Dr Bannatyne & Partners

Quality Report

The Surgery
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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?	Outstanding
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 11/06/2015 – Good)

The key questions are rated as:

Are services safe? Good

Are services effective? Good

Are services caring? Outstanding

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 Dr Bannatyne & Partners on 29 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 area where the provider **should** make improvement is:

- The practice should consider the results of the GP patient survey for access and make improvements.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Dr Bannatyne & Partners

Detailed findings

Background to Dr Bannatyne & Partners

Dr Bannatyne & Partners, 54 Church Avenue, Harrogate, HG1 4HG is situated in Harrogate. There is a branch surgery at Winksey Cottage, High Street, Hampsthwaite. The branch surgery dispenses medicines to registered patients who live more than a mile from a community pharmacy. The registered patient list size of the practice is approximately 11,000 covering approximately 100 square miles. The overall practice deprivation is on the eighth least deprived decile. Deprivation is 11% less than the national England average. There is a mix of male and female staff at the practice. Staffing at the practice is made up of five GP partners (two male and three female, four salaried GPs (three female and one male), two advanced nurse practitioners, five practice nurses, one health care assistant and one phlebotomist. The practice provided training and teaching placements for GP's, doctors, medical students and nurses.

There is a team of administrators, receptionists and dispensers as well as a practice and deputy practice manager, premises and information technology manager and a dispensary manager.

The practice offers appointments at the main practice from 8:00 to 18:00 Monday to Friday. Evening appointments are available on a Monday and Thursday from 18:30 to 20:00. The branch surgery opened on a Monday from 9:00 to 18:00, Tuesday from 8:00 to 18.00, Wednesday from 8.00 to 17.30, Thursday from 8:00 to 13:00 and Friday from 8:00 to 12:30. When the practice is closed an out of hour's service is provided between 18:00 and 18:30 by Primecare who triage calls. The out of hour's service provided between 18:30 and the following 08:00 the following day and at weekends is provided by Harrogate District Foundation Trust.

There are no parking facilities at the Church Avenue surgery, but on road parking was available.

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

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.
- 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 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.

Good

Are services safe?

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines were qualified and had received appropriate training, or were fully supervised in apprenticeship roles, and had undertaken continuing learning and development
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice recognised a near miss when two patients with the same name almost received the others test results. This was discussed at the significant events meeting and it was only the vigilance of the receptionist that had prevented the event from occurring. The process was reviewed and a further check of the date of birth of patients was emphasised prior to giving any confidential information to patients.
- 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.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information , a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The practice also monitored trends in significant events and evaluated any action taken.

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 a dedicated mobile telephone for the purpose of sending and receiving text messages for hearing impaired 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 were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- 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.
- The practice led primary care services in four care homes in the area providing weekly routine visits in addition to same day advice and treatments.

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.

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 in line with the target percentage of 90% or above
- 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 84%, which was better than 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 homeless people, travellers and those with a learning disability.

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

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  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

Good

Are services effective?

(for example, treatment is effective)

received discussion and advice about alcohol consumption (practice 88%; CCG 93%; national 90%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 94%; CCG 95%; national 93%).

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. For example the practice had a comprehensive programme of audits which included audits on contraception services, minor surgery, Deep Vein Thrombosis (DVT) and, referral protocol compliance among others. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 95%. The overall exception reporting rate was 7% compared with a CCG average of 11% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example the practice regularly benchmarked their performance results with other practices, ensuring they performed at least in line with the best.
- The practice was actively involved in quality improvement activity. The practice audited their safeguarding practice against the standards within the multi-agency policy, and although their standards were in line with best practice, the practice was able to focus on minor changes to ensure standards were maintained.

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
- 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.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- 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.

Outstanding ☆

Are services caring?

Our findings

We rated the practice, and two of the population groups (Older people and People whose circumstances make them vulnerable), as outstanding for caring.

The practice was rated as outstanding for providing caring services because:

- Feedback from patients from a number of sources showed that they were truly respected and valued as individuals and were empowered as partners in their care.
- The practice provided bespoke care to a range of its most vulnerable patients. We were told of times when staff in the practice had gone the extra mile to provide their patients with compassionate care.

Kindness, respect and compassion

Staff recognised and respected the totality of patients needs. They 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.
- We were told of times when staff in the practice had gone the extra mile in providing their patients with compassionate care. For example, a GP who made lunch for a patient who had not eaten for three days during a home visit, and a homeless person was given food by staff to cover three days before they could access the local food bank. This included staff giving up their own lunch to address the urgent need.
- The practice had identified champions for the homeless to ensure that they were treated in a manner that met their needs.
- The practice had petty cash to support patients getting home safely in extreme circumstances and taking them to hospital from the surgery for urgent access.
- Meditation sessions, led by one of the GPs, were held in the surgery for staff to improve their wellbeing in the workplace.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced, however five responses also mentioned difficulties experienced in accessing a named GP and achieving telephone access at 8am. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Patients told us that follow up care following bereavements was particularly compassionate and supported both emotional and social needs for individuals.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 277 surveys sent out and 114 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 96% of patients who responded said the GP gave them enough time; CCG average - 92%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 98%; national average - 95%.
- 97% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average – 91%%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG average - 94%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG average - 95%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 99%; national average - 97%.

Are services caring?

- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern;CCG average 93%; national average - 86%.
- 86% of patients who responded said they found the receptionists at the practice helpful; CCG average - 91%; national average - 97%.

The survey results were significantly better than CCG and national averages, particularly in relation to the care received by clinical staff. The staff were aware of this data and continued to maintain the high standards.

Care homes supported by the practice in the local area told us that the practice treated their patients promptly and with kindness.

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, although these were on an individual patient basis as the number of non-English speaking patients registered at the practice were low.However there were a number of deaf and hearing impaired patients and British Sign Language (BSL) signers were provided by the practice to support communication with these patients. 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 identified patients who were carers through asking patients during consultations and recording this on the electronic patient record. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 115 patients as carers (1% of the practice list).

- 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 better than local and national averages:

- 97% 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 92% and the national average of 86%.
- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average 88%;national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 93%; national average - 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average 88%;national average - 85%.

The survey results were significantly better than CQC and national averages. The practice was aware of the data.

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.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example by providing extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example the practice had a dedicated mobile telephone for hearing impaired and deaf patients to send and receive text messages.
- 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.

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 and 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. For example, extended opening hours and evening phlebotomy clinics.
- Telephone 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 homeless people, travellers and those with a learning disability.
- The practice registered homeless people with the surgery address for health care enabling them to access care.
- The practice had identified three members of staff as champions for the homeless

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.

Timely access to the service

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

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

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 63% of patients who responded said they could get through easily to the practice by phone; CCG average 86%; national average - 71%.
- 71% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 84%; national average - 75%.
- 77% of patients who responded said their last appointment was convenient; CCG average - 85%; national average - 81%.
- 67% of patients who responded described their experience of making an appointment as good; CCG average - 82%; national average - 73%.
- 53% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 62%; national average - 58%.

The survey results were slightly lower than CCG and national averages, despite the practice providing extended hours services. The practice was aware that patients said that they had difficulty in obtaining appointments, particularly in making telephone contact at 8am, and they tried to encourage telephone calls later in the morning if possible. At 1pm on the date of the inspection we found a same day face to face consultation could be obtained within three hours, and a routine face to face consultation could be booked within two weeks. Although access to appointments was adequate, patient perceptions did not support this position. The practice should consider the results of the GP patient survey for access and make improvements.

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. Fourteen complaints had been received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example as a result of a complaint the practice changed from using envelopes with windows to closed envelopes for all correspondence to improve confidentiality.

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, and all 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 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 practice had active GP leadership in all areas of practice. For example, planning clinical rosters, infection prevention and control, disease specific areas and population groups.

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 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.
- 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. For example the practice offered meditation sessions led by one of the GPs to support the wellbeing of staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. 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.

Are services well-led?

Good

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

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. For example, the audit on safeguarding resulted in a review of safeguarding and embedding best practice.
- 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. For example three care homes we spoke with confirmed that the practice was responsive to requests for care and that they had access to a dedicated surgery number accessible only by care homes and emergency services. This ensured that urgent requests were not held in a waiting system for the practice to answer.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. When it was identified that some medications on repeat prescriptions were not changed in an accurate and timely way following hospital discharges the practice implemented a process whereby the changes were logged on the patient's electronic record by the pharmacist, and subsequently checked by the GP.
- 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.