Knockin Medical Centre

Quality Report

Knockin
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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 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 4 November 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 Knockin Medical Centre on 15 November 2017 as part of our inspection programme.

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 and treated patients 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:

- Include a copy of the care management plan nurses provided to patients in the patient record.
- Include timescales for actions to be completed following an infection prevention and control audit.
- Consider how consent for patients attending for an intrauterine coil insertion is documented.
- Implement structured clinical supervision and consider clinical audits to monitor the ongoing competence of staff employed in advanced roles.

Summary of findings

- Include equality and diversity training for all staff.
- Develop a practice training policy/protocol that outlines the training considered by the practice to be mandatory taking account of professional best practice and the training expectations of clinical commissioning group (CCG).

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

Knockin 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, a practice nurse specialist adviser, a practice manager adviser, a member of the CQC medicines team and an expert by experience.

Background to Knockin Medical Centre

Knockin Medical Centre is located in Knockin, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. They are a dispensing practice situated in a very rural locality between Oswestry and Shrewsbury covering a large geographic area. This can present significant challenges for the practice with secondary care providers, transport services and patient mobile phone and internet access. Patients who cannot drive can be at risk of extreme isolation. The practice covers all the surrounding villages and rural hillside farms. The total practice patient population is 3,400, mainly in Shropshire but with approximately 150 patients living in Wales.

The practice has a higher proportion of patients aged 65 years and above (36.8%) which is higher than the practice average across England (26.5%). They have a lower than average number of patients aged 0-4 years (3.5%) when compared to the practice average across England (6%). It also has a population, which has a higher percentage of patients with a caring responsibility 23.9% when compared to the practice average across England 18.2%.

The staff team comprises two full time male GP partners. The practice employs a female salaried GP who provides two morning clinics per week. The practice team includes a nurse practitioner and a practice nurse and two healthcare assistants who work part time. There is one full time dispenser and four staff members able to provide dispensary assistance, one of which also has a receptionist role and another a healthcare assistant role. The practice is supported by a practice manager, five receptionists and administrative support staff and a cleaner. In total there are 18 staff employed either full or part time hours. The practice offers access to a community coordinator, a local CCG initiative, where staff sign post patients or their families/carers to various local organisations to promote and enable independent living.

The practice is open Monday to Friday 8am to 6pm. They close at 1pm to 2pm, however, phone lines remain open. The dispensary remains open until 6.30pm Monday to Friday. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. They also provide some Directed Enhanced Services, for example they are a dispensing practice, offer minor surgery and the childhood vaccination and immunisation scheme and for their patients.

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 suite of safety policies which were in the process of being updated by the GP partners and Practice Manager once reviewed changes are communicated to staff and were accessible to all staff. Policies outlined clearly who to go to for further guidance.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.
- 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. We found that the action plan following the infection prevention and control audit had no timescales for the actions to be completed documented.
- 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.
- There was an effective induction system for temporary staff tailored to their role.
- 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.

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. However, some patients in receipt of a care management plan, for example patients with asthma, there was no copy of the plan provided held in the patient record.
- 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, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice provided a family planning service, which included the insertion on intra-uterine coils, but we found that there was an absence of a medicine required in the event of an emergency. This medicine was ordered and we were assured that no procedures would take place until the medicine was received during the inspection. One recent addition to the emergency medicines guidance

Good

Are services safe?

list was not held by the practice and again this was ordered on the day of the inspection. Following the inspection the provider confirmed receipt of this medicine. The practice kept prescription stationery securely and monitored its use.

- 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.
- Arrangements for dispensing medicines at the practice kept patients safe. The practice following the inspection forwarded a copy of their revised dispensary workflow chart.

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. The GP partners and practice manager supported them when they did so. Immediately following the inspection the practice updated their significant event policy to include the cascade of incident learning information and annual trend analysis to all staff.
- 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, a home visit was inadvertently not documented; the home visit took place following a second call to the practice with no patient ill effects. The practice reviewed their home visit documentation procedures and decided to add home visits on to their electronic appointment list as well as any telephone consultations completed.
- 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 making care and treatment decisions.
- The practice had introduced a text message service for patient appointments and feedback to improve treatment and to support patients' independence.
- 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. 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. Over a five-year period the practice had offered 484 patients a health check and 626 checks had been carried out. The nurses and healthcare assistants had taken opportunities to provide these checks opportunistically.
- 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. In some patients reviewed by the practice nurses we found that a copy of their care management plan was not held in their record.
- 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.

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.

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

- The practice's uptake for cervical screening was 85%, which was above the 80% coverage target for the national screening programme.
- 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.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- The practice specifically 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 at the practice was 100% when compared with the CCG of 92%, national of 89%) and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 95%; CCG 95%; national 95%).

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. The practice had identified one of the GP partners and the practice manager to have lead areas in the Quality Outcomes Framework (QOF). The practice had commenced work on the reduction of exception reporting with improvements made to their patient recall systems. (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.)

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice attended local CCG meetings and considered GP practices working at scale with the potential for collaboration in areas such as a shared pharmacist staff member.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available in line with the clinical commissioning group (CCG) average of 98% and national average of 95.5%. The overall exception reporting rate was 11% compared with a national average of 10%.

- The practice used information about care and treatment to make improvements. For example, the practice had completed an audit on uncomplicated urinary tract infections. This was to assess antibiotic prescribing using Public Health England guidance on the diagnosis and antibiotic treatment. The practice action planned those areas where their compliance with guidance was not optimised and a repeat audit was planned.
- The practice was actively involved in quality improvement activity. For example, they had completed an audit of oral contraceptive prescribing between June 2017 and October 2017 with the objective of having a protocol in place to ensure appropriate reviews for all women on oral contraceptives and those at highest risk were prioritised. This audit was to be repeated in the near future. Where appropriate, clinicians took part in local and national improvement initiatives for examples involvement in their locality and looking at collaborative practice.

Effective staffing

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 ongoing support. This included an induction process, one-to-one meetings, appraisals and support for revalidation.
- The practice GPs supported the nurse providing a non-medical prescribing role and had assessed their competence following completion of training in minor illness, including one to one sessions with a GP partner. The practice was aware of the need to implement structured clinical supervision and consider clinical audits to monitor the ongoing competence of staff employed in advanced roles.
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- 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, 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. However, we found that patients attending for coil insertion did not always have a specific consent form completed.
- 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.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. 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 fourteen surveys were sent out and 122 were returned. This represented about 3.5% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses and patients found the receptionists at the practice helpful. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time compared with the CCG average of 91% and the national average of 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 91% and the national average of 86%.
- 98% of patients who responded said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 99% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 94% and the national average of 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 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 who 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.
- 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 patients who were carers. The practice new patient questionnaire asked patients to advice the practice as to whether they provided a carer role. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients as carers (2.2% of the practice list).

Good

Are services caring?

- The practice community coordinator helped to ensure that the various services supporting carers were coordinated and effective.
- 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 patient 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 higher than or in line with local and national averages:

- 95% 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 91% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 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 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.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, they were considering an automated reception entrance door and had in the interim a doorbell was provided to enable staff to assist patients to gain entrance to the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- A physiotherapist attended the practice for one session each week and a diabetic podiatrist visited the practice.
- Patients had access to community services, such as district nurses, a health visitor, a Severn Hospice palliative care nurse and a community matron.

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.

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 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 18 were offered a same day appointment when necessary.

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.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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 hosted a counselling service for one session per week at the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.

Following a patient survey the practice responded to patients expressing that at times they waited longer than 15 minutes for their appointment. The GP Partners reviewed how their electronic appointment system and made changes, which they hoped, would improve the timeliness of patient appointments. It was too soon to complete a repeat survey following the implementation of these changes to demonstrate the effectiveness and patient impact.

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. Two hundred and fourteen surveys were sent out and 122 were returned. This represented about 3.5% of the practice population.

- 87% 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 76%.
- 97% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 84% and the national average of 71%.
- 95% 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 compared with the CCG average of 88% and the national average of 84%.
- 91% of patients who responded said their last appointment was convenient compared with the CCG average of 86% and the national average of 81%.
- 95% of patients who responded described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 72% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed one complaint 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, an electronic home visit and telephone consultation appointment system was put in place following an incident/complaint.

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. The GPs had yet to implement structured clinical supervision, clinical oversight systems and consider clinical audits to monitor the ongoing competence of staff employed in advanced roles.

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 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 advised should the need arise they would be able to act 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. Clinical staff had received annual appraisals in the last year and the practice manager had commenced planning appraisals for all staff commencing December 2017. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, 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. Some staff but not all 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,

Are services well-led?

Good

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

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

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.
- 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.
- 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. Examples included, staff involvement and encouragement at meetings to suggest ideas for improvement, which were listened to and actioned, were able. For example a staff suggestion of having a confidential shredder bin rather than by hand shredding documents a few at a time which improved staffs job satisfaction and efficiency.
- The practice manager had recruited to the patient participation group who planned to meet every six weeks. They had competed a small patient survey. The PPG following discussion with patients and the practice and due to the rurality of patients had gained agreement for the telephone repeat prescribing service to be maintained until a suitable reliable system could be put in place. Internet and mobile telephone access in some areas was either absent or variable so patients in more rurally isolated areas may not be able to access services available via websites.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Good

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

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. For example, a practice nurse had successfully completed a non-medical prescribing course supported by the practice partners in assessing their competence.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice had plans to become an approved training practice.