

# Rosebank Health

## Inspection report

153B Stroud Road  
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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.**

This practice was previously inspected in June 2017 and the overall rating was requires improvement. It was rated requires improvement for the provision of safe, effective, responsive and well led services and good for providing caring services. The report for the 2017 inspection can be found by selecting the 'all reports' link for Rosebank Health on our website at .

This announced comprehensive inspection was undertaken on 16 August 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in 2017. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

At this inspection we found:

- The practice had 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 and was focussed to meet the needs of patients in the most appropriate way.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice could demonstrate how they responded to the needs of patients. For example, they held education events for patient with complex needs and appointed a sexual health specialist nurse due to increase demand in sexual health service.
- There was a clear leadership structure and staff felt supported by management.
- Patients found the appointment system easy to use and reported that there had been a significant improvement in accessing the practice by telephone.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Take action to ensure all patient facing staff had received immunisations as recommended by Public Health guidance.
- Continue to monitor and improve uptake for the cervical screening programme.
- Continue to drive improvements and respond to patient feedback.

**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, a Practice Manager specialist adviser and the CQC's Chief Operating Officer, in an observatory role.

## Background to Rosebank Health

Rosebank Health is a GP partnership offering services from one main site in Gloucester (Rosebank Surgery) and one branch site in Quedgeley (Severnvale Surgery). Patients can be seen at either surgery. On this inspection we did not visit the branch site.

The practice is managed by six GP partners, of whom four are male and two are female together with one Nurse Partner (female). They are supported by five female salaried GPs, three advanced nurse practitioners, eight practice nurses, five healthcare assistants and an administrative team led by the practice manager. Rosebank Health is a training practice providing placements for GP registrars and medical supervision for foundation doctors.

The practice is open 8am to 6.30pm Monday to Friday. Morning appointments are available between 8am and 12.30pm and afternoon appointments are available between 2pm and 6pm. Extended surgery hours are offered on weekdays between 7.30am and 8am as well as Saturday mornings and some weekday evenings. These alternate between Rosebank Health and their branch, Severnvale Surgery.

The practice phone lines are closed between 12.30pm and 2pm but the building and reception services remain open. During this time patients are asked to ring back or, if it is urgent, to continue to hold and the call would be put through to an appropriate clinician.

The practice provides services to approximately 24,000 patients. The practice population demographic shows there is a higher than average patient population aged between birth and nine and a higher than average female population aged between 25 and 34. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fifth most deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The practice delivers services from the following locations:

Rosebank Surgery, 153B Stroud Road, Gloucester, Gloucestershire, GL1 5JQ.

And

Severnvale Surgery, St James, Quedgeley, Gloucester, GL2 4WD.

The practice is registered to provide the following regulated activities:

Treatment of disease, disorder and injury, surgical procedures, maternity and midwifery, family planning and diagnostic and screening procedures.

When the practice is closed patients are advised by answer phone message to contact the NHS 111 service for advice and guidance. Out of hours services are provided by Care UK.

# Are services safe?

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

At the previous inspection in June 2017 we rated the practice requires improvement for providing safe services as we found that:

- Storage of blank prescriptions once distributed to a clinician's room was not secure.
- All staff had not received up to date safeguarding training.
- Disclosure and Barring Service (DBS) check had not been carried out in line with the practice's policy.
- A legionella assessment had not been carried out.
- The systems in place to monitor; infection prevention and control (IPC), appropriate checking of equipment, recruitment checks and medicine alerts were not effective.

At this inspection we found that the provider had implemented measures to address these areas.

### 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. Since the previous inspection all staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were 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.) At this inspection we saw that DBS checks had been carried out in line with the practice's policy.
- 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. Systems had improved since the previous inspection to ensure these were in line with national guidance.

- There was an effective system to manage infection prevention and control. The practice had undertaken appropriate measures since the last inspection to ensure the management of Infection Prevention and Control had improved and was in line with guidelines.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

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

### 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.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

## 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.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice has recently employed a second clinical pharmacist who specifically undertook medicines optimisation. This included identifying patients on multiple medicines who required monitoring.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw from documentation that there was management oversight to ensure appropriate actions had been taken.

**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

At the previous inspection in June 2017 we rated the practice and all of the population groups as requires improvement for providing effective services as we found that:

- This practice was an outlier for Quality and Outcomes Framework (QOF) exception reporting (QOF is a system intended to improve the quality of general practice and reward good practice and exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice could not evidence that all essential training had been carried out and so were unable to be sure that staff had the skills and knowledge to deliver effective care and treatment.
- Not all staff had received an appraisal in the last 12 months.

At this inspection we found that the provider had implemented measures to address these areas.

### 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:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. The practice employed a health care assistant to visit elderly frail patients in their homes to ensure patient's

needs were being met to maintain independent living where possible. The practice had received an update in the management of falls in moderate and severely frail patients where advice was given on evidence based best practice.

- 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:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice was participating in a respiratory pilot project to evaluate the demand and efficacy of an email advice service provided by local respiratory consultants. The aim of the service was to reduce hospital admissions and outpatient referrals.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- 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 in line with the target percentage of 90% or above.

## Are services effective?

- 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 75%, which was below the 80% coverage target for the national screening programme. We saw that the practice had implemented measures to improve uptake for cervical screening.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. A letter was sent to all palliative care patients which explained the care they would receive. Patients were added to the palliative care register and discussed at monthly multi-disciplinary meeting. We were told that this allowed patients to access care more quickly, improved continuity of care and enabled the clinician to be up to date with their health journey and increasing support as necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity,

obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

### Monitoring care and treatment

The practice had a 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.

- At the previous inspection in 2017 we found that the practice was an outlier for exception reporting. At this inspection we found that actions had been implemented and significant improvements made as a result. The practice acknowledged that further improvements could be made and were working to ensure that continuous and sustainable changes were made.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had undertaken the National Diabetes Audit. Results showed outcomes to be in line with local practices. The practice had identified that improvements could be made in the monitoring renal function and had plans in place to address this.

### 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



## Are services effective?

conditions, older people and people requiring contraceptive reviews. Staff conducting reviews had undertaken appropriate role specific training and updating.

- 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. At the previous inspection the practice could not evidence that all essential training had been carried out and so were unable to be sure that staff had the skills and knowledge to deliver effective care and treatment. At this inspection we found that up to date records of skills, qualifications and training were maintained and staff had received essential training. Staff were encouraged and given opportunities to develop. For example, one of the nurse we spoke with, told us they had discussed the desire to undertake the independent nurse prescribers course which the practice agreed to.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, coaching and mentoring, clinical supervision and revalidation. At this inspection we saw that all staff had received appraisals in the last 12 months.
- 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 have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

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

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

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

# 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.
- In the GP survey published in August 2018, the percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 73% which was in line with the national average. The practice had also conducted its own survey which demonstrated that of those who responded, 74% would be extremely likely or likely to recommend the practice to family and friends.

## **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 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 .

At the previous inspection in June 2017 we rated the practice and all of the population groups requires improvement for providing responsive services as we found that:

- Not all had been done that was reasonably practicable to act on feedback received about the services provided in order to drive improvements within the practice.

At this inspection we found that the provider had implemented measures to address this.

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone 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 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice employed a health care assistant (HCA) to visit housebound patients to conduct a health review and identify social needs.

- The practice engaged with and referred patients to, the local Community Wellbeing service which supported patients with non-medical needs and those at risk of social isolation.
- The practice provided medical services to local care homes and liaised with staff to ensure patient needs were met. The practice had received recognition from the clinical commissioning group as they had immunised 91% of patients living in care homes, against influenza.

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.
- Extended appointments were offered for those with chronic obstructive pulmonary disease (COPD) and diabetes to ensure diagnosis and appropriate management.
- Educational evenings had been held for patients living with a long term chronic disease. For example, an event was held that focused on asthma and COPD.

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.
- 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 identified an increase in demand for sexual health services and had responded by recently appointing a sexual health specialist nurse to provide a more extensive service for patients.
- The practice had developed a dedicated section of their website to provide young people with information and services relevant to this age group.
- The practice participated in the C Card scheme – a confidential service to issue free condoms to protect young people from conception and sexually transmitted infections.

## Are services responsive to people's needs?

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 appointments.
- Online services were available to ensure easy access for patients who were working.

People whose circumstances make them vulnerable:

- The practice engaged with the “Macmillan Next Steps” programme which provided support to patients, after conclusion of treatment for breast and prostate cancer. The practice has had 34 patients attend this program.
- The practice had a traffic light system for patients on their palliative care register and if a patient highlighted as red on the register called in, they would be fast tracked to speak to a clinician.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- A named GP and HCA for Learning Disability patients ran clinics in the surgery as well as doing home visits when more appropriate for clinical assessment and management of health care needs.
- Staff from the practice had attended training to assist them in identifying vulnerable people. For example, domestic abuse and prevent training.
- The practice had a dedicated GP to care for transgender patients to provide continuity of care.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had co-designed and implemented within their cluster group an enhanced adult mental health service delivered by a mental health nurse, which provided dedicated mental health support within practices to ensure appropriate care and improved patient experience.

- Mental Health reviews were undertaken by GP's and the Mental Health Nurse. They also undertook home visits for acute or chronic issues that affected a patient's ability to attend the surgery.
- Dementia patients were offered an appointment or a home visit to undertake a holistic review of physical, emotional and social needs. A named clinician carried out reviews and was responsible for care navigation, sign posting, health surveillance and recognition of worsening health. They worked with carers to ensure they were also supported.

### Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. The practice operated an A to Z system of conditions which supported reception staff to ensure patients received the most appropriate treatment in a timely manner. For example, if a patient called in with a cough, reception staff would go to the ‘C’ section and would be directed to a number of supplementary questions to assess the most appropriate course of action for the patient in a timely manner.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. At the previous inspection in 2017 we told the practice that they must do all that was reasonably practicable to respond to patients' feedback. The 2018 GP survey results for data collected from January to March showed some improvements but did not reflect the further improvements made after this period. We saw at this inspection that the practice had made significant improvements and patients we spoke with confirmed this.

### 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.

## Are services responsive to people's needs?

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

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

# Are services well-led?

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

At the previous inspection in June 2017 we rated the practice requires improvement for providing well-led services as we found that the arrangements for governance and performance management did not always operate effectively. At this inspection we found that the provider had implemented measures to address this.

### Leadership capacity and capability

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

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

### Vision and strategy

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

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

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Practice policies that we looked at had been reviewed, updated and were adhered to, for example the infection control policy.

### Managing risks, issues and performance

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

## Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. 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 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. For example, monitoring telephone answering times.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. For example, improvement in performance relating to the Quality Outcomes Framework.
- 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.

### Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There were 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.**