St George's Surgery

Inspection report

St Pauls Medical Centre
121 Swindon Road
Cheltenham
Gloucestershire
GL50 4DP
Tel: 01242215015
www.st-georgessurgery.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 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. (Previous inspection January 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at St George's Surgery on 9 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that 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 that they were able to access care when they needed it.
- The practice was keen to maintain staff well-being and had arranged various activities for staff.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Improve systems and processes to ensure blank prescriptions are tracked in the practice.
- Consider the level of safeguarding training required for the health care assistant.
- Improve records so that actions and learning from fire drills can be implemented.
- Identify and implement actions to improve uptake for reviews of long term conditions and the cervical screening programme.

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 practice manager adviser.

Background to St George's Surgery

St George's Surgery is one of five GP practices located in St Paul's Medical Centre close to the centre of Cheltenham. The practice delivers its services under a General Medical Services (GMS) contract (a GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract), to approximately 10,200 patients at the following address:

St Pauls Medical Centre
121 Swindon Road
Cheltenham
Gloucestershire
GL50 4DP

Information about the practice can be obtained through their website at:

The practice partnership consists of six GP partners and one nurse partner. The number of GPs at the practice is equivalent to approximately 5.2 whole time equivalent GPs, three of whom are male and three are female GPs. The nursing team includes a nurse practitioner (who is also a partner and an independent nurse prescriber), a lead nurse (who is also an independent nurse prescriber), three practice nurses and two health care assistants (one of whom is a healthcare coordinator). The practice management and administration team includes a practice manager, an administration and reception manager, and a range of administration and reception staff.

At the time of the inspection, the provider's registration was incorrect and did not list all the current partners. However, following the inspection, the practice had submitted the appropriate notification and application to add those partners to their registration.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice, shows the practice area population is in the fourth least deprived decile (on a scale of 1-10). An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The practice is registered to provide the following Regulated Activities:

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

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by Care UK via the NHS 111 service and are advised of this on the practice's website.

Good

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. 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). The Health Care Assistant who also acted as a care coordinator was trained to level 1 safeguarding vulnerable adults and child protection. We advised the practice to consider safeguarding training requirements for this member of staff.
- 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.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, following a recent change in the practice's computer system, the practice was monitoring the effectiveness of the new system and had ensured all staff had received extensive training in using it.

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. Although there were systems in place to manage test results, there was not a documented approach in place. We saw all test results had been managed and actioned appropriately. The practice sent us information following the inspection to demonstrate that a policy, documenting the process, had been put in place.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had 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.
- 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.
- The practice held blank prescription forms securely and there were records of stock. However, these were not

tracked through the practice. Following the inspection, the practice sent us information to demonstrate that they had reviewed their policy which included guidance on how to track blank prescription forms in the practice.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed 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.
- 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.

Good

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. 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 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.
- The practice used their clinical systems to undertake clinical audits to identify patients on specific treatments and to assess if their treatment was in line with best practice.
- 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:

We rated this population group as good.

- 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.
- 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:

We rated this population group as good.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice had improved their systems to encourage patients to attend a follow up appointment if their asthma symptoms worsened. Clinicians also told us that they were able to book the follow up appointment with the patient during the consultation.
- 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, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months (04/2016 to 03/2017) that included an assessment of asthma using a recommended tool was 62% which was below the clinical commissioning group (CCG) and national average of 76%. However, exception reporting for this domain was 1 % compared to the CCG average of 95% and national average of 8%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was acceptable (04/2016 to 03/2017) was 77% compared to the CCG average of 85% and national average of 83%.
- We discussed the lower that average achievement with the practice. They explained that patients with asthma were hard to reach and did not always attend their review despite being sent three invitation letters. The practice took an opportunistic approach to discuss

asthma control with patients who did not attend for review. For example, if patients requested a telephone appointment or were seen for another issue, nurses advised them on appropriate inhaler technique and directed them to their local pharmacy for further advice. The practice told us that the data relating to hypertension may be due to inappropriate coding as the measurements were entered as free text on the clinical system. Records we reviewed showed that patients had received appropriate care and treatment. The practice changed their computer system in November 2017 which resulted in some data being lost. Therefore, the practice's latest data was not accurate and so did not provide an accurate reflection of their performance for the year 2017/18.

Families, children and young people:

We rated this population group as good.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above with the target percentage of 90%. For example, 99% of children aged one had completed all the recommended primary course vaccine.
- 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):

We rated this population group as good.

- The practice's uptake for cervical screening was 70%. This compared to the clinical commissioning group (CCG) average of 76% and national average of 72%, however was below the national target of 80%. The practice undertook regular audits of the samples they had taken and monitored their inadequate rate. Sample takers had received an initial training and three yearly updates.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for this service in the last two and a half years was 60%, compared to the CCG average of 62% and national average of 55%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 77%, compared to the CCG average of 75% and national average of 70%.
- 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:

We rated this population group as good.

- 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. The care coordinator could also support patients who were vulnerable. They shared examples of how they had supported patients with food vouchers and liaising with external organisations to support those patients to find emergency accommodation.
- 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):

We rated this population group as good.

- 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.

Good

Are services effective?

- 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.
- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 87% and national average of 84%. However, we noted the exception rate was 17% compared to the CCG average of 7% and national average of 7%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 94% and the national average of 90%. Exception rate was 31% compared to the CCG average of 18% and national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 79% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG average of 93% and the national average of 91%. Exception rate was 29% compared to the CCG average of 16% and national average of 10%.
- We discussed the areas of high exception reporting with the practice for these indicators. They explained that patients received three invitation letters as well as a phone call to invite them to attend a review. Most patients with mental health problems were reviewed either in secondary care or the community mental health team.
- 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 activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had undertaken a number of audits following a change in their computer systems. These were undertaken as they identified that data reporting from the system was not accurate. For example, reports from the clinical system showed that only six out 46 patients living in care homes had received a review and the practice felt this number was not accurate. The practice found that appropriate coding was not used to record when patients had received a review. Staff were given appropriate information to correctly record reviews on the systems and were tasked to review the remaining 40 patients.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice participated in a project where patients at risk of stroke were reviewed to ensure their care was in line with best practice guidance. An audit in December 2015 identified that 33 patients were not receiving the optimal amount of blood thinning medicines. Those patients were invited for a review and a re-audit in April 2016 showed that the results had improved with 15 of those patients on optimal treatment in line with best practice guidance. The practice continued to monitor the other 18 patients. The practice also participated in local initiatives, for example, they worked with the other practice located in the premises to provide improved access appointments to a GP. Practice's took it in turn to offer appointments with GPs and nurses between 6.30pm and 8pm Monday to Friday and, Saturday and Sunday mornings.

Effective staffing

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

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

Good

Are services effective?

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 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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The 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.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Results from the National GP Survey for the survey undertaken between 01/2017 and 03/2017 showed that:

- 100% of patients who responded to the survey stated that they had confidence and trust in the GP they saw or spoke with. This was above the clinical commissioning group (CCG) average of 98% and national average of 96%.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- 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.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who 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.
- Patients had access to the care coordinator for advice on the different avenues of support available to them.

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 employed a Health Care Assistant who also acted as a care coordinator. They visited patients to assess their needs and liaised with other professionals, such as physiotherapists, occupational therapists, social services, and a social prescriber to meet the needs of those patients and their carers. They were also able to follow up on referrals and chase these if necessary. We were told about examples of how the service of the care coordinator had benefitted patients. For example, some patients had been able to access attendance allowance and carer's allowance through the care coordinator signposting or referring patients to the appropriate professional. Patients in care homes were also reviewed on a quarterly basis by a GP and the care coordinator.
- 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.

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 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.
- 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.
- Additionally, the practice worked with the other practices in the building as part of a cluster to deliver an improved access to GP or nurse appointments initiative. Patients could see any GP at one of the local practices between 6.30pm and 8pm and on Saturday and Sunday mornings.

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

Good

Are services responsive to people's needs?

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 and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a clinician.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most patients reported that the appointment system was easy to use. Some patients reported that they could not use the online appointment system, and the practice was aware of this. The online system was not available due to a change in the computer system which had now been resolved.

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.

Good

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. 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. 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.
- 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 had arranged for practice staff and their families to all go on a walk so promote staff well-being outside of the workplace. They had also arranged for staff to attend mindfulness sessions provided by the GP registrar.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted 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 that they were operating as intended.

Managing risks, issues and performance

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

Good

Are services well-led?

- 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. 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. They also undertook audits to review the effectiveness of changes.

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 had changed their computer system. They told us the new system was more modern and would enable better recording, reporting and access to best practice guidance with the use of consultation templates.
- The practice submitted data or notifications to external organisations as required.
- There were 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 a virtual patient participation group with whom the practice shared information on changes and welcomed their feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The practice identified new ways of learning and told us how they used podcasts (a digital audio file made available on the internet for downloading to a computer or mobile device) to learn about appropriate prescribing of medicines in elderly patients.
- 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...