Eastville Medical Practice

Inspection report

East Trees Health Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (Previous rating December 2014 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Eastville Medical Practice on 23 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice was sensitive to the cultural needs of their patient population, they organised and delivered services to meet patients' needs and preferences.
- The practice worked in partnership and hosted, a number of organisations which could impact positively on the local community.
- We found there was an established enthusiastic partnership with good leadership and positive culture for developing and improving services.
- 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.

We saw one area of outstanding practice:

- The practice worked in partnership and hosted a number of organisations which could impact positively on the local community, for example they ran the Rose Clinic (a surgical reversal service for victims of female genital mutilation) for the Bristol area. To support patients to attend the Rose Clinic the practice had employed a clinically trained support worker who was able to translate for patients and had experience and understanding of the cultural nuances which may affect the women attending.

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

- To take action to improve the uptake of cervical smears.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

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 Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Eastville Medical Practice

Eastville Medical Practice

East Trees Health Centre

100A Fishponds Road,

Eastville

Bristol BS5 6SA

Eastville Medical Practice has a three GP and one business partner partnership and employs four salaried GPs and one GP retainer. GP's of both genders are working alongside an advanced nurse practitioner, nurse prescribers, practice nurses, pharmacists and health care assistants. The clinical team is supported by a team of receptionists, secretarial staff and administrators.

The South West UK Census data (2011) shows 55.4% of the population are recorded as being from the black or minority ethnic community. People from different backgrounds may have an increased risk of developing certain conditions such as a prevalence of diabetes in people for the South Asian regions.

Public Health England's national general practice profile shows the practice has a significantly higher population of patients aged between 20 and 45 years old at 46.5% of the patient population, and a lower than average group of patients aged 65 or over at 12.2% which is lower than the England average of 27% over 65 years.

The practice population has high levels of deprivation. The Index of Multiple Deprivation 2015 is

the official measure of relative deprivation for England. The practice population is ranked at decile 2 which is the second highest level of deprivation. The Bristol area Quality of Life Survey (April 2018 Report) indicated that a much higher proportion of people living in deprived areas (45%) have a long-term illness, health problem or disability that limits their daily activities. In Bristol 1 in 2 residents (51%) are overweight or obese, rising to 3 in 5 (60%) in the most deprived areas. There are more households in deprived areas where someone smokes (29% vs. 22%) and, additionally, more households where residents smoke within the home (12% vs. 6%) and so may be at more risk of passive smoking.

The practice has opted out of providing out-of-hours services to their own patients. Patients can access NHS 111 and out of hours services from information on the practice website.

The practice is registered to provide the following regulated activities:

Family planning

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Surgical procedures

Maternity and midwifery services

The practice provided an additional private specialised service to provide circumcision for boys between one to six months old. Specialised staff were trained by a consultant urologist and a local paediatric urological consultant who provide on-going support the practice.

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 people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Good

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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 .

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training for example, the practice had prescribing pharmacists who were able to undertake specific reviews for asthma and diabetes patients.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates were below with the target percentage of 90% or above. The practice was below target and were acting to improve immunisation uptake. For example, a Birthday 'card' sent to teenagers at 14-15 years old as a reminder of the need for booster immunisation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 64.2%, which was below the 80% coverage target for the national screening programme. There were barriers to having cervical smear tests in an area where there are many women from communities affected by female genital mutilation and were traumatised by the experience. This had been audited by the practice. Nine recommendations were identified by the women interviewed which could reduce the barriers for attendance. The practice had discussed the findings at a clinical meeting and had been able to implement some of the recommendations.
- The practice's uptake for breast screening was comparable to the national average; whilst uptake for screening for bowel cancer was below the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Good

Are services effective?

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 victims of female genital mutilation (FGM), children and adults with identified safeguarding issues, learning disabilities, domestic abuse, poor mental health, migrants, refugees, sex workers, substance misusers, LBGTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning.). All clinicians had access to or could refer to local services such as Next Link and Green House, Womankind, Bristol Wellbeing Therapies, Welfare Advice, Carers Surgeries, substance misuse service all of whom delivered services from the practice premises, as a more convenient place preferred by patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability either at the practice or in their own home.
- The practices performance on quality indicators for mental health was comparable except for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months which was a negative variation but which had a lower than local and national averages number of patients excepted from the data collection.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- It was noted for this practice that the quality and outcomes framework results for the following indicators that the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (NHS Digital) was 70.3% which was below the national average; the percentage of children who have been immunised according to the national programme was below the World Health Organisation (WHO) standard for 95%. See the evidence table for the actions taken to address these performance outcomes
- The overall exception rate and the exception rates for the indicators for diabetes, coronary heart disease, chronic obstructive pulmonary disease and cervical screening are significantly higher than the local or national averages. This reflected the level of compliance from the 55% Black, Asian and Minority Ethnic patient population where Type 2 diabetes is up to six times more common in people of South Asian descent and up to three times more common among people of African and African-Caribbean origin. The level of deprivation was strongly associated with higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control. All these factors are linked to the risk of diabetes or the risk of developing serious complications for those already diagnosed such as coronary heart disease.
- The practice used information about care and treatment to make improvements. For example, the practice noted any anomalies in performance and sought further information to find the root cause such as that for cervical smear attendance.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Good

Are services effective?

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. We found that the practice did not give regular supervision to prescribers or undertake any random checks of consultations however this was discussed at their yearly appraisal.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice was a high referrer with 68 people being referred between 1/04/17 and 30/9/18 for a range of health improvement services.
- The practice, in partnership with the Wellspring Centre, ran classes at the health centre to promote well-being, for example, kitchen on prescription cookery classes which taught basic skills and about healthier choices. Between 1/04/17 and 30/9/18, 27 people had been referred with 86% reporting improvement in skills and an increase in knowledge of healthy eating.
- 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.

Good

Are services effective?

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.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results (2018) were comparable with local and national averages for questions relating to kindness, respect and compassion.
- The practice was able to facilitate death certificates to meet the religious customs.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results (2018) were comparable with local and national averages relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

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 was sensitive to the cultural needs of the patient population, they organised and delivered services to meet patients' needs. It took account of patient needs and preferences and ensured they were responsive by undertaking training with the staff team.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients were referred to Staying Steady with Confidence courses where any risk of falling was identified.
- Patients over 75 years of age are invited for a review.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice co-hosted a pre-diabetes event on site which was attended by 25 patients.
- Patients were routinely referred to NHS Healthier You Diabetes Prevention Programme which supported patients to access health coaches and online peer support groups, and offered an accredited structured education and behavioural change programme for adults with type 2 diabetes. (The programme provides tailored, high-frequency 1 to 1 coaching and support from a diabetes specialist dietitian to promote behaviour change, with a focus on improving confidence in self-management and reducing the risk of complications of diabetes).
- The practice participated in the local area diabetes treatment targets project referring more difficult to treat patients to virtual clinics run by diabetes specialists.
- In response to the low record of blood pressure recording the practice had made a health room available for patients with hypertension to use on an ad hoc basis to take blood pressure readings. In addition, they had started a pilot project using volunteers from a local sixth form college who had an interest in pursuing a career in medicine, to attend the Saturday morning session and talk to patients and offer to take their blood pressure with them. The volunteers had been checked and trained to be able to understand the process and patient confidentiality. The clinical staff retained oversight of this process. This had been successful and feedback from patients was very positive. This project had an impact on the patient population and gave experience of working in the practice to potential doctors.

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.

Good

Are services responsive to people's needs?

- A 'birthday card' was sent to teenagers at 14-15 years old as a reminder of the need for booster immunisation while also providing information on other services that are available to teenagers such as sexual health.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The uptake for cervical smears was low. This issue had been undertaken as an investigative audit by a medical student at the practice. The audit identified patients who had not attended for screening and a number of patients were contacted to obtain information about the reasons why this not had happened. Nine recommendations were identified by the women interviewed which could reduce the barriers for attendance. The practice had discussed the findings at a clinical meeting and had been able to implement some of the recommendations such as providing interpreter/ translation services and offering Saturday appointments.
- A 'Gold Standard' sexual health service was run by GPs and nurses were trained to fit long acting reversible contraception; the practice held regular and ad hoc clinics according to demand. This service was available to the local community.
- The practice used their TV screens as a way of informing people about services available to them and have credit card sized notices in the toilets as a more discrete way of patients accessing support service contact numbers.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice provided interpreter/translation services and worked with other organisations to support people to access health care such as Refugee Women of Bristol who could provide a community advocate.
- The practice worked in partnership and hosted a number of organisations which could impact positively on the local community, such as the Warmer Homes Advice and Money (WHAM) project which was an innovative new model for supporting Bristol's most vulnerable residents by giving advice on energy (addressing patient fuel poverty), money, and carrying out home repairs.
- The practice ran the Rose Clinic (a deinfibulation service for victims of female genital mutilation) for the Bristol area. To support patients attending the Rose Clinic the practice had employed a clinically trained support worker who was able to translate for patients and had experience and understanding of the cultural nuances which may affect the women attending.
- The practice had a presentation at a staff meeting which focussed on the Lesbian, Gay, Bisexual and Transgender community to raise awareness of issues that may affect this community.

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 aware that dementia was perceived negatively by the BAME community which could lead to reduced diagnosis and had implemented recommendation from a research study to increase awareness and diagnosis.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results (2018) were comparable with local and national averages relating to access to care and treatment.

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.

Good

Are services responsive to people's needs?

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

Please refer to the evidence tables for further information.

Good

Are services well-led?

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 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 been in discussion for a potential merger for service resilience however this had been deferred at the time of the inspection.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region.
- The practice planned its services to meet the needs of the practice population and had been successful in achieving a new purpose-built building which allowed for numerous services to be offered from one place.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear 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.

Good

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.