Imeary Street Surgery

Inspection report

78 Imeary Street
South Shields
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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.

We last inspected the service in June 2015, when it was rated as good overall.

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 Imeary Street Surgery on 26 April 2018, 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. There was an open and honest culture around incident reporting.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Quality data showed the practice performed well in management of long term conditions such as asthma and diabetes. It ensured that care and treatment was delivered according to evidence based guidelines.
- Patients spoke highly of how they were treated with compassion, kindness, dignity and respect. Patient survey results showed that patients consistently reported higher levels of satisfaction compared to the local area and national results. Patient feedback on the day was received in large numbers and was consistently positive.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it, with again consistently higher results in the National GP Patient Survey than local and national averages.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The practice had designed a new dementia review process to make this more holistic, incorporating areas such as falls risk and continence. While yet to carry out a full review of this service, the practice had sought informal feedback which was positive.
- The practice had developed a comprehensive Mental Capacity Act Policy, which the practice had shared and had since been adopted by other practices in the area.

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

- Carry out yearly fire drills.
- Review identified actions in infection control audits.
- Carry out a risk assessment for the updating of DBS checks.

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 Imeary Street Surgery

Imeary Street Surgery is registered with the Care Quality Commission to provide primary care services. The practice provides services to just over 3,000 patients from the following location: 78 Imeary St, South Shields NE33 4EG. We visited this address as part of the inspection. The practice is part of NHS South Tyneside Clinical Commissioning Group (CCG).

Deprivation indicators place this practice in an area with a score of four out of ten. A lower number means the more deprived an area is. People living in more deprived areas tend to have greater need for health services. This practice had slightly lower levels of deprivation when compared to the CCG, but higher than the England average.

The practice occupies a converted building. Consultation rooms and patient areas are on the ground floor and are fully accessible for patients with mobility needs. On-street parking is available close to the premises.

The practice has two GP partners (one male and one female), one practice nurse, and one healthcare assistant. These are supported by a team of administrative and management staff.

Patients can also access appointments across the South Tyneside area until 8pm each weekday, Saturday 10am-2pm, and Sunday 10am- 1pm, as part of the South Tyneside Health Collaboration. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Good

Are services safe?

We rated the practice 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 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). However, the practice did not have a policy or risk assessment in place to address when, or if DBS checks would need to be repeated. The practice gave an assurance this would now be introduced.
- 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 with regular monthly audits, although one identified action point for installing elbow taps in consulting rooms had been recorded but not actioned.
- 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 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. There were sepsis flowcharts in each room to aid in identification and treatment.
- 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, such as out of hour's providers, to enable them to deliver safe care and treatment. The practice routinely reviewed information from out of hours and hospital discharges each day. The practice computer system allowed sharing of information with other health providers such as district nurses.
- 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. Refrigerator temperatures were monitored twice daily, although it was not always recorded why temperatures had gone out of range, for instance the refrigerator being restocked. The practice told us they would rectify this with immediate effect. The practice kept prescription stationery securely and monitored its use.

Good

Are services safe?

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

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice, for instance, reviewing protocols and introducing checks after an expired vaccine had been administered.
- 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.

Please refer to the Evidence Tables for further information.

Good

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. Clinical staff were given protected time to review guidance.

- 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- 24% of the practice population was aged over 65, higher than the CCG average of 19% and the England average of 17%. The practice had a good understanding of their population group needs including those in care homes, who received a fortnightly visit.
- Patients aged over 75 were opportunistically offered health checks. Those identified as being frail had a clinical review including a review of medicine. If necessary they were referred to other services such as falls prevention services.
- The practice followed up on older patients with care plans discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice held six weekly multidisciplinary meetings, attended by professionals including charitable organisations and the local consultant in palliative care.
- The practice was proactive in promoting flu vaccinations for the over 65's, and held open days in conjunction with charitable organisation cake sales. Seventy nine per cent of the over 65 practice population had received their injection.
- The practice made referrals to third parties such as local charitable organisations, advocacy and befriending services.
- The practice had started a 'listening ear' scheme, where they would identify patients over 75 and ring them for a chat, to reduce social isolation and signpost to support organisations or take the opportunity for health promotion such as flu vaccinations.

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 the patient's own home where necessary. 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.
- The practice worked flexibly to encourage patients to attend reviews and encourage self-management and involvement with their condition.
- The Quality and Outcomes Framework (QOF) is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing and preventing some of the most common long-term conditions e.g. diabetes. The results are published annually. QOF data for 2016/17 showed the practice achieved 100% of the points available. The practice showed a number of areas in QOF data which had significant positive variation compared to clinical commissioning group (CCG) and national averages. These related to, for instance, the management of diabetes, the review of patients with asthma, and a record of smoking status in patients with physical or mental health conditions.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice exceeded the 95% World Health Organisation target rate for all four indicators.
- 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 81%, above the 80% target for the national screening programme, and the CCG and England averages.

Good

Are services effective?

- 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. The health care assistant had been supported to receive extra training to take bloods at those appointments and for hypertension reviews; previously patients had to attend at a separate clinic at a different time for blood samples.
- Patients could self-refer to services such as physiotherapy and talking therapies.

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 six weekly multi-disciplinary palliative care meetings where identified vulnerable patients were discussed.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Vulnerable families were discussed where necessary at safeguarding meetings.
- The practice had strong links with local advocacy services and community groups.
- The practice had previously held joint consultations with a drug and alcohol worker, and was hoping to continue this service.
- The practice had learning disability health quality checkers from an advocacy service to carry out an audit, and had received positive results.
- The practice had a high uptake of learning disability health checks, 32 of 32 having been completed. They implemented these flexibly, for instance ringing patients beforehand to remind them or flexibility around lateness.

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

- The practice was similar to CCG and England average for the number of patients who had received a dementia review within the last 12 months. The practice had carried out an improvement project around the usefulness of dementia reviews, and had produced new comprehensive templates so that the reviews were more holistic. Areas covered included falls risk, informal and formal support and continence issues, in addition to existing physical measurements. The practice was yet to carry out a full review of the change to the service, but had received positive feedback from patients' carers.
- The practice nurse carried out home visits for housebound patients with dementia.

Monitoring care and treatment

The practice had routinely reviewed the effectiveness and appropriateness of the care provided, and had audited, for instance antibiotic prescribing rates, and how medication reviews were carried out. Where appropriate, clinicians took part in local and national improvement initiatives, such as the local 'Better Outcomes' Scheme run by the CCG, which gave the practice another method to measure its performance against others in the area. The practice was also participating in 'a better u', a local scheme where practices assessed themselves against areas such as promoting self-care for patients and easy access to services.

- The most recent published Quality Outcome Framework (QOF) results for 2016/17 showed that overall, the practice received 100% of the total number of points available, above the CCG average of 98%, and the England average of 97%. The overall exception reporting rate was 6%, which was below CCG and England averages. The national average was 10%. (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 instance, a health care assistant had been upskilled and supported in carrying out some routine medicine reviews and this had allowed a better use of GP skills and more timely reviews.
- The practice was working towards receiving 'a better u' certification, a local programme to help residents to improve their overall health and wellbeing through self-care. The practice made submissions of how they participated, for instance in ensuring people had access to information to support self-care, and encouraging patient involvement in their condition. The practice then

identified opportunities for improvement, such as providing longer, more holistic appointments and specific interventions for frequent A&E attenders. These identified actions were ongoing.

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, 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, 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, for instance by holding open days for flu vaccinations in conjunction with Macmillan bake sales. A walking group was run by patients and facilitated by the practice who advertised it.
- Staff discussed changes to care or treatment with patients and their carers as necessary. The practice promoted patient held self-management plans to empower the patient and encourage involvement.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. The practice was proactive in promoting these, and was consistently above the CCG and England averages for flu vaccination uptake, bowel cancer screening, and screening for breast and cervical cancer. The practice was the highest in the CCG area for breast and cervical screening uptake.

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.
- One GP was the Mental health and learning disability lead for the locality, and had developed a comprehensive Mental Capacity Act Policy, which the practice had shared and had since been adopted by other practices in the area.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice 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 was small and staff turnover was low, which had allowed staff to develop a good knowledge of patient's personal circumstances, and we were given many examples through patient feedback where the practice had been supportive and caring. Staff were highly motivated and inspired to offer care that promoted people's dignity. Relationships between patients and staff were caring and supportive. These relationships were valued by staff and promoted by leaders.
- 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, or for the patient to wait in.
- The practice had close relationships with and made referrals to third parties such as charitable organisations and befriending services, and had started a 'listening ear' scheme, where they would identify patients over 75 and ring them for a chat, to reduce social isolation and signpost to support organisations or take the opportunity for health promotion such as flu vaccinations.
- We received 178 patient Care Quality Commission comment cards as part of the inspection, of which 172 were entirely positive (97%). Feedback was entirely positive about the way staff treated people, and patients consistently spoke highly of the caring and kind service they received, and gave examples of where staff had gone the extra mile. The National GP Patient Survey showed that patients were consistently more satisfied than clinical commissioning group (CCG) and England averages, for how they were treated with care and concern, how they were listened to, levels of trust and confidence in the service, and whether they would recommend the practice to others.

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. This included British Sign Language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials. The practice had compiled a library of easy read documents for learning disability patients to access
- GPs had received extra training in shared decision making.
- Staff helped patients and their carers find further information and access community and advocacy services. The practice had built strong links with the local carer's association.
- The practice had sought informal feedback from patient's carers about the new more in depth dementia reviews, and received positive feedback on these.
- Results from the National GP Patient Survey were consistently higher than CCG and England averages for how involved patients felt, and how well they felt tests and treatment were explained. This was reflected in feedback gathered during the inspection.
- Staff were fully committed to working in partnership with patients, and showed determination in overcoming obstacles to delivering care. For instance, the practice went above and beyond a 'three strikes and you're out' approach when patients failed to attend for recalls and chronic disease reviews. Staff would continue to individually engage with patients and encourage them to attend. The practice took account of patient's individual lifestyles and issues, and were flexible with patients who did not attend due to, for instance, personal problems or chaotic lives.
- The practice opportunistically identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers (5% of the practice list), however had not identified any young carers.
- Carer's leaflets were displayed in reception and advised patients of a carer's pack, along with information from organisations such as the Alzheimer's Society.

Good

Are services caring?

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect, and were able to give examples of this, for instance never repeating personal information back over the phone. Changes to the reception layout had been carried out taking account of feedback from the Patient Participation Group.
- The practice complied with the Data Protection Act 1998.

Good

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. For example with 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, and the practice was aware of the challenges facing it if they continued to expand, given the physically small premises. The practice was proactive in assessing alternative ways and means of working.
- The practice made reasonable adjustments when patients found it hard to access services, for instance by ringing patients to remind them of their appointment where appropriate, or having a flexible approach to where patients did not attend an appointment due to problems at home.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice held six weekly palliative care meetings. Due to the small size of the practice there were generally no set clinic times for long term conditions; these appointments were made around patient need.

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 were housebound. All home visits were prioritized for early triage, and the practice worked closely with the acute care team to reduce unnecessary admissions.
- Emergency health care plans had been completed where appropriate, and both GPs had attended additional training in how to complete these. These included information such as when to start emergency antibiotics for certain infections, and included patient wishes for when they didn't want to go into hospital.
- The practice had previously facilitated some IT training sessions to ensure that older people could access online services. Take-up across the practice population was at 25%.

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 could be reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. An individual approach was taken, and GPs had been trained in shared decision-making.
- The practice were proactive and flexible in enabling people to attend their reviews, and would still try to engage patients and persuade them to attend even after three previous attempts had been refused.
- The practice held regular meetings with other health professionals 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 were offered a same day appointment when necessary, including a dedicated under five slot for extended access appointments.
- The practice was proactive in how it assisted families, for example seeing siblings in the same appointment, and being flexible with late attendances and urgent appointments.

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, by offering extended opening hours and seven day access through the local area health collaboration.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours, and appointments could be booked up to six months in advance.
- The practice offered blood pressure checks every five years to those over 40 who did not have other long-term health conditions.

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. Annual health reviews were carried out for these patients in a flexible manner, with a home visit if necessary.
- The practice were flexible in encouraging these people to attend appointments, for instance with a reminder phone call. Longer appointments were available where required.
- The practice had compiled a library of easy read documents for learning disability patients to access.

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 was proactive in carrying out dementia screening checks and had improved the dementia review process to make this more holistic and capture more information.

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. Urgent calls were triaged and often seen initially by a healthcare assistant who would take a brief history and observations such as blood pressure. This information would then be reviewed by a nurse or GP as appropriate before the patient was seen by them. There were systems in place to ensure patients were seen by the correct clinician.
- The appointment system was easy to use, and the practice had carried out capacity and demand audits and altered staffing to match. Results from the National GP Patient Survey showed a significant positive variation when compared to local and national averages, for how easy patients found it to access the service.

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. Four complaints had been received in the last year. We reviewed all these complaints and found that they were satisfactorily handled in a timely way. The practice discussed these to identify any learning points.
- 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, such as clinical review meetings, and the installation of an extra phone line for busy times.

Please refer to the Evidence Tables for further information.

Good

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 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. Both partners held leadership roles within external organisations, such as the CCG.
- 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 of the practice.
- The practice provided mentoring for student nurses and final year medical students.

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 objectives. Staff had been engaged in the process of developing the vision. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social 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 actively promoted a positive, friendly culture and this had been embedded in job descriptions for staff.
- The practice focused on the needs of patients with an individualised approach.
- 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. We saw where the provider had, for instance, acknowledged human error and a need for a system change, and had been open about this. 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 needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

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

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

Good

Are services well-led?

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The practice had processes to manage current and future performance. 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, and could demonstrate where they had taken action as a result. For instance after a medication alert a search for any patients prescribed the medicine was carried out and advice letter was sent out or a review carried out.

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. There was a business continuity plan which staff were aware of.

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 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. Reviewing feedback was seen as a valuable way to improve the service.
- There was an active patient participation group (PPG), which met quarterly, and was run collaboratively between the group and the practice. The group gave us examples of where the practice had taken action or made improvements after group feedback, such as improvements to reception privacy.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice participated in local benchmarking and schemes such as 'a better u' where the practice submitted evidence around areas such as patient centred care and encouraging patient self-care. This also resulted in the practice identifying areas where they could further improve and putting action plans in place, such as sourcing additional training in customer care.
- The practice instigated a 'listening ear' scheme, where they would identify patients over 75 and ring them for a chat, to reduce social isolation and signpost to support organisations or take the opportunity for health promotion such as flu vaccinations.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.