Rookery Medical Partnership

Inspection report

Rookery Medical 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 July 2016 – 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 Rookery Medical Partnership on 30 October 2018. We inspected the practice as part of our inspection programme.

Our key findings across all the areas we inspected were as follows:

- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and 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 practice's performance on quality indicators was 100% which was above the Clinical Commissioning Group (CCG) and England averages with comparable exception reporting rates.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines. We saw evidence of audits that drove improvements throughout all levels of care.
- We found there were established safeguarding processes for all staff to follow. Staff were encouraged to report safeguarding concerns. The information was shared with other relevant agencies. The practice had appointed a clinical and non-clinical safeguarding lead and staff had received the appropriate training.
- Patients in care homes were visited weekly by the GPs to ensure they had continuity of care and to reduce admissions into accident and emergency.
- The practice was a teaching and training practice for medical students and qualified doctors training to become a general practitioner.
- The practice held weekly advanced wound care clinics to help those patients who found it difficult to get appointments with the community leg ulcer service. The clinic provided both wound care to tissue viability standard and the measurement of stockings, after care advice and tips on the prevention of further leg ulcers. This was a service that Rookery Medical Centre provided free of charge to the CCG. We saw positive feedback from patients regarding this service.
- The CCG pharmacist was an independent prescriber and attended the practice regularly. They carried out polypharmacy reviews on patients taking more than eight medicines. The aim was to stop unnecessary medicines and to reduce side effects. Patients could have an appointment with the GP afterwards for any further questions.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief 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, a practice manager adviser and a member of the CQC medicines team.

Background to Rookery Medical Partnership

Rookery Medical Partnership (also known as Rookery Medical Centre) provides medical care for approximately 14,114 patients in the locality. The practice is situated in Rookery House, 40 The Rookery, Newmarket, Suffolk CB8 8NW.

There are a range of patient population groups that use the practice and the practice holds a GMS contract with the West Suffolk Clinical Commissioning Group (CCG). The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures, surgical procedures, family planning and Maternity and midwifery services.

The practice has 12 GPs (10 female and 2 male) of whom four are partners in the practice. There are eight practice nurses and three health care assistants. Rookery Medical Partnership provides dispensing services. This service is delivered by a dispensary manager, a deputy lead dispenser and eight dispensers. The GPs, nurses and dispensers are supported by a practice manager, the deputy practice manager and a team of administration and reception staff.

A wide range of services and clinics are offered by the practice including: asthma, diabetes, weight management and minor surgery. The practice has a comprehensive website providing a wealth of information for patients to understand and access services, including useful links to specialist support services.

The practice is a teaching and training practice. A teaching and training practice has trainee GPs and medical students working in the practice; a trainee GP is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs.

The practice is open from 8am to 6.30pm Monday to Friday, with extended opening hours on Saturday from 8.30am to midday. National data indicates that people living in the area are in the overall deprivation decile of seven, where one indicates areas with the most deprivation and ten indicates the least areas of deprivation in comparison to England. The practice demography is broadly similar to the CCG and England average.

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. They had a proactive approach to anticipating and managing risks to people who used services which was embedded and was recognised as the responsibility of all staff.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. The practice had a clinical and an administration safeguarding lead member of staff. All staff received safeguarding training as part of an induction as well as on-going training. Clinical staff were trained to level three. We found all staff had kept up-to-date with safeguarding training appropriate to their roles. A GP attended the annual regional Adult and Child Safeguarding forum. Staff knew how to identify and report concerns and on the day of the inspection staff were able to provide us with examples of how concerns had been highlighted and the outcomes. We saw evidence staff were sensitive to needs of children and made special arrangements, where appropriate, to ensure their safety. Learning from safeguarding incidents was available to staff.
- The practice had weekly clinical meetings where safeguarding was a standing agenda item.
- All staff, including those who acted as chaperones, had received relevant training and an enhanced 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.) The practice had a chaperone policy in place and posters, leaflets and the practice website explained the service offered.
- 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. A proactive approach to anticipating and managing risks to people who use services was embedded and was recognised as the responsibility of all staff.

- 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 and newly appointed 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 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. Information was proactively shared during in house clinical meetings and practice manager meetings, as well as other services and agencies within the local area. The practice held weekly doctors' meetings and met every lunch time to discuss actions needed.
- 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

Good

Are services safe?

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.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice worked closely with the CCG Pharmacist who provided reviews for patients on multiple medicines.
- The practice carried out regular three-monthly audits on high risk 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. The practice had completed a number of medicine audits to ensure appropriate blood tests had been completed in the correct time scale.

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.
- 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.

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.
- The practice had supplied a blood pressure monitoring machine in the waiting room to allow patients to monitor their own levels.

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 medicines.
- 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.
- The practice reviewed unplanned accident and emergency admissions in order to reduce the risk of these happening again.
- Monthly meetings were held with other agencies to review patients receiving palliative care.
- The practice had worked closely with their care homes to ensure every patient they cared for was seen weekly or when needed. The practice found this had reduced their accident and emergency admissions and gave patients better continuity of care.
- The GPs accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability and when needed, the practice offered transport home to patients who had been able to get to their appointment at the practice but had difficulty returning home.

People with long-term conditions:

- 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.
- The practice held weekly advanced wound care clinics to help those patients who found it difficult to get appointments with the community leg ulcer service. The clinic provided both wound care to tissue viability standard and the measurement of stockings, after care advice and tips on the prevention of further leg ulcers. This was a service that Rookery Medical Centre provided free of charge to the CCG. We saw positive feedback from patients regarding this service.
- The practice's performance on quality indicators for long term conditions was above the local and national averages.
- 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, diabetes nurses.
- The practice had a diabetes register and a pre-diabetes register of 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.

Families, children and young people:

- All childhood immunisation uptake rates were above the target percentage of 90%.

Good

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice ensured that the adult who attended with the child for their appointment was noted on the clinical record.

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

- The practice's uptake for cervical screening was 72.8%, which was comparable to the England average of 72.1% but below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was comparable to the England average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 1482 NHS health checks in 12 months which was 425% over the target and significantly higher than other local practices. 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. Families dealing with relatives at the end of life were given a direct contact number for their GP so they had easy access to the service. The staff at the practice dedicated their efforts to keeping patients comfortable in their own environment and to avoid accident and emergency admissions. The practice contacted the bereaved relatives by telephone and sent a condolence card.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had invited all of their patients registered with a learning disability for a health check and 31 out of the 48 patients had attended so far this year.
- The practice was aware of the vulnerable patients they had registered and had provided care in a way that suited the patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Vulnerable and complex needs patients were given longer appointments and there was a list at reception of the patients who needed them.

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 medicines.
- 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 practices performance on quality indicators for mental health was above local and national averages.

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.

- The Quality and Outcomes Framework (QOF) results were higher than local and national averages at 100% with an exception reporting rate of 9.1% which was comparable to the local and national average.
- We reviewed data for 2017/2018 and found that QOF outcomes were 100% which was above the local and national averages with an exception reporting rate of 9.5% which was comparable to the local and national average.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

Effective staffing

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

Good

Are services effective?

- 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

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 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. Families dealing with relatives at the end of life were given a direct contact number for their GP so they had easy access to the service. The staff at the practice dedicated their efforts to keeps patients comfortable in their own environment.

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. The practice had identified 229 patients as carers which was approximately 1.62% of their practice list. The practice was working to improve this by including text messages to all patients, working with the Suffolk Family Carers charity, adding a section onto the new patient registration questionnaire, ensuring nurses and health care assistants asked patients during consultations and having literature and posters around the practice to encourage patients to advise if they cared for a friend or relative.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes and access to a blood pressure monitoring machine in their practice waiting area.
- 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.
- Patients were encouraged to link with support agencies in the local area.

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.

Good

Are services effective?

- 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 we spoke with 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.
- CQC comment cards we received were positive stating patients felt they were treated with kindness, respect and compassion.
- Although the practice's GP patient survey results published in July 2018 were statistically in line with the local and national averages for questions relating to kindness, respect and compassion, their performance for questions relating to the care received was above the local and the CCG averages. We found the practice monitored and acted on the feedback they had received.

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 practices GP patient survey results were in line with the local and national averages for questions 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.
- Comments from patients expressed that staff were aware of their privacy and dignity and went out of their way to ensure it was always given.
- 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 practice offered a telephone triage service for same day appointments during the week with the exception of a Monday, when the practice used the doctor first model where all same day appointments requests were managed through the on-call duty doctor.
- The practice offered email correspondence, website feedback forms and SystmOnline messaging to facilitate patient communication for non-urgent queries.
- 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 was located on the first floor and a lift was available for patients with limited mobility.
- 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.
- The practice provided dispensary services for people who needed additional support with their medicines, for example large print labels.
- The practice had identified there was a significant Polish demographic and therefore made their practice leaflet available additionally in Polish and the self-check in screen had options of multiple languages. A translate option was available on the practice website and a telephone translation service was used for patients whose first language was not English.
- The Practice hosted IAPT (Improving Access to Psychological Therapies), diabetic chiropody, diabetic eye screening, Suffolk Family Carers charity, Age UK charity, One Life Suffolk service, Newmarket Citizens Advice Bureau and Health Watch Suffolk so that patients had good access to complimentary services. All outside clinics were hosted without charge.
- 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 GPs accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability and when needed, the practice offered transport home to patients who had been able to get to their appointment at the practice but had difficulty returning home.
- The practice was responsive to the needs of older patients, and had a high rate of home visits 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 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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. Regular multidisciplinary meetings took place to ensure patients were receiving appropriate care.
- The practice held weekly advanced wound care clinics to help those patients who found it difficult to get appointments with the community leg ulcer service. The clinic provided both wound care to tissue viability standard and the measurement of stockings, after care advice and tips on the prevention of further leg ulcers. This was a service that Rookery Medical Centre provided free of charge to the CCG. We saw positive feedback from patients regarding this service.

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.

Good

Are services responsive to people's needs?

- 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 had supported the British Racing School's (Newmarket) temporary residents since 2007 for their standard medical needs alongside minor trauma, emotional wellbeing and mental health advice and signposting for various support services.

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, Saturday morning appointments.
- Flexibility was offered for the horse racing fraternity to accommodate their working pattern so they could be seen before they had to ride out again in the afternoon.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 1482 NHS health checks in 12 months which was 425% over the target and significantly higher than other local practices. 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:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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 had been accredited as a dementia friendly practice.

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.
- The practices GP patient survey results were in line with the local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded/did not respond 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. Written and verbal complaints were logged and responded to in a timely way.
- The complaint policy and procedures were in line with recognised guidance. 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.

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.
- There was an embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.

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.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- 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.
- 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 had 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.
- A record of compliments was kept and shared with all staff.

Governance arrangements

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

Good

Are services well-led?

- 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 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. 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, virtual patient participation group of 270 patients.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice manager distributed a monthly practice action log which kept all staff informed of developments in all areas of practice.

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.

Good

Are services well-led?

- 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.
- The staff at the practice raised funds for the local hospice each year.

Please refer to the evidence tables for further information.