

Stratford Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is 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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive at Stratford Health Centre on 07 December 2017 following a change of registered provider of the service in May 2017.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Most patients found the appointment system easy to use and patients reported they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Continue efforts to increase the number of patients identified as carers so that support can be extended to them in their caring role.

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

Summary of findings

The six population groups and what we found

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

Older people	Good 
People with long term conditions	Good 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

Stratford Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Stratford Health Centre

Dr Anil Kumar Shah is registered as an Individual with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures, Family planning, Maternity and midwifery services and Treatment of disease, disorder or injury from one location: Stratford Health Centre, 121-123 The Grove, London, E15 1EN, which is located in east London.

Dr Anil Kumar Shah provides services to patients under a Primary Medical Services (PMS) contract with NHS England. The practice is a member of the NHS Newham Clinical Commissioning Group (CCG).

The practice has approximately 6,600 patients and serves an ethnically diverse population. Some 30-40% of patients

do not speak English as their first language. The practice has a high proportion of patients in 29 to 34 years age groups compared with the England average. It is located in the third more deprived decile of areas in England.

The practice is in purpose built premises and all patient areas and facilities are wheelchair accessible. The practice has a hearing loop.

Five GPs work at the practice, each on a part-time basis. Together they make up three whole time equivalent (WTE) GPs. Patients have access to male and female GPs. There are two part time nurse practitioners (approximately 0.25WTE), and a part time healthcare assistant (approximately 0.67 WTE). The clinical staff are supported by a team of administrative, secretarial and receptionist staff, and part time duty, administration patient services managers. Dr Anil Shah is the acting practice manager in addition to being the GP Principal.

The practice opening times are:

- Monday to Thursday 8.30am to 7.00pm
- Friday 8.00am to 6.30pm.

Patients are directed to an out of hours GP service outside these times.

The practice has a website:
www.stratfordhealthcentre.co.uk.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The provider was improving systems and making changes to staffing to improve patient safety still further.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed and administered 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.

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice encouraged and supported patients to be involved 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. It had for example improved procedures and checks to ensure all two week wait referrals were acted on.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events, for example as part of the local cluster of practices sharing learning and good practice, as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was not an outlier in respect of prescribing indicators.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were able to access diagnostic tests at the practice including spirometry, ECG (electrocardiogram) and 24-hour ambulatory blood pressure monitoring (ABPM). The practice used the Newham Telehealth Service which uses assistive technology to support people diagnosed with a long term medical condition or conditions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. 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 was not an outlier in respect of quality and outcomes indicators in 2016-17 relating to diabetes, hypertension, atrial fibrillation, COPD and asthma.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were close to the target percentage of 90% or above, ranging from 80% to 100% in 2016-17. The practice had a high patient turnover rate and the practice was working hard to overcome the challenges this presented to ensuring children had all their vaccinations. Since 01 January 2017, 1,008 patients had left the practice and 1,100 new patients had joined, representing a change of some 15% of the practice list of 6600 patients during the year.
- 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 75%, which was in line with the CCG average of 78% and the England average of 81%. The coverage target for the national screening programme is 80%. The practice was working hard to overcome the challenges presented by high patient turnover.
- 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.

Are services effective?

(for example, treatment is effective)

- Patients with a learning disability had an annual review. One hundred per cent of patients had a health action plan in place in 2016-17.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This compared well with the national average of 94%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. This was reflected for example in the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 95%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. It was carrying out clinical audits:

- As part of national improvement initiatives, such as antimicrobial prescribing.
- To check it was following national guidance, such as carrying out suitable blood pressure checks when prescribing mirabegron which is a medicine for treating symptoms of overactive bladder.
- To optimise the treatment and care it provides, for example to reduce the number of patients not attending their appointment.

The most recent published Quality Outcome Framework (QOF) results in 2016-17 were 96% of the total number of points available compared with the national average of 95%. QOF is a system intended to improve the quality of general practice and reward good practice. The clinical exception rate was 6% compared with a national average of

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.

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, appraisals, 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 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 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.
- The practice had regular (at least three monthly) multi-disciplinary case review meetings where patients on the palliative care register were discussed.

Helping patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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.
- The percentage of new cancer cases who were referred using the urgent two week wait referral pathway was comparable with local and national averages (practice 50%; CCG 53%; England 50%).
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and 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.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and eighty six surveys were sent out and 84 were returned. This represented about one per cent of the practice population. The practice was comparable with other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 83%.
- 82% of patients who responded said the GP gave them enough time; CCG - 78%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 91%; national average - 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 77%; national average - 86%.
- 84% of patients who responded said the nurse gave them enough time; CCG - 83%; national average - 92%.

- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 92%; national average - 97%.
- 80% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 81%; national average - 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful; CCG - 78%; national average - 87%.

However one national GP patient survey result was comparatively low:

- 79% of patients who responded said the nurse was good at listening to them; CCG - 83%; national average - 91%.

The practice was reviewing the role of the practice nurses and providing additional support in the form of healthcare assistants. Staff had been provided customer service training in July 2017.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Multi-lingual staff were also available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers through an extensive campaign of posters, bunting and staff enquiry. It had added a question about caring responsibilities to its new patient registration questionnaire. It had negotiated shopping discounts with local retailers for those carers completing a formal social

Are services caring?

services assessment of their needs. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (just over 0.5% of the practice list).

- Carers were offered the flu vaccination and signposted to carer support services and networks.
- Staff told us that if families had experienced bereavement, the practice sent them a sympathy card. They were offered a consultation with the GP and advice about support services where needed.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.

- 71% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 74%; national average - 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 81%; national average - 90%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 77%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs, including for example online services such as repeat prescription requests, advanced booking of appointments, and working with a neighbouring pharmacy to improve patients' access to advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, for example translation services were available and double appointments were given to patients who needed them.
- 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Flu vaccinations were administered to patients in their homes where necessary.
- The practice worked with the falls clinic and the rapid response team, for example, to ensure high risk patients were supported to avoid unplanned hospital admissions.

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, including home visits where necessary.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Spirometry, ECGs and 24-hour ambulatory blood pressure monitoring (ABPM) were available at the practice.
- Insulin initiation was provided at the practice.

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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a young child were offered a same day appointment.
- Flu and whooping cough vaccinations were offered to pregnant women as appropriate
- Chlamydia and gonorrhoea screening for 15 to 24 year olds was available at the practice.
- A private space for breast feeding was available on request.

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. It offered same day as well as pre bookable appointments. Evening and weekend appointments were available through GP partnership arrangements within the borough. Patients' records could be accessed by the GPs working in these services to ensure continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Online services included booking appointments and ordering repeat prescriptions. Text reminders were sent to patients about appointments.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those at higher risk of unplanned admission to hospital.
- Patients were signposted to local specialist services, for example for substance misuse.
- The practice carried out latent tuberculosis (TB) screening for newly registered patients. Newham has the highest rates of TB in the UK.

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 mental health specialist nurse visited the practice once a month to provide shared care with the GP and depot injections that allow the slow release and gradual absorption of medicines over a longer period of time for the convenience of patients.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months in 2016-17 was 100%, which was above other practices (CCG 85%; England 84%). Exception reporting for this domain was 10% (CCG 5%; England 7%).

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice was adjusting the appointment system to make it as easy to use as possible. It had for example, in response to patient feedback, changed the system for releasing same day appointments. Those patients who preferred to drop into the practice to make an appointment were able to access all the day's appointments in the morning instead of having to come back in the afternoon for appointments later in the day.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable with local and national averages. This was supported by observations on the day of inspection and comments cards we received. Twenty one of the 23 comment cards we received were wholly positive about the service. One card commented it was difficult to get through to the practice by phone in the morning and one card commented it was not possible to see the GP Principal.

Three hundred and eighty six July 2017 annual national GP patient surveys were sent out and 84 were returned. This represented approximately one per cent of the practice population.

- 67% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 58% of patients who responded said they could get through easily to the practice by phone; CCG - 56%; national - 71%.
- 59% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 64%; national - 75%.
- 74% of patients who responded said their last appointment was convenient; CCG - 67%; national - 81%.
- 65% of patients who responded described their experience of making an appointment as good; CCG - 61%; national - 73%.
- 41% of patients who responded said they don't normally have to wait too long to be seen; CCG - 41%; national - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs? (for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. Six written and seven verbal complaints received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care, for example it had provided customer service training for staff in July 2017.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The provider was seeking to recruit a new practice manager as a priority to expand and consolidate the leadership team.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

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

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their prescribing and referral decisions, for example. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, patients whose work brought them into contact with the wider community and hard to reach groups had been successfully recruited to the patient participation group (PPG).
- The PPG was active.
- 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, for example it was using a telehealth service and was involved in developing new roles in the primary care team including a clinical pharmacist and associate physicians.
- 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.