

# Oakwood Medical Centre

## Inspection report

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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 rating 25/06/2015 – Good)

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

We carried out an announced comprehensive inspection at Oakwood Medical Centre as part of our inspection programme on 10 October 2018.

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 reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Clinicians we spoke with were passionate about providing person-centred care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice actively sought and reviewed patient feedback and made changes to the service to better meet the needs of patients.
- The most recent results from the GP national patient survey (August 2018) showed overall satisfaction with the service. However, feedback regarding being able to contact the surgery by telephone and satisfaction with appointments were lower than local and national averages. The practice had made changes to address these areas.
- There was an effective system for managing complaints.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice engaged with local community organisations and charities to support patients. They had embraced new technology to improve communications and provide additional support for patients.

We saw areas of outstanding practice:

GPs and the practice managers worked with external organisations such as The Vale Royal Clinical Commissioning Group (CCG) to develop services that would benefit their patients: -

- One of the GPs had a lead role in the Northwich Care Home Scheme in the previous 12 months. This involved revising the scheme, which included developing a new template to collect data, medication reviews, out of hours visits, mentoring care home staff and meeting with other practices in the local area. The practice arranged two information giving events which were attended by nursing home staff and staff from local GP practices.
- One of the practice managers was working alongside the CCG to improve training days for non-clinical staff. The practice had also helped to improve services across the CCG as one of the practice managers had provided information governance training to all staff within the Vale Royal CCG.

The practice also provided resources to patients to support them with their care:-

- The practice had produced its own information for patients including Makaton (a language system using signs and symbols to help people communicate) signs and booklets and a guide to mental health services and support in the area.
- Information awareness events were held. One had been held for all patients about diabetes and events held specifically for carers on rights and advocacy.
- The practice had provided an awareness event to reduce the anxiety of visiting a GP for children at a local school with a learning disability.
- The practice had in the last 12 months paid for a therapist to attend the practice and provide massages and relaxing treatments for carers

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

- The system for placing alerts on all family members when a child is subject to a child safety concern should be monitored to ensure it continues to be effective.
- The Quality Outcome Framework indicators (QOF) should be closely monitored to ensure exception reporting is appropriate.

# Overall summary

- Follow up consultations with patients diagnosed with cancer in the preceding 15 months should be monitored to ensure these occur within 6 months of diagnosis.

**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

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

## Background to Oakwood Medical Centre

Oakwood Medical Centre is located in Barnton, Northwich, Cheshire. The practice website address is [www.oakwoodmedicalcentrebarnton.nhs.uk](http://www.oakwoodmedicalcentrebarnton.nhs.uk). The practice is part of NHS Vale Royal Clinical Commissioning Group (CCG) and has a General Medical Services (GMS) contract. The practice is located in a purpose-built facility, which it shares with other community health services.

At this practice there are five GP partners. There is currently one GP partner absent from the service and their working hours are being covered by two regular GP locums. There are two practice nurses. Clinicians are supported by two practice managers (who both work 4 days a week) and reception and administration staff.

Oakwood Medical Centre is registered with the Care Quality Commission to carry out the following regulated activities:

Diagnostic and screening procedures,

Family planning,

Maternity and midwifery services,

Surgical procedures,

Treatment of disease, disorder or injury.

The practice provides a service to approximately 8899 patients and covers a large geographical area due to its rural location. The practice list size has increased over recent years and is set to increase further due to new housing developments. The practice has a less deprived patient population when compared to other practices nationally.

The practice is open 8am to 6.30pm every weekday. An extended hours service is operated by the Clinical Commissioning Group and run by local GPs each evening and weekend from various locations in the Vale Royal area. Patients are directed to telephone 111 for GP services outside of normal operating hours.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

Overall 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. The practice displayed information for staff to refer to on identifying and reporting abuse including female genital mutilation (FGM), modern slavery and Prevent (support to people at risk of joining extremist groups and carrying out terrorist activities.) The written safeguarding policies referred to the different types of abuse but did not contain a description. The provider confirmed this shortcoming was addressed following the inspection.
- There was a system in place for ensuring alerts were placed on the records of children and staff when an issue had been identified about their well-being. A sample of records seen confirmed this. However, we found that an alert had not been placed on the records of all family members following the identification of a child safety concern. Following the inspection, the provider confirmed that action had been taken to address this. They confirmed that all records had been checked to ensure appropriate coding. They confirmed that a protocol had been in place and this had been revisited and guidance provided to relevant 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.
- 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 and busy periods.
- There was an 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 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.

## Appropriate and safe use of medicines

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

- Overall, the systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The vaccine fridge was kept locked however the door to this room was not locked routinely when the room was unoccupied. The practice manager told us that this had been addressed following the inspection by providing the nurses with a key.

## Are services safe?

- Staff prescribed and 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.
- Prescriptions were overall managed safely. We identified one prescription pad that had not had serial numbers recorded and was not in a lockable cabinet. The practice manager advised that this had been addressed following the inspection.
- 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.
- Alerts were placed on high risk medications to indicate where actions were needed before medication was re-issued. We identified that an added safety measure would be to provide additional information in the consultation notes for the GPs to refer to. The provider confirmed this was addressed following the inspection.
- The practice also received external reports from the medicines management team at the Clinical Commissioning Group to improve safe prescribing.
- Uncollected prescriptions were monitored however not all staff gave the same timeframe for undertaking these

checks. Following the inspection, we were informed that these would be carried out every two weeks and that guidance had been given to staff to ensure this took place.

### Track record on safety

The practice had a good track record on safety.

- There were 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 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?

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

## 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- 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 and at risk of falls had a clinical review including a review of medication.
- One of the GPs had a lead role in the Northwich Care Home Scheme in the previous 12 months. This involved revising the scheme, which included developing a new template to collect data, medication reviews, out of hours visits, mentoring care home staff and meeting with other practices in the local area. The practice arranged two information giving events which were attended by nursing home staff and staff from local GP practices.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice had reviewed nursing home patients prescribed multiple medications to ensure that all medications were necessary.
- Healthcare plans had been developed to avoid hospital admissions.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- There were systems in place to enable patients with long-term conditions to have an 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 was piloting the FENO machine project (FENO testing is used to diagnose and monitor patients with asthma). To improve diagnostic accuracy and reduce inappropriate prescribing for asthma.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above. For example, the percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b was 98%.
- The practice reviewed immunisation rates and increased uptake by offering flexible appointments. A specific flu clinic for children was held to allow for this immunisation and to allow for any other immunisations required.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 79%, which was below the 80% coverage target for the national screening programme. To increase coverage the practice offered early morning and evening appointments and publicised the importance of this screening at the practice. A reminder letter was also sent to women.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The percentage of patients with cancer diagnosed in the preceding 15 months, who had a patient review



# Are services effective?

recorded as occurring within 6 months of diagnosis was 54% compared to the Clinical Commissioning Group (CCG) average of 71% and the national average of 71%. The practice had identified this and had added appointment triggers to the four weekly clinical review meetings to ensure patients were provided with an appointment.

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 living in vulnerable circumstances including those with a learning disability.
- The practice referred patients to appropriate services such as domestic abuse services, counselling services and to Alternative Solutions which supported patients with social issues impacting on their health and well-being.

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

- The practice offered an annual review to patients experiencing poor mental health which included a review of medication.
- 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's performance on quality indicators for mental health were in line with local and national averages.

## Monitoring care and treatment

The practice reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- As already indicated the quality outcome indicators for mental health and long term conditions were above local and national averages for exception reporting. The practice had put measures in place to address this and we saw that performance in these areas was improving.
- The practice was involved in quality improvement activity. For example, we saw that audits of clinical practice were undertaken.

- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had taken part in the national cancer audit. The practice was piloting the FENO machine project to improve diagnostic accuracy and reduce inappropriate prescribing for asthma. The practice had also worked with the CCG on national initiatives to reduce prescribing costs.
- The practice reviewed its prescribing practices to ensure these were safe and appropriately met patients' needs. They had successfully managed to reduce prescribing for some high risk medication through individual review of the needs of patients and by providing patients with advice and guidance.

## 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. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. New staff confirmed they had received an induction that prepared them for their roles. The role specific induction was not recorded for the clinical staff. The practice manager had identified this and was addressing this with the assistance of the clinicians.
- One of the practice managers was working with the Clinical Commissioning Group (CCG) to improve the training offered to non-clinical staff across practices.

## Coordinating care and treatment

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



## Are services effective?

- The practice shared information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- 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 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.
- The practice had introduced an alert for patients taking a specific type of medication that could possibly mask cancer symptoms. The alert triggered a template that prompted the GP to assess whether the patient should remain on the prescribed medication or whether further investigations were needed. This was developed in response to The Vale Royal CCG having a higher than average rate of upper gastrointestinal cancer diagnoses.

### 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 told us how they supported patients to make decisions. Where appropriate, they told us they assessed and recorded a patient's mental capacity to make a decision.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

## **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.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **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.

**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. For example, the practice administered medication onsite for some conditions which meant patients did not have to attend secondary care services.
- The practice provided minor operations for patients. Two GPs had diplomas in dermatology and had been trained to use a dermatoscope (equipment to examine skin). The GPs told us that they also consulted each other to reduce the number of referrals to secondary care.
- The facilities and premises were appropriate for the services delivered. For example, an audio loop and baby change facilities were provided.
- The practice made reasonable adjustments when patients found it hard to access services. For example, practical guidance was provided to patients struggling to use the GP online services. Flexible appointments and prescription ordering had also been provided.
- 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.
- The practice had close links with the local community. For example, two staff members were part of the PTA (Parent Teacher Association) and Pre-School Committees for two local schools. They were able to keep the schools informed about health campaigns relevant to young children.
- Staff had lead roles in groups that impacted on local health care provision. For example, one GP was the Clinical Director for Commissioning for the CCG, one GP was the clinical lead for Northwich Care Communities and Director of GP Alliance and a practice manager was the non-clinical lead for Northwich Care Communities.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had access to a rapid response service (which provided visits to patients to prevent admission to hospital where appropriate) and could refer patients to a falls prevention service to support the needs of its older patients.
- The lead GP for community services had through their involvement with the Central Cheshire Integrated Care Partnership (CCICP) (a collaboration between Mid Cheshire Hospitals and Cheshire and Wirral Partnership NHS Foundation Trusts and the Cheshire and Vale Royal GP Alliance to provide services for patients in South Cheshire and Vale Royal) been actively involved in the continuing provision of the Lyndsey Leg club. A service for patients who have or have had a leg ulcer to visit for health, emotional and social support. This service was based on the evidence based theory that the provision of such services in the community assisted patients to get better, stay healthier and was more economical than patients visiting primary or secondary care services.

People with long-term conditions:

- Clinical staff told us how they ensured 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.
- An information giving event was held at the practice to raise awareness of diabetes.
- Specialist services were in the same premises as the practice which assisted with communication and consultation. For example, there was a specialist diabetes nurse who liaised closely with the GPs and practice nurse.

Families, children and young people:

# Are services responsive to people's needs?

- Clinicians told us 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had adapted an NHS booklet on self-care for parents to make it more accessible.

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, nurse's appointments were available from 8am and up to 6.30pm three times a week, GP telephone consultations were offered early morning before the start of surgery and after school appointments were available. The practice was in the early stages of trialing video consultations.
- There was online access to records and appointments and prescriptions could be managed on-line.
- The practice employed a physio-therapist who offered evening appointments one night a week.

People whose circumstances make them vulnerable:

- Flexible appointments and flexible prescription ordering were provided for patients who were vulnerable, for example where patients had a disability and multiple hospital appointments resulting in frequent changes to medication.
- The practice liaised with the local foodbank and held food vouchers for patients who needed them.
- The practice had provided an awareness event to reduce the anxiety of visiting a GP for children at a local school with a learning disability.
- Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate support. A member of staff acted as a carer's champion and they were working to identify carers and promote the support available to them.
- A carers rights information giving event had been hosted at the practice which gave advice on legal issues such as access to records and advocacy. A carers relaxation

event had been funded by the practice. The practice had in the last 12 months paid for a therapist to attend the practice and provide massages and relaxing treatments for carers.

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

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- Reception staff were aware of patients that needed additional support due to poor mental health and offered longer or urgent appointments as needed.
- The practice told us how they worked with external mental health professionals in the case management of people experiencing poor mental health, including those with dementia. There were clear pathways to refer patients who may need urgent support.
- Information to signpost patients with poor mental health was available at the practice. This included a leaflet developed by the practice which summarised the support available for both adults and children.

## 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 managed appropriately. The practice manager told us that appointments with nurses had been reviewed and indicated that increased support was needed. The practice was currently looking at employing a health care assistant to support the nursing team.
- A text messaging system was in place to reduced missed appointments.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were comparable to local and national averages for questions relating to access to care and treatment.

## Listening and learning from concerns and complaints

## Are services responsive to people's needs?

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, complaints and 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.

## Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy 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 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 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- 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 clear, understood and effective.
- 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. The practice's exception reporting (exception reporting allows practices to exclude specific patients from data collected when calculating achievement scores) were above the local and national averages for several quality indicators including diabetes, asthma and chronic obstructive pulmonary disease (see evidence table). Follow up consultations with patients diagnosed with cancer in the preceding 15 months were lower than local and national averages. The practice had systems in place to address this. We checked a sample of quality indicators for this year's performance and found that the practice's achievement was showing an improvement.
- Practice leaders had oversight of safety alerts, incidents, and complaints.

# Are services well-led?

- Clinical audits were undertaken to monitor and improve patient outcomes. There was evidence of action to change practice to improve quality.
- 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.

- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- One of the practice managers previous roles had been as an information governance officer. They had trained the practice staff and all staff in Vale Royal CCG in the new GDPR (General Data Protection Regulation) regulations.

## 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.

- The views and concerns of patients', staff and external partners were encouraged and acted on to shape services and culture. For example, the practice gathered feedback from staff through staff meetings and informal discussion. The practice had a system for the management of complaints.
- The practice had a patient participation group (PPG). We met with representatives of the PPG who told us they were kept informed about any changes at the practice, worked with the practice to find solutions to issues raised by patients and were listened to.
- Staff told us how the service worked with stakeholders to improve 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.**