being above the local and national average. Examples of these were Hypertension which was 6% above and Depression 2% above the local and national averages. The practice were not outliers in any area of the Quality Outcome Framework (QOF).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. The practice had processes in place to follow up children not attending for vaccination.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice were ordering posters promoting the vaccine to future university students and placing them in the clinical areas.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which 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 homeless people, travellers and those with a learning disability.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is 5% above the national average and 4% above the CCG average comparable to the national average. 87% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is 8% above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was practice 91% compared to the CCG average 83% and national average 91%.

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. During the last year the practice had completed 157 reviews checking the effectiveness and performance of the care delivered. Where appropriate, clinicians took part in local and national improvement initiatives. The practice recently purchased Arden's System (system one – a computer system design for primary care) which provided a suites of templates and guidelines that ensured the most up to date guidelines, best practice and read codes were used. The process also supported prescribing, care planning, alerts and prompts for referral to secondary care.

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example ensuring women suffering from epilepsy and considering pregnancy receive appropriate reviews and medication.
- The practice was actively involved in quality improvement activity. Using the Arden's System it identified the most up to date treatment and medication for patients and prompted the clinician during a consultation to use the templates which facilitated this.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The practice had recently purchased an online training system to improve access to training for staff.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants 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.

Are services effective?

(for example, treatment is 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, 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.
- The practice held monthly multi-disciplinary case review meetings where patients on palliative care register discussed.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- New cancer cases (Crude incidence rate: new cases per 100,000) showed the practice had identified 982 which was above the national average of 504. The practice was not an outlier in any area or cancer screening or referral.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 217 surveys were sent out and 114 were returned. This represented about 3.4% of the practice population. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG 93%; national average 89%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG 98%; national average 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 91%; national average 92%.
- 97% of patients who responded said the nurse was good at listening to them; (CCG) 93%; national average 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG 94%; national average 92%.

- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 98%; national average 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 94%; national average 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG 89%; national average 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. However the practice currently had no patients requiring this service.
- Staff communicated with patients 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 patient participation group (PPG) had developed folders with useful information and signposting for Carers, Dementia and Diabetes.
- The practice proactively identified patients who were carers. They asked patients during consultations and recorded this. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.8% of the practice population as carers.
- The patient participation group (PPG) had developed folders with useful information and signposting for Carers, Dementia and Diabetes. Staff had received further training in supporting carers and understanding and championing dementia. The dementia training had been supplied by the chair of the dementia group who also chairs a local Dementia group.

Are services caring?

- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call could be followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 98% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 92% and the national average of 86%.
- 96% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 87%; national average 82%.

- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 93%; national average 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 88%; national average 85%.

The results were above the local and national averages.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. The nurse practitioner held appointments at the branch surgery and patients sometimes collected prescriptions from there.
- The practice made reasonable adjustments when patients found it hard to access services providing home visits when required.
- 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. Patients were also supported by the practice nurse and nurse practitioner.
- 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 due to limited local public transport availability.

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. The practice had introduced a

system to ensure reviews for patients with respiratory conditions were being moved to the summer months when patients were more likely to be well and there was less pressure on appointments. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team 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. We were also provided with examples where the practice had been proactive in following up concerns in relation to children at risk.
- 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 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 on a Monday evening.
- Telephone and consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients who failed to attend appointments were followed up by a phone call from a GP.

Timely access to the service

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.
- The appointment system was easy to use. However the practice told us that the current telephone system does not meet their needs in providing good access for patients. The practice were looking at new improved systems.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 217 surveys were sent out and 114 were returned. This represented about 3.4% of the practice population.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 76%.
- 78% of patients who responded said they could get through easily to the practice by phone; CCG 83%; national average 71%.
- 96% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 87%; national average 84%.

- 90% of patients who responded said their last appointment was convenient; CCG 87%; national average 81%.
- 81% of patients who responded described their experience of making an appointment as good; CCG 81%; national average 73%.
- 69% of patients who responded said they don't normally have to wait too long to be seen; CCG 62%; national average 58%.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- 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 a patient complained about the number of phone calls from the practice. The complaint was investigated, staff made aware of the concerns. The process was changed, following a phone call being made a time stamp was used to ensure the next member of staff was aware of a call already being made to the patient reducing unnecessary calls.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

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 had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They 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 care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans 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.
- 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. We saw examples that following incidents or complaints patients were informed, apologies offered and any changes to prevent reoccurrence explained to the patient. 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. However we noted that clinical supervision for the nursing staff was not formal but currently peer support.
- Clinical staff, including nurses, 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. It identified and addressed the causes of any workforce inequality. 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 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. However the infection control lead had not undertaken regular annual audits. Since the inspection we have received assurance that this has been addressed.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was a practice hub made up of practices in the area who had received extra funding to look at Health and Safety Policies and Procedures.

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. However we identified some areas of risk that needed to be risk assessed for example the lack of emergency equipment at the branch practice.
- 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 Medicines AND Healthcare products Regulatory Agency (MHRA) 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 undertaken 157 clinical reports on 30 different topics to check performance and quality.
- The practice had plans in place and had trained staff for dealing with emergencies and major incidents such as complete loss of the computer system.
- 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. For example the current telephone system was not meeting the needs of the practice and there was lack of space in the practice.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- 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. The practice regularly consulted their patients using questionnaires and met with other local providers.
- There was an active patient participation group who meet regularly and were involved in undertaking patient questionnaires.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. We saw that the practice had encouraged one of the health care assistants to undertake formal nurse training and were now supporting a member of the non-clinical team to undertake training as a health care assistant.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- 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.