Westcourt Medical Centre

Inspection 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 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 inspection April 2016 – Outstanding)

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

We carried out an announced inspection on 11 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear, embedded 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. Relevant learning was routinely shared with external stakeholders.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. There was a strong emphasis on making sure that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patient satisfaction was consistently high.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

- The practice was pro-active in using a number of methods to seek patient feedback and engage with the public. This included the use of surveys tailored to seek feedback on specific areas of interest or concern. There was clear evidence that improvements were made to services as a result. For example, the practice undertook a survey to try and capture responses from existing patients and the 700 patients who had transferred to them from the recently closed neighbouring practice, plus new residents in the area from a new housing development. Improvements implemented included the promotion of the automated booking system, improving the efficiency of call handling and a review of the appointment system. It had also undertaken a survey to gauge awareness amongst patients of changes to the local health economy. The results helped facilitate joint working with other local practices on collective statements about the progress of any locality projects and ensuring waiting room screens and websites were updated as and when necessary. The practice optimised the functionality the friends and family test for use on smartphones and had increased response rates because of this. Improvements in response to feedback included an easier way to contact the receptionist when attending extended access appointments, with the fitting of a doorbell. The practice had also made use of the patients comment box and implemented several suggested improvements which included the ability to call for more reception staff at the front desk during busy periods.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser a practice manager adviser and a member of the CQC medicines team.

Background to Westcourt Medical Centre

Westcourt Medical Centre is situated in the town of Rustington. It serves approximately 12,550 patients. It had taken on an additional 700 patients since 2016 as a result of the closure of a neighbouring practice.

There are six GP partners and three salaried GPs. Three of the GPs are male and six are female. There are five practice nurses, one treatment room nurse, two health care assistants and one phlebotomist. There is one paramedic practitioner. There is a practice manager and a team of secretarial, administrative, accounts and reception staff. The practice is a training practice and provides placements for trainee GPs and doctors, as well as nurse, paramedic and community pharmacist students.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average percentage population over the age of 65. There is a comparatively low level of deprivation amongst the practice population.

Information on appointments, opening times and services provided can be found at

The practice is registered to provide the following regulated activities, maternity and midwifery services, treatment of disease, disorder or injury, family planning, surgical procedures and diagnostic and screening procedures.

The practice provides services from the following location: -

12 The Street

Rustington

Littlehampton

West Sussex

BN16 3NX

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

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non- clinical staff had received awareness training that enabled them to act if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients including those with the 'red flag' signs and symptoms 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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had 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, 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 acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Good

Are services safe?

Lessons learned and improvements made

There was a strong and comprehensive safety system that ensured the practice learned and made improvements when things went wrong. The level and quality of incident reporting showed the level of harm and provided a clear picture of quality and safety.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There was a genuinely open culture in which all safety concerns raised by staff and people who use service are highly valued as being integral to learning and improvement. The practice was open and transparent and duty of candour was applied to patients as well as external bodies. For example, because of a power surge and a break in the medicines cold chain relevant patients and external agencies were informed. The practice received commendation from Public Health England on the handling of this incident.
- There were effective systems for reviewing and investigating when things went wrong. The practice had recently strengthened the level and quality of incident reporting by introducing a form that required significant events to be categorised by the seriousness and likelihood of re-occurrence. This enabled the practice to and ensure that learning was based on a thorough analysis and investigation of things that went wrong.
- It also ensured that duty of candour was routinely considered, followed and recorded. We saw that all significant events were given a date for follow up to ensure that action had been embedded. The practice learned and shared lessons internally and externally, identified themes and acted to improve safety in the practice.
- The practice could demonstrate improved safety outcomes because of action taken in response to significant events. For example, following a sepsis related significant event, increased awareness training for non-clinical staff on the signs and symptoms of sepsis resulted in a prompt emergency admission for a patient.
- The practice had a comprehensive approach to safety and used the outcomes of clinical audit to improve it. For example, an audit of a high-risk medicine had led to the introduction of high risk medicines alerts for clinicians on opening patient records and reminders for controlled medicine prescribing reviews. This ensured that blood monitoring checks for an extended list of medicines that required this were done and prescriptions not raised without checking.
- 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 the population groups as good for providing effective services overall.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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.

- The practice undertook a monthly referral analysis for all clinicians and had introduced a system for peer discussion of potential "uncertain" referrals. This was to ensure that referrals were appropriate, followed local guidelines and used resources effectively.
- 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.
- The practice used technology equipment to improve treatment and to support patients' independence. For example, the practice offered patients with suspected atrial fibrillation an ambulatory electrocardiogram monitoring device that worked with their mobile phone device. Also after researching innovative practice elsewhere the practice had introduced an innovative new application that allowed clinical staff to document skin concerns, for example leg ulcers and wounds, from any device with a camera and internet access. This technology enabled images to be automatically analysed and accurate measurements provided so that treatment could be tailored more effectively.
- 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. The practice worked with a multi-disciplinary team to develop anticipatory care plans that aimed to prevent unnecessary admission to hospital.
- Patients aged over 75 had a named GP who was accountable for their care.
- The practice had a system in place to prioritise and record older patients in greatest need so that all staff in the practice were aware.
- The practice met regularly with nursing homes to facilitate and improve shared care including the development of shared care plans and the use of tools for early detection and of dementia and preparation for end of life care. The GPs undertook a weekly ward round at the largest nursing home.
- 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. For example, the lead nurse was undertaking enhanced training on understanding the complexities of caring for older people.

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 had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. For example, it had invested in portable electrocardiogram recorders which worked with a patient's mobile phone device. This improved the screening and diagnosis of potential heart problems in patients.
- The practice's performance against quality indicators for long term conditions was below local and national averages for COPD. This was because the practice had

taken on 700 patients from a nearby practice that closed in 2016. The practice's QOF targets were suspended for two years in 2016, in agreement with the local clinical commissioning group (CCG) and the local medical committee (LMC), to give the practice time to adjust, reorganise and restructure its chronic disease management to accommodate the additional patients. Because of the increase in list size the practice took on additional nursing and medical staff to provide the required capacity.
- The practice told us that throughout 2017 they had fully integrated the patients that they had inherited from the neighbouring practice into their programme of recalls for their chronic disease reviews and that 2017/18 QOF results were markedly improved with reduced exception reporting rates.

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 in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 73%, which was in line with the national average of 72%. This was, however below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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:

- The practice had a 'no barriers' approach and patients were able to register with the practice regardless of their circumstances and whether they had a fixed abode.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Two practice nurses had undertaken enhanced training to enable them to undertake annual health reviews of patients with learning disabilities.

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.
- 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 had enhanced the identification of dementia in residential homes with the use of a diagnostic tool and had undertaken training events with care home staff to promote its use. As a result the practice had improved its recorded dementia prevalence rate from 64% to 78% of that expected which is above the national average figure of 67%.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable with the England average.
- 94% 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 above the England average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable with the England average.
- It was noted that the practice had a high exception reporting rate for the above two indicators (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot

be prescribed because of side effects). This was mainly because the practice a significant number of patients with mental health problems were under the care of the community mental health team for which the practice had copies of current care plans from that team. Several patients were non- responders to invitations for review. Alerts were added to these patients' clinical records highlighting the need to verify their status on the mental health register when they next contact the practice.
- Patients had access to counselling services and cognitive behavioural therapy. The practice recognized and managed referrals of more complex mental health problems to the appropriate specialist services.

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. The practice had undertaken six full cycle audits over the last two years and was able to demonstrate improved outcomes to patients. Where appropriate, clinicians took part in local and national improvement initiatives. The practice used information about care and treatment to make improvements.

The practice was actively engaged in activities to monitor and improve quality and outcomes. For example, the practice had a process to review recorded disease prevalence on the clinical system monthly and compare this with the expected prevalence data provided by Public Health England. The practice undertook a gap analysis to identify possible groups of patients that may need to be targeted for review. An example of this was the use of a portable electrocardiogram (ECG) device to actively case-seek patients with atrial fibrillation. The practice added this service monitoring to its NHS health check appointments to target 40-70-year-old patients.

Effective staffing

The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.

- 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. It had recently invested in a new system of e-learning for all staff that was more focused on and relevant to the education and training needs of staff in primary care. Staff were provided protected time for training. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop and acquire new skills, for example, the practice had provided leadership training for nursing and administrative team leads. The practice manager had been supported to obtain further management qualifications.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- For its paramedic practitioner the practice had instigated a paramedic practitioner locality learning set which enabled them to meet and focus on their specific learning needs within their professional competency framework as well as provide peer support.
- The practice's lead nurse facilitated the local practice nurse forum to ensure that best practice and learning was shared across the whole locality.
- The practice ensured the competence of staff employed in advanced roles by having close clinical supervision and a system of continual feedback and support throughout the day.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The

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 considered 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 need 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.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The national GP patient surveys showed that patient satisfaction in relation to the care they received was comparable to the England average.

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 national GP patient surveys showed that patient satisfaction in relation to involvement in decisions about their care show they were comparable to the England average.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.
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Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had produced information leaflets for residents and next of kin to explain the importance of recording future care preferences and how this could be done.
- The practice actively identified and considered the needs of carers particularly where the carer was elderly.

People with long-term conditions:

- Reviews for people with long term conditions were planned and co-ordinated so that patients and their carers did not have to attend for multiple appointments.
- Appointments for asthma, lung condition and diabetes reviews were available at the weekends.
- The practice had introduced an insulin management service, provided by the community diabetes team for all patients in the locality. This meant patients could receive a service closer to home.
- As an additional service the practice had introduced portable electrocardiogram recordings to its 40-70-year-old health check appointments to help improve detection of potential long-term conditions.

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.
- The practice had introduced a confidential chlamydia screening service to patients under the age of 25. It had also introduced a service that enabled discreet distribution of condoms for under 25-year olds. Sexual health reviews were offered to this age group and the practice had built rapport and confidence with younger patients as a result.
- As part of a locality wide extended access scheme the practice provided Saturday morning clinics for cervical screening and family planning.
- Children under 12 years were prioritised through the clinical triage system.

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

- The needs of this population group had been identified and the practice monitored and adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Alternatives were provided for patients who were unable to attend the practice due to work commitments, for example telephone consultations.
- Patients could access a range of 'in-house' services such as phlebotomy, micro suction for ears and minor surgery.
- Patients could book or cancel appointments on-line as well as directly book appointments through the telephone system from 7.30am on weekdays.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had identified that many elderly and vulnerable patients were presenting which issues relating to benefits, housing and debt management. It

Good

Are services responsive to people's needs?

had worked with Citizens Advice to ensure access to appropriate benefits and support was available by hosting this service on a weekly basis from the practice premises. Patients from other local practices could also access this service.
- Annual reviews of patients with learning disabilities were undertaken in the patient's own environment to ensure that they were in familiar surroundings. The practice nurses wore non-uniform clothes to help remove any barriers and help improve engagement with patients with learning difficulties.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held an annual dementia awareness week to help improve detection and remove stigma.

Timely access to care and treatment

Patients could 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.
- The practice had introduced a new triage system to ensure that patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

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

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had instigated and led the development of several initiatives across the locality and provided managerial and clinical leadership input.
- 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.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, compassionate and person-centred healthcare that is evidence based and makes appropriate use of NHS resources.

- 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- Staff were proactively supported to acquire new skills and share best practice.
- There were processes for providing all staff with the development they needed. 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.
- Clinical staff 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and 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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Good

Are services well-led?

Managing risks, issues and performance

- There were clear and effective processes for managing risks, issues and performance.
- There was a strong and comprehensive safety system that ensured the practice learned and made improvements when things went wrong. The level and quality of incident reporting showed the level of harm and provided a clear picture of quality and safety.
- 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 national and local safety alerts, incidents, and complaints.
- The practice had a comprehensive and continuous clinical audit programme. There was evidence it 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. For example, it had developed systems to provide in-depth reviews of performance data with both clinical and administrative staff and encouraging them to identify where things could be improved.
- 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 General Data Protection Regulations 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. Innovative and extensive approaches were used to gather feedback from people who use services and the public. The practice acted on feedback received to improve 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.
- Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed. There was an active patient participation group and the practice had recently led the setting up of a locality wide patient engagement exercise with six other practices in the area so that services could be publicly held to account. The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.
- There was a strong focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.