

The Connaught Square Practice

Inspection report

41 Connaught Square

London

W2 2HL

Tel: 02074024026

www.theconnaughtsquarepractice.nhs.uk

Date of inspection visit: 23 August 2018

Date of publication: 10/10/2018

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

We carried out an announced comprehensive inspection at The Connaught Square Practice on 15 June 2017. The overall rating for the practice was Requires Improvement. The full comprehensive report on the 15 June 2017 inspection can be found by selecting the 'all reports' link for The Connaught Square Practice on our website at www.cqc.org.uk.

This inspection, on 23 August 2018, was an announced comprehensive inspection to confirm that the practice had carried out their plan to meet the requirements that we identified in our previous inspection on 15 June 2017. This report covers our findings in relation to those requirements and any improvements made since our last inspection. The practice is now rated as Good 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

At this inspection we found:

- The practice had addressed the findings of our previous inspection in respect of the management of patient safety alerts, safeguarding, infection prevention and control, medicine management and clinical protocols.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had systems in place to ensure care and treatment was delivered according to evidence-based guidelines.

- Some patient outcomes were variable. However, we saw that the practice had plans in place to further address these shortfalls. Patient comment cards received were all positive about the service.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The facilities and premises were appropriate for the services delivered. The practice had made reasonable adjustments when patients found it hard to access services.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

- Consider auditing the system to manage test results to assure yourself that it is functioning effectively.
- Address the outstanding actions of the Infection Prevention and Control audit.
- Continue to monitor patient outcomes in relation to the cervical screening programme and the child immunisation programme.
- Continue to monitor results in relation to the GP national survey.

Professor Steve Field CBE FRCP FFPH FRCGP Chief 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 advisor.

Background to The Connaught Square Practice

The Connaught Square Practice operates from 41 Connaught Square, London, W2 2HL and has access to four clinical consulting rooms, two located on the ground floor and two located in the basement.

The practice provides NHS primary care services to approximately 7,350 patients and operates under a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS Central London (Westminster) Clinical Commissioning Group (CCG).

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and family planning.

The practice staff comprises of a male and female GP partner, two female and one male salaried GP providing a total of 27 clinical sessions per week. The clinical team is supported by two practice nurses (1.5 WTE), two full-time healthcare assistants and a clinical pharmacist. The administration team is led by a full-time practice manager and a reception and administration team of eight staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours are available on Monday to Friday between 6.30pm and 8pm. In addition, the practice serves as one of four practices in Westminster offering seven-day GP access through a NHS Central London CCG-led service. Patients of both the practice and neighbouring Westminster practices can access this service on Saturday and Sunday from 8am to 4pm. When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

The practice population is in the fourth most deprived decile in England, on a scale of one to 10 with one being the most deprived and 10 being the least deprived. People living in more deprived areas tend to have greater need for health services. The practice has a higher than average population of male and female patients between the ages of 15 and 44 years. Forty-three per cent of the people in the practice area were from black and minority ethnic (BME) groups. The practice told us that it had identified that 20% of its patient population speak Arabic as their first language.

Are services safe?

At our previous inspection on 15 June 2017, we rated the practice as Requires Improvement for providing safe services as the management of patient safety alerts and some aspects of safeguarding, infection prevention and control and medicine management required improvement.

At our follow-up inspection on 23 August 2018 we found that the practice had addressed the findings of our previous inspection.

The practice is now rated 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. We saw that the practice had reviewed and updated its safeguarding children and adult policies and these were accessible to all staff. Clinical and non-clinical staff had received up-to-date safeguarding training appropriate to their role. Staff we spoke with knew how to identify and report concerns. Learning from safeguarding incidents was available to staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- 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.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice had reviewed its systems to manage infection prevention and control (IPC) and addressed the findings of our previous inspection with regards to cleaning storage and segregation of cleaning equipment. There was a policy in place and an audit had been undertaken by the IPC lead in May 2018.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

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

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.
- The practice had a documented approach to the management of test results and we saw that abnormal results had been reviewed and managed by the GPs in a timely manner. The lead GP told us that the management of normal results was undertaken by non-clinical staff in line with its protocol. The practice had not undertaken any audit to ensure that the system was functioning effectively.

Appropriate and safe use of medicines

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

- Data for the period 1 July 2017 to 30 June 2018 showed that the practice prescribing of antibacterial prescription items was lower than the CCG and England averages (practice 0.48; CCG 0.59; England 0.95). However, the number of prescription items for co-amoxiclav, cephalosporins and quinolones as a

Are services safe?

percentage of the total number of prescription items for selected antibacterial drugs was above the CCG and England averages (practice 14.6%; CCG 11.6%; England 8.7%). The practice was aware that its prescribing of broad-spectrum antibiotics was above CCG and national averages and we saw that this had been discussed as part of the CCG-led prescribing improvement scheme. The practice had been set a target of achieving less than 10% by the end of the financial year (March 2019) and this was being monitored on a month-to-month basis by the CCG Medicine Management Team. To achieve the target the practice also had to demonstrate that Antibiotic Resistance in Primary Care training had been undertaken by the doctors. We saw that the lead GP had undertaken this training.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- 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. We saw that the practice had an ongoing audit of its patient on high-risk medicines to ensure they were having regular blood tests in line with guidance.

Track record on safety

The practice had a good track record on safety.

- The practice was responsive to our previous inspection and had addressed our findings in relation to the management of patient safety alerts, safeguarding, infection prevention and control, medicine management and clinical protocols.
- There were comprehensive risk assessments 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. 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. We saw evidence from minutes of meetings that significant events were discussed with staff.
- Since our last inspection the practice had put a formal process in place to track safety alerts received and ensure appropriate action had been taken and outcomes shared with staff. We saw that 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?

At our previous inspection on 15 June 2017, we rated the practice as Requires Improvement for providing effective services as clinical protocols to support the role of the healthcare assistants required improvement.

At our follow-up inspection on 23 August 2018 we found that the practice had addressed the findings of our previous inspection.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw from minutes of meetings that NICE guidance was discussed in clinical meetings.

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.
- We saw that the practice had addressed the findings of our previous inspection and implemented clinical protocols covering the scope of the healthcare assistants' role. We saw they outlined the framework for the management of specific situations and definitions of circumstances where patients should be referred to a GP for further assessment.
- 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.
- 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:

- The practice's performance on quality indicators for long-term conditions was comparable with local and national averages, for example diabetes, chronic obstructive pulmonary disease (COPD), asthma, atrial fibrillation and hypertension.
- 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 which included an in-house clinical pharmacist.
- The practice provided diagnostic spirometry and ambulatory blood pressure monitoring (ABPM).
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins 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 it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice was aware of this and told us that they had addressed this by increasing their nursing team, extending immunisation appointments to Saturday and Sunday, allocating dedicated administration time for the nurse to recall patients and follow-up with non-attenders by telephone and letter. We saw some improvement in uptake since our last inspection.
- The practice had arrangements for following up failed attendance of children's appointments following an

Are services effective?

appointment in secondary care or for immunisation. The practice held a quarterly multi-disciplinary team meeting with the health visitors to discuss patients who had failed to attend for an appointment.

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

- The practice's uptake for cervical screening from Public Health England (PHE) data was 48%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had addressed it with an increase in their nursing team, offering appointments on Saturday and Sunday, allocating dedicated nurse administration time for recall and sourcing cervical screening fact sheets in the Arabic language which aligned to their patient demographic. The practice had been monitoring their improvement through the quality and outcome framework (QOF) and we saw that the uptake for 2016/17 was 58% (CCG average 72%; national average 81%) and unvalidated data for 2017/18 indicated an achievement of 71%.
- The practice encouraged breast and bowel cancer screening and we saw posters in the waiting room and leaflets available in the Arabic language.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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's performance on quality indicators for mental health showed that one indicator was above local and national averages and two were comparable with local and national averages.
- The practice had a weekly dedicated mental health clinic and undertook quarterly reviews of all mental health patients. There was a system for following up patients who failed to attend for administration of long term medication.
- 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 and health interventions, for example, 'stop smoking' services.
- 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 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.

Monitoring care and treatment

- The practice had a programme of quality improvement and routinely reviewed the effectiveness and appropriateness of the care provided. For example, through clinical audit and local initiatives which included the prescribing improvement scheme and peer review with local practices for care of patients with diabetes.
- The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2016/17, which showed the practice achieved 96% of the total number of points available (CCG average 93%; England average 97%). The overall exception reporting rate was 8% compared with the CCG average of 10% and the national average of 10%. 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 and provided two audits in the past two years, both of which were

Are services effective?

completed cycle audits. We saw evidence of improvements from repeat audits. The administration team participated in audits, for example patients who failed to attend for their appointment (DNAs) and patients referred on the two-week wait pathway to ensure appointments had been received and/or attended an appointment.

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

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for patient care, for example people with long-term conditions. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice had an on-site care navigator.
- 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. The practice had a smoking cessation counsellor on-site one day a week.

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. All staff had undertaken Mental Capacity Act (MCA) training.
- 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.
- We received 24 patient Care Quality Commission comment cards, all of which were positive about the service.
- The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period January 2018 to July 2018, based on 105 responses, showed that 90% of patients would be extremely likely or likely to recommend the service.
- Patients we spoke with told us they had received good clinical care, felt involved in their treatment and care and was treated with dignity and respect.
- The practice's national GP patient survey results were variable. The practice was aware of this and had reviewed the results of the national GP patient survey for 2017 and had discussed the findings in the form of a presentation with the Patient Participation Group (PPG). The practice gave an opportunity for the PPG to comment on the results and make suggestions where improvement could be made. The practice had undertaken its own internal survey, outcomes of which are set out in the evidence table. We saw that the practice had reviewed the latest national GP patient survey results for 2018 and made some initial observations and planned to discuss the findings at a

forthcoming PPG meeting. However, the methodology had changed in the 2018 survey and so it was not possible to directly compare the survey with those of previous years.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. The practice had identified that 20% of their patient population were Arabic speaking and had produced health promotion posters and leaflets in the Arabic language.
- The practice had identified a carers' champion and we saw that 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.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed, reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- Feedback from CQC Comments Cards indicated that patients felt they were treated with privacy and dignity.

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 and on-line GP 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 had made reasonable adjustments when patients found it hard to access services. We saw that there was a portable ramp available to assist patients accessing the building and, in response to patient feedback, one of the parking spaces for doctors outside the practice had been allocated an accessible parking space.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. All patients had a named GP.
- The practice undertook annual review visits for housebound patients which included routine blood tests, a care plan, influenza vaccination, a carer's assessment and any advanced directive discussions. The in-house clinical pharmacist liaised with local pharmacies to arrange medicines delivery for housebound patients.

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 an in-house

clinical pharmacist who supported medicine reviews, specifically chronic disease management and patients on polypharmacy (the concurrent use of multiple medication items by one individual).

- 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 saw that children had access to same day appointments, 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, patients could access appointments 8am to 8pm Monday to Friday and 8am to 4pm on Saturday and Sunday.

People whose circumstances make them vulnerable:

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

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 held GP-led dedicated monthly mental health clinics. Patients were telephoned 24 hours ahead of their appointment to remind them and followed-up if they failed to attend.

Timely access to care and treatment

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

Are services responsive to people's 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.
- Patients reported that the appointment system was easy to use and were positive about their experience of on-line booking.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. Feedback from patients was positive about access to the service.

Listening and learning from concerns and complaints

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

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

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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.

Are services well-led?

- 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 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. 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.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice demonstrated positive patient and staff engagement through regular PPG meetings and workshops and staff events.
- The practice engaged with the CCG in local current and future initiatives and had representation on the local GP Federation Board.

Please refer to the evidence tables for further information.