

St Thomas Road Surgery

Inspection report

207 St Thomas Road
Derby
Derbyshire
DE23 8RJ
Tel: 01332 275 610
www.onemedicare-derby.co.uk

Date of inspection visit: 4 December 2018
Date of publication: 21/01/2019

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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating November 2017 – Requires improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at St Thomas Road Surgery on 4 December 2018. This inspection was planned and undertaken as part of our inspection programme and as part of a wider inspection of the provider (One Medicare Ltd). The provider had agreed to contribute to our Primary Care at Scale project.

At this inspection we found:

- Effective systems were in place to promote adult and child safeguarding.
- Safety checks of equipment and the premises were taking place.
- The premises were clean and infection control guidance was being followed.
- Medicines were safely managed.
- There was a backlog of medical records that required summarising.
- The practice team reviewed significant events to learn and share best practice.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had systems in place to improve performance in the Quality and Outcomes Framework (QOF). QOF Performance in the area of diabetes, cancer screening and childhood immunisation rates continued to be a challenge for the practice.
- The practice was rated below both the local Clinical Commissioning Group (CCG) and national averages in the GP Patient Survey. However, patients were observed

to be treated with kindness and recent practice surveys showed positive patient feedback. Patients spoken to and comments cards received were generally positive regarding the practice.

- Feedback regarding access to appointments was mixed. The practice was aware of this and were working to improve access.
- Complaints were mostly managed appropriately, however, improvements could be made.
- We found a supportive culture within the practice.
- The practice had a vision and values in place and staff were observed to act in line with them.
- Governance arrangements were in place.
- Patient feedback mechanisms were in place and were continuing to be developed.

There were some areas where the provider **should** make improvements:

- The practice should put measures in place to ensure that all patient records are summarised in a timely manner to support safe and effective care.
- The practice should continue to work to improve QOF performance in the area of diabetes and to improve cancer screening and childhood immunisation rates.
- The practice should continue to identify patients who are caring for others, so that their needs can be assessed and support provided accordingly.
- The practice should review and improve the information provided to complainants on who to escalate complaints to in the event of remaining dissatisfied, to accurately reflect the provider's policy in all cases.
- The practice should continue to develop the information available for patients whose first language is not English. This should include patient feedback mechanisms.

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

Our inspection team

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

Background to St Thomas Road Surgery

St Thomas Road Surgery is registered with the Care Quality Commission (CQC) as a GP practice. The practice has a population of approximately 4,380 registered patients. The practice has a significantly higher proportion of patients aged 18 and below in comparison to local and national averages. It has a significantly lower proportion of patients aged 65 and above in comparison to local and national averages. The practice has an ethnically diverse patient group. The most recent census figures identified 48.6% of the local population as identifying as 'White', 37.6% 'Asian', 5.9% 'Black', 4.3% 'Mixed Race' and 3.6% 'Other race'. A wide range of languages were spoken by patients attending the population. The surgery provides primary care medical services commissioned by NHS England and NHS Southern Derbyshire Clinical Commissioning Group (CCG).

St Thomas Road Surgery is one of 10 registered services managed and operated by One Medicare Ltd (the provider). These include urgent care centres, GP practices and walk-in services. The provider's support and operations centre is based near Leeds in West Yorkshire.

St Thomas Road Surgery is situated near to the centre of Derby in an area of high deprivation classed as the highest level on the deprivation scale. It is adjacent to a pharmacy and another GP practice. Car parking is on site but limited.

The surgery team is led by the clinical lead for the surgery, who is an nurse practitioner, along with the practice manager. There are also one salaried male GP, a nurse and an assistant practitioner and administration/reception staff. Female locum GP staff worked at the practice.

Clinical and operational leadership are provided on site by the clinical lead and practice manager. In addition to this, operational and clinical oversight are provided at an organisational level. The provider's finance, HR/recruitment, senior leadership, data analytics and governance teams are based within the Central Support Centre however there are no occupational health services based in-house. This was accessible to staff externally. The provider had an employee care programme in place which includes access to a 24 hour staff helpline including counselling services.

The practice is open at the following times:

Monday 8am to 7.30pm.

Tuesday 7.30am to 7.30pm.

Wednesday 8am to 6.30pm.

Thursday 8am to 6.30pm.

Friday 8am to 6.30pm.

Scheduled GP appointment times are available each morning and afternoon, apart from on one afternoon four times a year when the practice closes for staff training.

Extended opening hours are available until 8pm each evening and on Saturdays and Sunday from 8am to 12pm at one of the five hubs in practices in Derby.

St Thomas Road Surgery is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services

- Surgical procedures

- Treatment of disease, disorder or injury

All the regulated activities are carried out from:

St Thomas Road Surgery

207 St Thomas Road

Derby

DE23 8RJ

The service has been inspected by the Care Quality Commission before. You can find all the previous reports by accessing our website and clicking on the “all reports” tab for St Thomas Road Surgery.

The service had displayed their previous ratings in the patient waiting area and they were available on the provider website.

Are services safe?

At our previous inspection on 29 November 2017, we rated the practice as good for providing safe services. **At this inspection 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. Learning from safeguarding incidents was available to staff.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- 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. Regular locum GPs were used.
- 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.

Information to deliver safe care and treatment

Staff did not always have 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 mostly available to staff. However, there was a backlog of summarising totalling 288 sets of patient records. This could impede access to a patient's full medical history and potentially compromise safe and effective care. Shortly after the inspection visit, the provider confirmed that all outstanding patient records had been summarised.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- Published data available on the use of medicines demonstrated that the practice was performing well regarding the safe use of antibiotics.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, the data logger for the refrigerators was not checked to ensure that there had been no refrigeration issues in the time periods between each daily check (excluding weekends) of the fridge temperatures. The provider told us following the inspection that this was due to the data logger being broken and two new replacement data loggers had now been purchased.
- 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.

Are services safe?

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in place in relation to safety issues. However, these were not always completed in line with the provider's policy.
- 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 acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

At our previous inspection on 29 November 2017, we rated the practice as good for providing effective services overall and across all population groups except for people with a long-term condition which was rated as requires improvement for this population group.

At this inspection on 4 December 2018 we have rated the practice as requires improvement for providing effective services overall and across all population groups. This is because:

- **We saw that QOF performance in the area of diabetes, and cancer screening and childhood immunisation rates were below national averages and targets.**
- **On the day of the inspection there were 288 patient records that required summarising. The provider was therefore unable to be assured that effective care was being provided to these patients, as not having access to a patient's full medical history had the potential to compromise effective care. Shortly after the inspection visit, the provider confirmed that all outstanding patient records had been summarised.**

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.

Any new or revised guidance was discussed at regular clinical meetings, and all clinical staff received information about any new or updated guidance. Following our inspection, the provider told us that the practice manager and lead clinician were meeting with Public Health England (PHE) to set up education session for hard to reach patients groups.

- Patients' immediate and ongoing needs were assessed in most cases. This included their clinical needs and their mental and physical wellbeing. However, on the day of the inspection there were 288 patient records that required summarising. The provider was therefore unable to be assured that effective care was being provided to these patients, as not having access to a

patient's full medical history had the potential to compromise effective care. Shortly after the inspection visit, the provider confirmed that all outstanding patient records had been summarised.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice 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 diabetes was below local and national averages. The practice was aware of this and had taken some action to improve performance in this area but this could be further developed. Following the inspection, the provider told us that had introduced 'diabetes health awareness cafes' to encourage patients to attend for health checks.
- 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 practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice hosted a clinic for patients with difficult to manage asthma.

Families, children and young people:

Are services effective?

- Childhood immunisation uptake rates were not in line with the target percentage of 90% or above. The practice was aware of this and had taken some action to improve performance in this area but this could be further developed.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. Practice staff met with a health visitor to discuss any concerns regarding families, children and young people.
- The practice adhered to national guidance on determining a younger person's capacity to consent when consulting with them (for example, contraceptive advice).
- Information was available on chlamydia screening and opportunistic screening was offered. There was a monthly in-house contraceptive clinic. Sexual health issues could be referred directly to the local genitourinary medicine clinic.
- The practice hosted a midwifery clinic.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Staff had received training and were aware of what to do, and who to contact, regarding adult safeguarding concerns. They could recognise signs of abuse, and staff were aware of the lead clinician.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 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.
- The practice's performance on quality indicators for mental health was generally above local and national averages.

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

- The practice's uptake for cervical screening was 60.5%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had taken some action to improve uptake but this could be further developed. Following the inspection, the provider told us that they had created gift bags to encourage patients to attend screening appointments.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice was aware and had taken some action to improve uptake but this could be further developed.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice held a register of patients receiving end of life care.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results for 2017 to 18 showed an overall achievement of 88.3% compared to the CCG average of 97.8%, and a national average of 96%. The practice's public health achievement was 91.9% compared to the CCG average of 98.3%, and a national average of 96.7%.
- QOF results had improved from the previous year and an action plan was in place. Staff told us that QOF performance for 2018 to 19 was also improved in comparison with the same time last year.

Are services effective?

- Exception reporting rates for 2017 to 18 were above local and national averages. Exception reporting rates had improved from the previous year. We found no concerns with how the practice were identifying exceptions.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

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. There was an induction programme for new staff. Regular GP locums were used and an induction process was in place. Staff support included one to one meetings when required, appraisals, clinical supervision and revalidation. Regular clinical meetings took place in the practice.
- 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 people with long-term conditions and when

coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered 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. However, staff told us that patient uptake in health prevention programmes was low. However, there was limited health advice information available for patients whose first language was not English. Following the inspection, the provider told us that they had sourced an alternative provider for translation services to ensure key documents were in place.

- 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. A care coordinator worked with staff at the practice to refer patients to support groups and organisations available in the area.
- 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.

Are services effective?

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

Please refer to the evidence tables for further information.

Are services caring?

At our previous inspection on 29 November 2017, we rated the practice as requires improvement for providing caring services. The practice was rated requires improvement for providing caring services as the practice was below both local and national averages for several of its satisfaction scores on consultations with GPs and nurses.

We saw evidence where the practice had made improvements when we inspected on 4 December 2018. The practice is now rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. The provider was aware of this and had analysed the results and actions had been taken to address any areas that could be further improved.

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. A hearing loop was in place. However, information available in other languages was limited and the provider confirmed shortly after the inspection that an alternative provider of translation services had been sourced to help translate key documents and the documents would be in place by the end of December 2018.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The number of carers identified had increased since the last inspection to 0.8% but still remained below 1% of the practice population. The practice currently had 35 carers.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. The provider was aware of this and had analysed the results and actions had been taken to address any areas that could be further improved.

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.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on 29 November 2017, we rated the practice as requires improvement for providing responsive services across all population groups except for families, children and young people, which we rated as good. The practice was rated requires improvement for providing responsive services as the practice was below both local and national averages for several of its satisfaction scores regarding access to services.

We saw evidence where the practice had made improvements when we inspected on 4 December 2018. The practice is now rated 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. However, limited written information was available in languages other than English.
- Telephone 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 made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- 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.
- A pharmacy was available on site.

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.

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 young child were offered a same day appointment when necessary.
- The practice could offer appointments outside of school hours to accommodate children at a convenient time.
- The practice provided family planning services including implant fittings.

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 and Saturday and Sunday appointments at one of the five extended hours hubs in the area.
- Online services were available including appointment bookings and repeat prescription requests.

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 could 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.

Are services responsive to people's needs?

- Patients were referred to counselling and IAPT (improving access to psychological therapies) programmes where appropriate.
- Longer consultations were available for people experiencing poor mental health.

Timely access to care and treatment

Patients could 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 practice's GP patient survey results were below local and national averages for questions relating to access. The provider was aware of this and had analysed the results and actions had been taken to address any areas that could be further improved.

Listening and learning from concerns and complaints

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

- One of the complaints we reviewed contained a written response by the practice which was not in the appropriate tone. The practice was aware of this and advised us they had already taken steps to improve the nature of responses provided, which we saw evidence of. Some complaints responses contained the details of an organisation that it would not be appropriate to escalate complaints to if a complainant was dissatisfied with the practice's response. The responses did also include the details of the appropriate organisation to escalate to.
- Information about how to make a complaint or raise concerns was available. However, this was only in English and was not available in other languages.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Following the inspection, the provider told us that the complaints policy and procedures had been reviewed and additional training had been provided to staff to ensure responses were consistent and included the necessary information.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 29 November 2017, we rated the practice as requires improvement for providing well-led services. The practice was rated requires improvement for providing well-led services as governance arrangements were not always operated effectively.

We saw evidence where the practice had made improvements when we inspected on 4 December 2018. The practice is now rated as good for providing well-led services.

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 provider and 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 aiming to provide high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- 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 could 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- 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. We saw that structures, processes and systems to support good governance were in place at provider level. This included, for example, for the reporting and oversight of significant events and complaints. Systems were also in place at provider level to enable them to respond to emerging risks; for example, any short term or unexpected staff shortages. Twice-weekly calls were held for clinical leads from each of the provider's registered services to join.

- 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 a mostly effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, a

Are services well-led?

backlog of summarising totalling 288 sets of patient records was found during the inspection. Shortly after the inspection visit, the provider confirmed that all outstanding patient records had been summarised.

- 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. There was clear evidence of action to change practice to improve quality.
- The practice had business continuity plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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. However, the practice needed to improve the availability of information in languages other than English to fully involve patients. While the patient participation group was small, the practice had acted to increase the size of the group and would continue to do so.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.