Hampton Surgery

Inspection report

Fentham Hall, Marsh Lane
Hampton-in-Arden
Solihull
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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 November 2014 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Hampton Surgery on 18 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There was clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse and for identifying and mitigating risks of health and safety.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines and best practice.
- The practice worked proactively with other organisations to ensure patients had access to a range of services to support their health and wellbeing.
- The practice continued to support the local traveller community to maintain trust and relationships to encourage them to access health care.
- The practice had Armed Forces Veteran friendly accreditation.
- The practice had close links with the local lunch club organised by the local Fentham trust. The practice staff attended the group to check on elderly patients and to offer the seasonal flu vaccination.
- There was a well organised and loyal practice team.
- The practice achieved consistently higher than average scores in the national GP patient survey.
- Patients told us that staff treated them with compassion, kindness, dignity and respect and involved them in decisions about their care and treatment.
- Patient feedback on the level of care and treatment delivered by all staff was very positive.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There were clear responsibilities, roles and systems of accountability to support effective governance.
- Continuous learning and improvement was actively encouraged at all levels of the organisation.

We saw one area of outstanding practice:

The practice nurse was instrumental in creating a hub based service for treating leg ulcers across Solihull. This had produced marked improvements in both patient outcomes and compliance to treatment pathways which achieved healing rates close to those patients treated in hospital. The practice had supported the nurse in order to achieve this with the initial research and ongoing provision of the service.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector supported by a GP specialist advisor.

Background to Hampton Surgery

We inspected Hampton Surgery, Fentham Hall, Marsh Lane, Hampton-in-Arden, Solihull, West Midlands, B920AH on 18 October 2018 as part of a comprehensive inspection.

The practice is in the village of Hampton in Arden and is well established in the surrounding villages of Bickenhill and Barston with a registered patient list size of approximately 3100 patients. The practice also serves around 150 temporary residents in four local sites for travellers.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in one of the least deprived areas in Solihull though it has amongst its patient population a large local traveller community.

The practice has an above average patient population who are aged 65 years and over and an above average patient population with caring responsibilities in comparisons to other practices across England.

There are three GPs working at the practice two GP partners, both male and a female salaried GP. The practice employs two practice nurses and a phlebotomist. There are also five administrative staff and a practice manager. The practice also has good support from the CCG pharmacist.

The practice is a training practice for GP registrars (fully qualified doctors who wish to become general practitioners), Foundation Doctors and for medical students.

The practice is open Mondays, Tuesdays, Wednesday and Fridays between 8:30am and 1pm and 2.30pm until 6pm. The practice is open on Thursdays from 8:30am to 1pm. However, patients have access to a GP via a mobile number during core hours. There is an extended hours service available and patients can access appointments Monday to Friday 6.30pm to 8pm and on Saturdays and Sundays between 8am and 11am. The appointments are provided through a hub at Blossomfield Surgery, 308 Blossomfield Rd, Solihull B91 1TF. The service is for pre-bookable appointments only which are booked through the practice.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by 'Badger' the external out of hours service contracted by the clinical commissioning Group (CCG).

The practice website can be viewed at www.hamptonsurgery.co.uk

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was discussed at multi-disciplinary meetings, patients at risk were tracked through the notes and external agencies were contacted when required.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) Staff we spoke with were able to explain their role in detail.
- 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 (IPC). We saw that IPC audits were carried out annually. Action plans were completed following audits and completed in a timely fashion.
- 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. GPs provided cover for each other whenever practical in addition regular locums, who were mainly previous registrars, were employed to cover periods of absence.
- There was an effective induction system for temporary staff tailored to their role including locums.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. We saw evidence of changes implemented following a medical emergency. Following an incident offsite the practice reviewed the emergency equipment. This led to a back pack style bag being introduced in which all equipment was stored ready to be taken off site if needed.
- 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. Reception staff were aware of the signs to look out for and would alert GPs if a patient appeared acutely unwell or was displaying signs and symptoms of 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 for example, district nurses, health visitors, midwives and the local care navigator, to enable them to deliver safe care and treatment especially for vulnerable patients.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. They were below the national averages for antibiotic prescribing.

Good

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. All documentation regarding these assessments, checklists or equipment guarantees were held on a central IT system.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. The GPs and practice manager 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. All incidents were discussed at practice meetings and we saw evidence of these discussions.
- There was an effective system in place to manage external safety events as well as patient and medicine safety alerts. The practice acted on these and any lessons learned were shared with all staff. Clinical staff we spoke with described alerts where appropriate changes had been made as a result, for example, a notification regarding adrenaline injector pens used to treat anaphylaxis in both adults and children.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medicines.
- The practice maintained close links with the local lunch club and had provided influenza vaccinations for the frail elderly population at their lunch time event which had been well received by patients and had improved uptake. In addition, by having staff from the clinical team present at these events it enabled them to see how their patients were managing and arrange a review or support for those who may be in need.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice held quarterly multidisciplinary meetings with the local diabetes consultant led team and the practice nurse held a joint clinic with the diabetes nurse specialist.
- 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 medicines to avoid their condition getting worse. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. Reception staff would ensure that parents attending general appointments with their children were offered immunisation appointments opportunistically.

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

- The practice's uptake for cervical screening was 76%, which, although above the England average of 72%, was below the 80% coverage target for the national screening programme. For the year 2018-2019 the practice had put in place a programme to increase cytology uptake. The practice recognised the need to support ladies to attend their smear test appointments. They were formulating individual letters to go out to certain groups for example, ladies who had not attended for cytology to highlight the importance of attending these appointments and to increase uptake.

Good

Are services effective?

- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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 homeless people, travellers and 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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice held a register of patients with learning disabilities. There were four patients on the register and of these three had received an annual health check and one patient had declined.
- Patients had access to an online counselling and emotional wellbeing service for young people, known as KOOTH. This was accessible via mobile phones and devices.
- The practices performance on quality indicators for mental health was above average compared to 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. For example, the practice carried out regular clinical and non-clinical audits to monitor the standard of care and treatment.

- The practice was aware that exception rates were higher than local and national averages for some indicators. For example, diabetes. The unverified data for 2018 was much improved and we saw that the practice was actively following up patients to encourage them to attend review appointments. This was documented in patient records. The practice was considering different ways to improve compliance for example reducing the quantity of medicines on repeat prescriptions.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop for example a member of the administrative team had commenced a public health master's degree through a local university and one of the nurses was undertaking a certificate in urgent primary care.

Good

Are services effective?

- 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.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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. Smoking cessation was offered in practice by the practice nurses or patients could be referred to a local service Quit51. Support for alcohol and drug dependency was provided (SIAS) in Solihull which the practice could refer patients. The practice had good uptake for the Exercise on Prescription programme and the local village gym was well attended by patients.
- Hampton Surgery is an Accredited Veterans Healthcare Practice.
- The practice had developed leg ulcer hubs across Solihull to support best practice and fast access for patients with lower limb ulceration. This was a nurse led service led by one of the nurses at the practice. It had demonstrated excellent healing rates good compliance and very positive patient feedback. Data we saw showed 68% healing rate compared to 70% for hospital treatment demonstrating effectiveness of this community based service.

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.
- Consent was documented in patient records and 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 treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- All practice staff were aware of the challenges faced by some patients and were flexible in their approach to enabling them to receive appropriate and timely healthcare.
- The practice gave patients timely support and information.
- The practices GP patient survey results were consistently above local and national averages for questions relating to kindness, respect and compassion.
- We received 79 patient comment cards which all contained positive comments. The views of patients we spoke to confirmed this. Comments included excellent treatment, patients always felt listened to, it is very easy to get appointments and staff are friendly and helpful

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. Patients who had literacy difficulties were well supported.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice had identified 40 carers, which represented 1% of their practice population.
- The practice's GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected respect patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice 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 GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had joined with a local Solihull collaborative to offer extended hours appointments. This service was provided as part of a clinical commissioning group initiative and was available at a local surgery in the evenings and on Saturdays.
- The facilities and premises were appropriate for the services delivered. The building had undergone a refurbishment in 2017 which enabled patients easier access and a more spacious waiting area.
- The practice made reasonable adjustments when patients found it hard to access services. Patients who historically did not attend appointments were routinely telephoned before their appointment to remind them to attend.
- 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 identified that patients with leg ulcers would benefit from community based treatment. This was put in place with effective results.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice undertook an over 75 years and frailty project which ran from August 2017 to December 2017 and was to be repeated from December 2018 to March 2019. The practice captured data on registration for example height, weight, alcohol & smoking data, carer details, anxiety screening and status as a military veteran. This enabled them to identify changes in patients health and provide support where necessary.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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 multidisciplinary regular meetings with the community nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Parents from vulnerable groups attending appointments for themselves were offered time with the GP or nurse for example to carry out child vaccinations or baby checks.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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, the practice had recently joined a local GP collaborative to offer extended hours and Saturday appointments.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Flags were placed on the system to identify particular needs of these patients for example, low literacy levels.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice used a variety of methods to keep in contact with these patients for example by sending regular text messages and telephoning to remind them of an appointment.
- Any vulnerable patient attending the practice would be seen by a GP

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

- Staff interviewed had a good understanding of how to support patients of all ages with mental health needs and those patients living with dementia.
- The practice referred patients to mental health programmes for example improving Access to Psychological Therapies (IAPT) for adults and an online portal (KOOTH) for children and young people.

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 especially frail elderly patients and those in vulnerable circumstances.
- Patients reported that all aspects of the appointment system were easy to use, including on the telephone or the online system.
- The practice's GP patient survey results were above 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 to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available both in the practice and on the website.
- 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, 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.
- Staff were committed to providing a high quality service. They described the culture of the organisation as supportive and open.
- All of the GP Registrars (fully qualified doctors who wish to become general practitioners) who we spoke with were very positive about the learning environment. They told us that they felt extremely well supported and had no hesitation in approaching the GPs if they were unsure about anything.
- Staff said they felt that the GP partners, clinical staff and the practice manager provided supportive leadership.

Vision and strategy

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

- The aims and values of the service were clearly set out, and these were shared with the staff members.
- The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice recognised where there may be staff shortages for example due to retirement and had recruited new staff in good time to ensure training could be completed.
- 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.
- 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. All staff received regular annual appraisals in the last year.
- Staff were actively encouraged and supported to undertake further education to enhance their roles including studying to degree level at local universities.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Managing risks, issues and performance

Good

Are services well-led?

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. These were shared with staff and action plans were in place to address issues.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. There had been two incidents which had led to changes in processes.
- 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. For example, the practice held quarterly meetings with a diabetes consultant led team to review patients.
- There was an active patient participation group(PPG). Practice staff attended all PPG meetings and had arranged for a number of speakers including the local MP and clinical commissioning group (CCG) commissioners to give the group an insight into the health economy and health issues.
- There were close links with the Fentham Trust. Members of the trust board also sat on the practices PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements and changes for example changes in emergency equipment for it to be more portable.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice nurse with the support of the management team had been instrumental in setting up four leg ulcer hubs across Solihull with specialist trained nurses providing wound care. Patients had access to fast doppler assessments and compression therapy which had resulted in rapid healing at 68% for the period January to June 2018. There was evidence in the benefits for patients and in cost reductions for dressings and compliance to guidelines.
- The practice nurse was an assessor and student mentor. She participated in the sign off of student nurses and those completing revalidation and we saw complimentary feedback from past students.

Good

Are services well-led?

Please refer to the evidence tables for further information.