Clanricarde Medical Centre

Quality Report

Abbey Court
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Date of inspection visit: 9 January 2018
Date of publication: 23/02/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection September 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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Clanricarde Medical Centre on 9 January 2018, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 patients in their care and treated them 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Continue to ensure that fridge temperatures are routinely monitored and recorded.

Summary of findings

- Continue with their plan to help ensure health checks for patients with learning disabilities are offered.
- Continue to ensure that minutes of multi-disciplinary meetings are maintained.
- Continue with their plan to help ensure that one set of policies and procedures are implemented.

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

Clanricarde Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Clanricarde Medical Centre

Clanricarde Medical Centre is a GP practice located in the centre of Tunbridge Wells, Kent and provides care for approximately 14,481 patients. The age of the patients on the practice list is very similar to the national average. There are marginally more patients under 18 years of age than nationally and fewer patients over 65 years of age than nationally. The practice is in one of the least deprived areas of Kent.

There are seven GP partners, four female and three male, who are supported by four salaried GPs (female). There are five practice nurses, a nurse practitioner, a travel nurse and two healthcare assistants (all female). The clinicians are supported by two practice managers and an administrative team. The practice has a general medical services contract with NHS England for delivering primary care services to local communities and also offers enhanced services. For example, extended hours and minor surgery. The practice participates in the national programme of post-graduate training for doctors by offering a placement in a GP practice to doctors who have graduated and completed at least one year as a hospital doctor.

Services are delivered from:

- Clanricarde Medical Centre, Abbey Court, 7-15 St Johns Road, Tunbridge Wells, Kent, TN4 9TF
- Rowan Tree Surgery, Rowan Tree Road, Tunbridge Wells, Kent, TN2 5PX

The practices are open as follows:

Clanricarde Medical Centre between 8.30am and 6.30pm Monday to Thursday and 8.30am to 6pm on Friday. Extended hours surgeries are from 6.15am to 8am Thursdays, Tuesdays 6.15am to 8am and 6.30pm to 7pm Wednesdays and Thursdays.

Rowan Tree Surgery between 8am to 1pm and 2pm to 6.30pm Monday to Friday.

The practice operates a duty doctor system to ensure there is GP cover for urgent and emergency cases. The Practice has an arrangement with Integrated Care 24 (IC24) between 8.00 am to 8.30am Monday to Friday, 6.15pm to 6.30 pm Monday to Thursday & 6.00 pm to 6.30 pm on Fridays. Additionally, the practice has opted out of providing out-of-hours services to their own patients. Care is provided by IC24 and there is information available to patients on how to access out of hours care.

We inspected both practices as part of this inspection.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a set of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. For example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. merged with Rowan Tree Surgery at the end of 2016. For example, reviewing processes and systems relating to safety/risk management, in order to help ensure they were effective across both sites.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. The system for managing vaccines was not always consistent. We saw records of fridge temperatures (checked at Clanricarde Medical Centre) that showed between October and November 2017, there had been periods of between three to five days where these had not been checked. We were told that this was due to staff absence. We spoke with the newly appointed nurse team lead who confirmed that

Good

Are services safe?

this had been noted and arrangements had been made to help ensure this did not occur again in the future. The records for the months of December and January showed no further issues.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, reviewing the process to help ensure that the administrative team were informed whenever a change of medicines for a patient came through from the hospital.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when supporting patients with 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. Those identified as being frail had a clinical review including a review of medication.
- The practice participates in the Tackling Polypharmacy Programme, which ensures that patients taking eight or more medicines are reviewed by their GP with the aim of reducing polypharmacy. For example, falls, adverse drug events and hospital admissions.
- 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.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, asthma, diabetes and cardiovascular disease.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, there was no published data available in relation to childhood immunisations about Clanricarde Medical Practice that applied to the period of time since the merger with Rowan Tree Surgery.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 90%, which was above the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had received training and validation in order to provide health checks for patients with learning disabilities. However, we found that the practice had a total of 59 patients on the learning disability register that had not been offered health checks. We found that health checks had been offered at Rowan Tree Surgery, but not at Clanricarde.

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.

Good

Are services effective?

(for example, treatment is effective)

- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice had considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 89%; CCG 91%; national 90%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 79%; CCG and national 95%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 97%. The overall exception reporting rate was 15% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) We saw evidence to show that there were continual searches throughout the year, as well as the maintenance of QOF records of individual patients of note.

Rather than relying solely on GPs to exception report as and when, the administrator created lists throughout the year. The lists took into account the patients past history as well as noting any new interactions with the practice, correspondence or diagnoses during the QOF year. The process included emails being sent to the patients' named GP to consider whether a patient should be exception reported or whether it would be appropriate to continue to pursue the individual again for an appointment/review/change in treatment. This helped to ensure that the right patients for whom on balance would not benefit from further intervention in the QOF year. For example, some with terminal diseases, those who dissent or do not attend continually or have had adverse events associated with QOF indicator mandated treatments.

- The practice used information about care and treatment to make improvements. The practice showed us a comprehensive audit record that included two audits that had been undertaken in the previous twelve months. We saw detailed evidence of completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, following a change in NICE guidelines (**guidance**, advice and information for health care professionals) an audit of lipid testing (a blood sample to check the levels of fat-like substances found in the blood and body tissues) and QRisk2 (a cardiovascular disease (related to the heart and body tissues) **risk** calculator) was conducted. This resulted in 48 patients being reviewed and being offered appointments for a medicine review.
- The practice was actively involved in quality improvement activity. For example, one GP was the lead for diabetic care. The lead GP reviewed all the HbA1C blood test results (a blood test to check blood sugar levels) on a weekly basis and determined whether the patients should be invited in for a medicine review. Additional clinic time was available on a Monday morning (while the annual diabetes checks were being carried out) to review any patients who the nurse felt may need medicines changed. The diabetic reviews with the GP included a 10 minute appointment where lifestyle, diet and medicines were discussed and changed if necessary. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was piloting the use of the West Kent Clinical Commissioning Group (CCG) NHS Prescription Ordering Direct service (POD). The service allowed patients to order repeat prescription medicines by telephone, where they spoke to a trained prescription clerk and order medicines as required. The aim of the service was to help ensure that patients were receiving the correct quantity of medicines that they need at a time. Additionally, it aimed to reduce the amount of wasted prescription medicines. Patients using the service gave positive feedback about how it was an efficient way to order medicines and they liked using it.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with
- 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 were told by staff that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. However, minutes of multi-disciplinary meetings were not being maintained in order to support what we were told.
- 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 health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.
- The practice's patient participation group (PPG) conducted well-being walks which aimed to promote socialisation, fitness and emotional support.

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.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and twenty five surveys were sent out and 111 were returned. This represented about 1% of the practice population. The practice was either above, slightly below or in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 87%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand. For example, communication aids and easy read materials were available. One GP had studied sign language.
- 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 identified patients who were carers by maintaining a carer's register. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 251 patients as carers (2% of the practice list).

- We saw leaflets in the waiting rooms advertising carer support services. This was the only means of promoting support services available to carers.

Good

Are services caring?

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

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

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 92%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, text reminders and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- In response to concerns raised regarding the communication between the practice and one of the local nursing homes they provide services to, the practice managers and a GP had met with the management team of the home. A communication form was generated as a consequence of this meeting. Positive feedback had been given by both the practice and nursing home staff with regards to communication having improved since its implementation.

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.
- The practice held clinics with their complex care nurse and social care coordinator, in order to manage patients with chronic disease and social needs.
- The practice's complex care nurse visits the most unwell and vulnerable patients in the community. Staff reported excellent communication between the GPs, the hospitals specialist cardiac and respiratory teams and the specialist heart failure nurse.

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.
- The practice worked in partnership with the Maidstone and Tunbridge Wells Trust in order to provide accessible and confidential outreach sexual health clinics, twice a week at the Rowan Tree Surgery.

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.
- Telephone appointments were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Monthly domestic violence referral clinics were being held at the Rowan Tree Surgery.

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.
- Monthly clinics were held at Clanricarde Medical Centre by a primary care mental health specialist nurse, in order to reduce the need for patients to travel and access secondary care in hospital settings.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%.
- 70% of patients who responded said they could get through easily to the practice by phone; CCG – 74%; national average - 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 80%; national average - 76%.
- 91% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 86% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 69% of patients who responded said they don't normally have to wait too long to be seen; CCG - 58%; national average - 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. 12 complaints were received in the last year. We reviewed all the complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, speaking to and gaining the relevant approval from the medicines optimisation team, following a complaint made by a patient when a medicine prescribed by the hospital was not approved to be prescribed in primary care.

Are services well-led?

Good

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

Our findings

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

Leadership capacity and capability

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

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

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

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

Culture

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

- Staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to help 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. From records reviewed we saw that 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 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

Are services well-led?

Good

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

themselves that they were operating as intended. The practice management team were aware that two sets of polices were operational between the two sites. They had a plan to review these and produce one set of policies for both sites.

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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

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.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had gathered feedback from patients through the patient participation group (PPG) and through in-house surveys and complaints received. The PPG met regularly, supported in-house patient surveys and submitted proposals for improvements to the practice management team. For example, holding themed health promotion sessions in order to promote patient education and self-help.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- The leadership drove continuous improvement and staff were accountable for delivering change. There was a focus on continuous learning and improvement at all levels within the practice. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.
- The practice was a training practice and all the staff were, to some degree, involved in the training of future GPs, reception and administration staff.
- 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.

Are services well-led?

Good

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.