# Appleby Medical Practice

## Inspection report

The Riverside Building
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Appleby in Westmorland
Cumbria
CA16 6QR
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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? | Requires improvement |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

# Overall summary

**This practice is rated as Good overall.** (Previous inspection November 2014 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

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 Appleby Medical Practice on 17 May 2018, as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice recorded them and staff knew how to record or report incidents. However it was not clear from records that learning points and actions had been identified and carried out.
- We found that safeguarding procedures and communications were not clearly documented. Staff received safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice carried out some review of the effectiveness and appropriateness of the care provided, although clinical audit was limited and did not always clearly demonstrate improvements in patient care and outcomes.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients spoke positively of the caring service they received. Staff had good local and personalised knowledge of patients, and saw themselves as an integral part of the community.
- Patients found the appointment system easy to use and reported that they were generally able to access care when they needed it. National GP Patient Survey results showed results that were either comparable to or better than local and national averages for how easy patients found it to access the service
- Practice staff told us of an open, supportive culture, where feedback was valued.

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

- Improve recording of actions and learning points arising from significant events.
- Continue to develop systems to ensure all patients have their medication reviewed in a timely fashion.
- Develop a process of systematic review, dissemination and discussion of new clinical guidelines.
- Develop a planned and structured approach to carrying out clinical audits.
- Continue to develop systems so that safeguarding documents and communications are fully recorded, stored and attributable to the individual patient, such that they are easily available and accessible by clinicians who may need to take over the patient's care.
- The practice should continue in its efforts to establish a patient participation group.

**Professor Steve Field** CBE FRCP FFPH FRCGP

## 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 Appleby Medical Practice

Appleby Medical Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to just over 4,800 patients from the following location: The Riverside Building, Chapel Street, Appleby in Westmorland, CA16 6QR. We visited this address as part of the inspection. The practice is part of NHS North Cumbria Clinical Commissioning Group (CCG).

Deprivation indicators place this practice in an area with a score of eight 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 lower levels of deprivation than the CCG and England averages.

The practice is located in a purpose built two storey building, all patient facilities are situated on the ground floor. It also has on-site parking, disabled parking, a disabled WC and wheelchair access.

The practice has one GP partner, a Practice Manager partner, four salaried GPs, one practice nurse, a healthcare assistant and an assistant practitioner, a phlebotomist, and a practice pharmacist. These are supported by a team of administrative and management staff.

The service for patients requiring urgent medical attention out of hours is provided by Cumbria Health On Call Limited (CHOC).

Requires improvement

# Are services safe?

We rated the practice as requires improvement for providing safe services.

**Safety systems and processes**

The practice had some systems to keep people safe and safeguarded from abuse, but we found that improvements were needed.

•Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice had children's and adults safeguarding policies in place.

•However, the practice was not able to demonstrate that their process for recording safeguarding concerns was robust. Safeguarding concerns were recorded using a Major Message Alert and not coded within the patient summary record. Children who had a child protection plan were coded appropriately. The practice was apprehensive about noting safeguarding concerns on the patient record as this may be prejudicial to the patient. The practice coded safeguarding documentation in the health administration record for the patient and this was cross referenced to the original document in the patient folder.

- The safeguarding lead told us they held documents such as safeguarding meeting minutes or letters from social workers separately to the patient record, and these were not referenced within the clinical record. This created a risk that if a patient moved practice information could be lost. Later in the inspection, we were informed by the practice manager that this had indeed been identified as a risk, and some changes were put in place to the patient record as a result. However the safeguarding lead had been unaware of these changes and unaware of recent guidance in this area.

•We found that safeguarding communications with other health professionals were at times ad hoc and not documented. The practice said that attendance at multidisciplinary safeguarding meetings had been 'sporadic', with one held in October 2017 and another in May 2018. At times the practice struggled to involve other health professionals.

•There were not always clear procedures around potential safeguarding concerns. For instance the safeguarding lead told us that if a child failed to attend at a hospital clinic, they would contact the family after receiving the second letter from hospital, however they were not able to supply documented procedures around this. Similarly children's attendances at A&E were monitored individually by the GPs we spoke to, but there was no clear protocol for monitoring and recording this, and when concerns would be raised.

•Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

•The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.

•There were systems to manage infection prevention and control. A yearly audit was carried out. Cleaning staff had daily, weekly and monthly tasks, although ongoing checks of these throughout the year were informal and not documented.

•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 new 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 we spoke to knew how to identify and manage patients with severe infections including sepsis, although there was no clear use of a sepsis scoring system.

•When there were changes to services or staff the practice assessed and monitored the impact on safety.

Requires improvement

# Are services safe?

**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. There was a documented approach to managing test results.

•The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

•Clinicians made timely referrals in line with protocols.

**Appropriate and safe use of medicines**

The practice had systems in place 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, 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 with long term conditions or who were prescribed high risk medicines, had their health monitored in relation to the use of their medicines and were followed up appropriately. Patients were involved in regular reviews of their medicines. However, there was no systematic review system in place for those patients who were not on a long term conditions register or on high risk medicines. The lead GP told us that patients could trigger their own review, or the local pharmacy would flag up when a review was due.

•Since the previous inspection the practice had employed a pharmacist, to support changes to General Practice and support GP's with tasks such as medication queries and hospital discharge.

•The practice were low prescribers for hypnotics, with a significant positive variation compared to local and national averages. Antibiotic prescribing was in line with local and national averages.

**Track record on safety**

The practice had a satisfactory track record on safety.

•There were risk assessments in place in relation to safety issues, and these were kept under review.

•While the practice understood and recognised risk, recording of these risks and the actions being taken to minimise risk and record learning points was not comprehensive.

**Lessons learned and improvements made**

It was not clear whether 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.

•There were systems in place for reviewing and investigating when things went wrong, and we saw where significant events had been noted and discussed in team meetings.

•However the action and learning points from the significant events were not clearly documented. Several significant event forms we reviewed were only partially completed and the action points and who held responsibility for these were not documented. There was no clear evidence of further review that actions taken had resulted in improved change.

•The practice were able to give examples of some patient and medicine safety alerts, and we saw where these had been discussed in team meetings.

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.*)*

The overall QOF score for the practice was 98%, below the CCG average of 99% but above the national average of 96%.

**Effective needs assessment, care and treatment**

The practice had some systems in place to keep clinicians up to date with current evidence-based practice. We saw that clinicians knew where to access local guidelines, NICE guidance and protocols. However there was no systematic review, dissemination and discussion of new guidelines during clinical meetings. Instead clinical staff accessed these on an individual ad hoc basis.

Patients' immediate and ongoing needs were 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 were frail or may have been vulnerable received an 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 had initiated a proactive care service provided by an Occupational Therapist who worked three days a week from the practice building. The practice worked closely with this service to refer patients for a range of interventions, such as falls prevention, help with enabling, assistive aids and equipment, as well as to tackle social needs such as isolation. Patients were told of the service through a variety of means, including information being attached to their prescriptions.
- The practice followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs. The practice held monthly multi-disciplinary palliative meetings.
- We looked at four care plans for this group of patients and found these were not always comprehensive, with some details such as next of kin and preferred place of care missing, and signed copies not stored in the clinical record. However the practice had continued to review care plans and had sent copies of these to patients to ask them to sign, but unfortunately not all had been returned.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention. Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. The practice had recently purchased two atrial fibrillation monitors to allow opportunistic screening of their practice population, but had not as yet been able to demonstrate clear evidence of impact.
- Practice GPs attended a twice monthly cancer support group hosted by a charitable organisation within the building.

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, with 100% uptake for three of the four.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Good

# Are services effective?

- There were not clear documented procedures and arrangements for following up failed attendance of children's appointments in secondary care. Individual GP's told us they would contact the family after the second failed attendance; however there was no documented procedure around this.

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

- The practice's uptake for cervical screening was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening were in line with or slightly above clinical commissioning group (CCG) and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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, however for patients who did not collect their medication, the practice relied on the pharmacy letting them know. These prescriptions were returned to the practice which in turn followed them up. The practice had a system for searching and reviewing patients on the long-term condition register and for electronic repeat prescriptions. However, there were no systematic searches for patients who did not re-order their prescriptions as would have been expected.
- 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.
- The number of patients diagnosed with dementia having their care reviewed in a face to face meeting in the previous 12 months was slightly below CCG and national averages.
- The number of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses having a comprehensive, agreed care plan documented in the previous 12 months was slightly below CCG and national averages.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. However the numbers of patients experiencing poor mental health having received discussion and advice about alcohol consumption was slightly below CCG and national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

**Monitoring care and treatment**

The practice participated in some quality improvement activity, and clinicians took part in local and national improvement initiatives. Examples given included a mortality review and a project to reduce unplanned admissions for COPD patients.

However clinical audit activity was limited and did not always clearly demonstrate improvements in patient care and outcomes.

We were initially provided with an audit required by the CCG regarding testing and monitoring for patients on some high risk medicines. This was then updated in 2018 with actions. As the practice could not provide completed practice initiated two cycle audits during the inspection day, some information was then forwarded to us. This included a search of COPD patients with some actions, and

a review of patients on intra-muscular B12, although neither had clear objectives, criteria or conclusions. It was not possible to ascertain if better practice or care had been implemented.

We were however also supplied with a three cycle audit of infant's prescribed formula milk. This had clear aims and showed that inappropriate prescribing of formula milk has reduced and that ongoing prescribing is in accordance with best practice/local CCG guidance. The practice also worked to identify and review asthma patients.

We found during the inspection that the lead GP although carrying out minor surgery had not carried out an audit of this. The practice carried out an initial audit subsequent to the inspection which they then supplied. In addition to positive findings, the audit highlighted that one histology result had never been received and this had been overlooked, and that monthly searches should be carried out as a result. Reference was also made to one specimen, that went missing or the laboratory did not receive, and this led to a significant event being noted. However we were not supplied with sufficient information to see clear procedural changes, actions and learning in response to this.

**Effective staffing**

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. 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

**Coordinating care and treatment**

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, for example, community services, and carers for housebound patients.
- 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. Reception staff had received additional signposting training, and the practice had produced a 'Care Navigation' leaflet, detailing all the other services available within the building and how to access these.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes such as diet or exercise referrals.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Good

# Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. Staff ran a coffee and cake morning alongside flu clinics which raised money for charities.
- The practice had initiated a monthly rolling programme of health promotion, covering subjects such as blood pressure, online services and childhood immunisations. These subjects were identified through quality data.
- The practice had introduced a 'Wednesday initiative', where patients who had been receiving interventions at home such as catheter care from community services, were now brought into the practice via voluntary transport once a week. In this way the patient could have a cup of tea and a chat, and receive additional health signposting, as well as their original treatment.

**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.

**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 treated people.
- Staff understood patients' personal, cultural, social and religious needs, and had good local knowledge of the issues facing some patients. Practice staff saw themselves as very much a part of the community, and gave examples of where they had individually supported patients in adverse events such as snow or flooding. Practice GPs attended a twice monthly cancer support group hosted by a charitable organisation within the building. This was for anyone in the locality and not confined to practice patients.
- The practice gave patients timely support and information.
- GP National Patient Survey results were generally comparable to, or better than local and national averages for areas such as having confidence and trust in their GP, nurses treating them with care and concern, and whether they would recommend the practice.

**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. A member of staff was identified as the carer's champion, and had spent time with the local carer's service to facilitate additional signposting and support.

**Privacy and dignity**

The practice respected patients' privacy and dignity.

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

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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. GP's operated on a buddy system to ensure continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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 rather than specific clinics run due to the small size of the practice.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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 were monitored individually by GPs.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. The practice was flexible about seeing children brought down from the local school as walk-in patients.

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 until 6:30pm. The lead GP stated they were flexible about staying back later to allow someone to access an appointment.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health meetings, including the community psychiatric nurse who was based at the same site. Patients who failed to attend were proactively followed up. The practice was flexible with their appointments policy. For instance if a patient was anxious about attending they could be given an extra familiarization appointment. The practice offered extra support to patients who did not attend due to mental health difficulties.

**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. Fifteen minute appointments were given as standard.

Good

# Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- National GP Patient Survey results showed results were either comparable to or better than 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. 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. The practice also kept a register of positive feedback and compliments which were shared with the relevant staff.

**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 had an understanding of issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff, and staff told us they felt supported and encouraged.
- GP's had specialist areas of interest, such as sexual health and palliative care.

### Vision and strategy

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

- 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 needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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. 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.
- 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 processes for managing risks, issues and performance.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However learning and action points from these were not always clearly documented.
- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice carried out some monitoring and improvement activity, although clinical audit was limited and did not always clearly demonstrate improvements in patient care and outcomes.

Good

# Are services well-led?

- The practice had plans in place and had trained staff for major incidents. The practice had successfully deployed these during past incidents such as adverse weather events.
- 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 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 not an active patient participation group, although the practice was trying to set up a virtual group.
- The service was transparent, collaborative and open with stakeholders about performance. Full staff meetings were held weekly in addition to daily update meetings, monthly clinical meetings and meetings with external partners in areas such as palliative care and mental health.
- The practice monitored patient feedback from a text messaging service sent two hours after the patient had attended, and had carried out a patient survey in 2017. We saw where suggestions had been actioned such as the creation of a patient services leaflet.

**Continuous improvement and innovation**

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Staff were encouraged and given time to complete internal and external training, and where specific areas for development had been identified.
- The practice made use of internal and external reviews of incidents and complaints, although learning from these was not always clearly recorded.

**Please refer to the Evidence Tables for further information.**