

Marple Medical Practice

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 inspection 7 October 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Marple Medical Centre on 10 April 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was 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 had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were usually able to access care when they needed it.

- There was a strong focus on continuous learning, engagement and improvement at all levels of the organisation.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw two areas of outstanding practice:

- The practice provided staff with additional external training on how to deliver care to patients with learning disabilities and reserved weekly appointments at a pre-agreed time for consultations for those patients and their carers.
- The practice manager publicised their direct dial telephone number and email address to all patients, should they require resolution to an issue.

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

- Produce a fire safety policy to describe how fire safety is managed in the practice and increase the number of fire drills.
- Reception/administration staff appraisals should be completed regularly.
- All medical equipment should be regularly maintained within date and calibrated appropriately.
- Consider an annual review of serious events and incidents.

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

Population group ratings

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

Our inspection team

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

Background to Marple Medical Practice

Marple Medical Practice, 50 Stockport Road, Marple, Stockport, Cheshire, SK6 6AB is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has 7,204 patients on their register (3,522 male, 3,611 female). The practice is located on a busy road and has no dedicated parking facilities; some parking is available on nearby residential streets. The practice is housed in an older building that has some restrictions for people with mobility problems. The practice has made some adjustments to enable better access and has procedures in place to support people with disabilities.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area are 79 years for males and 82 years for females both of which are similar or above the England average of 79 years and 83 years respectively. The patient numbers in the older age group were 10% higher than the England average. For example 26.8% of the patient population was over 65 and 12.49% were over 75. The average England value was 17.2% and 7.7%

respectively. The practice population had slightly fewer children and young people registered with it than the England average 17% compared with 21% nationally.

The practice's main opening times are Monday to Friday 8am to 6.30pm, with additional appointments available between 7am and 8am Monday, Tuesday, Wednesday and Thursday and one Saturday every month from 9am to 10.30am for routine pre-booked appointments only. Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provided by Mastercall.

The practice has four GP partners three male and one female. The practice employs two salaried GPs, a practice manager, an assistant practice manager, an advanced nurse practitioner, two practice nurses, two health care assistants, two pharmacists, receptionists and secretaries and a caretaker. The practice also supports two full time trainee GPs and undergraduate medical students.

The practice provides online patient access that allows patients to book appointments, order prescriptions and review some of their personal records.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role, some non-clinical staff who acted as chaperones had not received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis, some evidence of these checks were not available for scrutiny at the time of inspection.
- There was an effective system to manage infection prevention and control. One of the nurses was the lead and maintained their knowledge around current best practice in infection control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. We found most equipment to be checked appropriately and suitable for use.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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 full time and temporary staff tailored to their role, for example locum GPs.
- 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. The practice had introduced clear screening procedures for reception staff to follow during calls from patients wishing to report illness. These procedures were implemented to ensure patients requiring urgent care were prioritised appropriately.
- 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.

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- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a clear approach to managing test results.
- 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, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Are services safe?

- 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.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped staff to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- There was no documented fire safety policy. Checks were in place to ensure fire safety equipment was working appropriately and staff were clear on their responsibilities.

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. The practice maintained a tracker of all significant events and reviewed them at weekly meetings. We saw no evidence of annual reviews of significant events, which could help identify trends and learning opportunities.
- There were 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, procedures for dealing with very urgent calls from patients had been adjusted as a result of a recent incident.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts; these were maintained on a tracker and were easy to review.

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 overall.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice utilised the expertise of its own pharmacists and that of the Clinical Commissioning Group (CCG) medicines optimisation team to ensure prescribing for patients was safe and effective.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an electronic system to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and

communication needs. The practice used its systems to identify patients who would benefit from referral to the "Steady in Stockport" initiative, which aimed to help people who are at risk of falling.

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 able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation, cancer and hypertension.
- QOF indicators showed that the practice was performing above local and national averages in relation to treating patients with long term conditions for example hypertension, COPD and diabetes.
- Online services were available for booking blood tests. The practice attempted to accommodate a "one stop" visit to prevent patients having to return more than was necessary.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- School and district nurses regularly attended multi-disciplinary meetings (MDTs) to review children at risk.

Please refer to the Evidence Tables for further information. Are services effective?

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

- The practice's uptake for cervical screening was 76%, which was above the national figure of 72%.
- The practices' uptake for breast and bowel cancer screening was above 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 35-74. 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 a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Care planning was extended to vulnerable people including those with a learning disability.
- A nurse with specialist skills in learning disabilities had trained staff to increase their skill set when delivering care to these patients.
- The practice routinely provided three appointments a week at an agreed period for patients living in a nearby home for people with learning disabilities.

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. Patients were signposted to a service called Stockport psychological wellbeing.

- 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. After a recent incident involving a patient who had suicidal thoughts, procedures undertaken by the call takers were reviewed and updated.
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average.
- 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. A recent audit on minor surgery indicated that results of joint injections had given increased positive outcomes for patients who had undertaken the procedure.

- QOF results were high with many areas being higher than the local and national averages. Exception reporting was comparable with the national averages apart from those relating to osteoporosis and cancer. The lead GP we spoke with considered that this may have been a result of the high numbers of elderly patients on the practice register.
- 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.

Effective staffing

Please refer to the Evidence Tables for further information. Are services effective?

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. We saw examples of members of staff developing in their roles within the practice from non-clinical to clinical.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community

services for children who have relocated into the local area. We saw that regular multi-disciplinary team (MDT) meetings took place and were well attended by a variety of healthcare professionals.

- 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. There was a palliative care register and patients on end of life care were discussed at regular weekly clinical meetings.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes and self-help groups.
- 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. Staff we spoke with were aware of the Mental Capacity Act and its guidelines in relation to gaining and recording consent.

Please refer to the Evidence Tables for further information. Are services effective?

- 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.
- Results from the GP patient survey showed that the practice performed comparably to local and national averages in relation 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.
- Results from the GP patient survey showed that the practice performed comparably to local and national averages in relation to being involved in decision making.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this. Staff we spoke with told us that they had never seen any inappropriate behaviour or language by staff during the time they had worked there.

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours, patients were also able to contact GPs via email. Extended hours were offered and appointments with GPs, nurses and healthcare assistants were available from 7am weekdays and 9am to 10.30am one Saturday a month.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. A wheelchair was made available by the practice for patients who had mobility issues. The practice manager advertised their telephone and email address as a means of contact.
- 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 due to limited local public transport availability.
- One of the GPs led on care for a local nursing home with mixed occupancy and undertook a weekly ward round. Contact with these patients maintained consistently delivered good care.
- There was a medicines delivery service for housebound patients via the local pharmacy.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment.

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 weekdays and Saturday appointments once a month.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice as a temporary resident, including those with no fixed abode
- The practice worked closely with a nearby home for people with learning disabilities.

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.
- Patients who failed to attend appointments were proactively followed up by a phone call from practice staff.

Timely access to care and treatment

Are services responsive to people's needs?

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. Reception staff used a clinically safe protocol to ensure that patients requesting urgent appointments were provided with the right level and speed of service.
- Patients reported that the appointment system provided improved access since it had been reviewed and changed the previous year.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The practice did not have a documented complaints policy and relied on a complaints flowchart, supported by information for patients on how to make a complaint. 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 a complaint relating to the standard of consultation with a locum GP led to changes in the way the practice delivered care and an apology was offered to the complainant.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups 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. Staff we spoke with confirmed that the practice managers and leaders were professional, relaxed and approachable in their manner.
- 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 which were articulated in the practice mission statement. 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 we spoke with were clear on the mission statement and felt able to contribute to improvements in delivering care.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Many of the staff had worked at the practice for a long period; there was a low turnover of staff.
- 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, we saw examples of this.
- 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. Not all staff had received regular annual appraisals in the last year. The assistant practice manager told us they were aware of this and were planning to complete all staff appraisals in the near future.
- 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 themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

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 and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. We saw a number of clinical audits had taken place and demonstrated improved outcomes for patients.
- The practice checked the two week referrals for suspected cancer cases to ensure patient's results had been progressed appropriately in doing so had identified two potential cases that may have otherwise not been identified.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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. We saw minutes of meetings which evidenced this.
- 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. We saw a number of different IT solutions were utilised by the practice.
- 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. There was an active patient reference group of 280 patients which operated in virtual manner (by email correspondence).
- 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.