Shevington Surgery

Inspection report

The Surgery
Houghton Lane, Shevington
Wigan
Greater Manchester
WN6 8ET
Tel: <xxxx xxxxx xxxxxx>
www.shevington-surgery.co.uk

Date of inspection visit: 20/11/2018
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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	Outstanding ☆
Are services safe?	Outstanding ☆
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

Overall summary

This practice is rated as Outstanding overall. (Previous rating October 2014 – Good)

The key questions at this inspection are rated as:

Are services safe? – Outstanding

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Outstanding

At this inspection we found:

- There was an open culture in which all safety concerns raised by staff and people who used the service were highly valued and integrated into learning with improvements made. Some of these learnings were shared with peers and local Clinical Commissioning Groups (CCG).
- Throughout our inspection there was a strong theme of bespoke education and training programmes which had been developed to maintain safe processes and align with the practice's in-house processes, being a clear link between a clinical need and the training delivered. These were overseen and maintained by all the clinical staff.
- The practice had a clear vision which had holistic care, quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with all staff.
- The practice had clearly defined and bespoke embedded systems, processes and practices in place to keep staff and patients safe.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines at their practice educational meetings.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice had identified a high number of carers and one of these was also documented as a child carer.
- The practice had a highly active Patient Participation Group (PPG), who ran various carer groups for patients and local community,
- Staff involved and treated patients with compassion, kindness, dignity and respect.

We saw several areas of outstanding practice:

- One significant incident involved a violent and threating patient, which saw the practice being locked down until the police arrived. Part of the practice system for analysing significant event, it was identified the need for a lock down policy and learning was identified. The practice fitted CCTV and a panic alarm connected to the police. The practice manager worked closely with the CCG and other practice managers who set up a working group to develop a policy for locking down a practice, shared and rolled out to all practices in the Borough.
- We saw 100% of patients at end of life having had a preferred place of death recorded. Where Do not attempt cardio-pulmonary resuscitation (DNACPR) orders were in place we saw patients had been involved in and agreed with this decision. The practice had also audited if they had achieved the patient's wishes and identified these wishes had been achieved 71%. The practice also designed an End of life grab bag for clinicians.

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	Outstanding
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 and a practice manager adviser.

Background to Shevington Surgery

Shevington Surgery is the registered provider and provides primary care services to its registered list of 12,653 patients.

The practice is situated in an area at number nine on the deprivation scale (the scale is between one and ten; the lower the number, the higher the deprivation).

There are eight GP partners, four male and four female. There is one advanced nurse practitioner, seven practice nurses of which three have a prescribing qualification, two healthcare assistants, a practice manager, and reception and administrative staff.

Normal opening hours are Monday, Tuesday and Thursday 8am - 8pm, Wednesday and Friday 8am - 6.30pm and Saturdays 8am -12 noon. Appointments are available with GPs and nurses daily.

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning: surgical procedures; maternity and midwifery services and treatment of disease, disorder and injury. The practice is teaching practice for medical students and also provides nurse training.

Regulated activities are delivered to the patient population from the following address:

The Surgery

Houghton Lane

Shevington

Wigan

Lancs

WN6 8ET

www.shevington-surgery.co.uk

Outstanding ☆

Are services safe?

We rated the practice as outstanding 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.
- We saw the practice was proactive in safeguarding. and had identified a young patient as a carer who had alerts for staff to ensure they receive the correct practice support.
- 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 were available to staff. 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.)
- The practice had trained all front house staff in Domestic Abuse, with two staff being Domestic Abuse Champions.
- 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.

- 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 and had developed checks and templates into acute care templates.
- When there were changes to services or staff the practice assessed and monitored the impact on safety on a regular basis.

Information to deliver safe care and treatment

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

- The practice had dynamic templates based on National and local evidence for manging clinical scenarios, designed. These templates had been developed over time and were embedded fully into the practice. They function to make data recording easier for doctors, whist aligned to relevant local and national guidance, which was constantly being reviewed, updated and integrated within routine clinical practice. Making the consultation process much easier for doctors to deliver the right care to the right patient and therefore make it much harder for a clinician to make a mistake such as using out of date guidance.
- The practice had multiple processes and checks to assure clinicians made timely referrals in line with bespoke practice protocols. These were audited regularly by a GP.
- 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.

Appropriate and safe use of medicines

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

- The practice employed a full time clinical pharmacist, which was a result from reviewing the clinical needs and demands of the practice.

Outstanding ☆

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks, all performed by the clinical nursing staff.
- 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.
- 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.
- High risk medicines were monitored regularly and monthly searches were performed to ensure all patients had the necessary monitoring completed.
- The practice ran an anticoagulation clinic for its own patients, and some patients (approximately 50) from neighbouring practices. The safety screening showed that the INR level (measures warfarin activity) was maintained within the therapeutic range nearly all the time. Those occasions where it had been higher than advised had been dealt with swiftly and safely and harm to patients was avoided.

Track record on safety

The practice had a good track record on safety.

- Patients' results were reviewed and actioned by clinician. The practice also had a buddy system in place for clinicians to ensure results were always actioned effectively.
- The practice had developed strategies for staff dealing with awkward scenarios. This included how to deal with inappropriate medication requests and more challenging situations such as dealing with upset relatives.
- The practice had designated leads in areas such as safeguarding, medicine management and quality outcome framework (QOF), who were empowered to suggest and make changes to keep staff working to best practice and within guidance.
- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

There was a strong and effective system in place for reporting and recording significant events.

- The practice considered all significant events that involved their patient- both inside the practice and events that happened in other settings such as hospital care. They showed they were thinking across the whole of their patient's journeys through the NHS and social care, and not just their direct part in the practice. They regularly discussed incidents with relevant colleagues outside the practice.
- There was an open learning culture and well-established system for monitoring, investigating and sharing learning from significant events. For example, the practice held educational meetings to discuss incidents, actions and learning outcomes.
- We were told of one incident involving a violent and threating patient, which led to the practice being placed in shut down until the police arrived. The practice identified from this incident there was a lack of a lock down policy and identified learning from this event was required. The practice gained advice from the police and worked with the CCG and other practice managers in the area, to develop a policy on dealing with violent patients and for locking down a practice.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We were provided with two examples of how the practice handled two difficult situations with professionalism, whilst ensuring support was in place for all staff.
- There were robust systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. For example, a recent incident showed their in-house Sepsis process was followed but to enhance it further the clinicians developed a "Quick Examination" from using the National Early Warning System scoring. The outcome of the learning point was a positive and showed the practices "Quick Examination" template was working effectively.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice used guidelines to positively influence and improve practice and outcomes for patients. For example, bespoke clinical templates were designed to support the clinical staff to provide more hands-on care

using both local and national guidelines and to reflect the practices own processes and procedure. This went one step further to also include in-house failsafe processes, checklists and reminders

- The practice's audit programme had evolved from two cycle audits into regular cycles of quality measurement and control with safety audits being rerun regularly to make sure no new risks to patients were appearing

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice as good and five of the six population groups. One of the populations groups was rated as outstanding in people whose circumstances make them vulnerable .

Effective needs assessment, care and treatment

The practice had an in-depth library of clinical protocols which were reviewed on a regular basis. They had a GP lead and a practice nurse who were responsible for the updating of protocols and the dissemination of new information to the staff.

Protocols were aligned with best practice including national (i.e. National Institute for Health and Care Excellence NICE) and local guidelines. We saw evidence that changes to these protocols were discussed at practice education meetings held every two weeks and available to all staff on the intranet.

Bespoke computer templates referred to national and local current guidance, also linking to the development needs and process of work within the practice to ensure high quality care. For example,

- 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 medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with multiple long-term conditions could attend a one-hour long appointment, which covered all conditions.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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.
- 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:

- Post-natal reviews were undertaken by a dedicated GP and tried to be scheduled on the same day as the baby's immunisations.
- 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.

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

- The practice's uptake for breast and bowel cancer screening was above the national average. The practice had four Cancer Champions who promoted the breast and bowel screening programmes, which resulted in a higher uptake for the practice.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

- 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 has a Complex Care register which was managed by the clinicians and reviewed regularly.
- The practice had a strong ethos on patients who are end of life to achieve a calm and peaceful end, by delivering care in a holistic person-centred way. For example, the practice had developed an effective and strong end of life process for their patients, with bespoke care plans being up to date, relevant and reflective of the patient's wishes.
- 100% of patients at end of life had a preferred place of death recorded.
- Those patients who required a do not resuscitate order had this clearly identifiable within the active care plans.
- The practice had designed a grab bag for clinicians who were dealing with end of life care which included clear guidance on care plans and guidance for clinicians to complete care plans and update systems checklists.
- The end of life systems and processes meant that out of hours doctors had a clear and defined plan for the practices patients, seeing them comfortable till their named clinician was able to continue with care.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had four cancer champions, who's roles involved signposting information to patients and providing support.

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

- The practice was a 'Dementia friendly' establishment with all staff members, both clinical and non-clinical having completed dementia awareness training.
- 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 offered annual health checks to patients with a learning disability.

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 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

There was a forward-thinking learning culture at all levels within the practice, we saw discussions, development and training with staff demonstrated, and staff were supported and encouraged to attend external and internal learning and training events. Staff had the skills, knowledge and experience to carry out their roles.

- The practice had two GP partners who were clinical mentors and trainers, who offered hands on support and guidance to medical students daily. We saw evidence of daily meetings between the GP leads taking place. We saw multiple examples of this model being used to support the inhouse nursing team and clinical pharmacist.
- The clinical nursing team were proactive and enthusiastic about their education and clinical processes. This involved each having a GP mentor who they forged close working relationships with. They would review clinics and diagnosis, and from this identify a subject of learning to write up. This subject would be made into a paper and shared as learning at educational meetings, where required.
- We saw the practice had developed a bespoke intense induction for their clinical pharmacist, which involved adopting the same methodology as the GP registrar

model. They were given a clinical mentor, protected tutorial time, clinical supervision and were supported by their GP mentor in clinics. Clear learning objectives were provided with reflection time provided.

- All non-clinical staff were multi-skilled and could work in a flexible manner to cover each other for absences. Staff rotas ensured that the practice is covered for leave and sickness.
- 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 in-depth induction programme for all 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 nursing team had developed a learning disabilities template which identified the social aspect of care. We saw evidence of new patients identified.
- 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.

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.

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.

We saw examples of how the practice had a caring nature for patients but this extended to care for each other within the practice. We saw example of this within their bi annual away days, where the opening question asked to all staff at the event was "how are you feeling".

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.

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.
- One of the GPs and nurse attended a course to help support transgender patients within the practice. This has been recognised by the CCG.
- Veterans are identified and with the appropriate code and alerts added to their records.

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.
- 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 practices standard appointment time per patient was 15 minutes. This has since improved access for patients to appointments.
- The practice held in house sessions every Saturday morning with Making Space, who support patients experiencing low mood or anxiety.
- The practice worked with the community link worker (CLW). The CLW took referrals for patients with health and social care needs.
- The practice sent text message reminders of appointments.
- 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 facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- 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 regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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.
- 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 practice offered three late evenings, with GP and nurse-led clinic.
- 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 appointments with GP, nurses and the healthcare assistant were available till 12noon.
- Alternative arrangements were made for people who cannot attend designated clinics, seeing. For example, the practice would offer immunisations to young children to suit the parents work pattern.

People whose circumstances make them vulnerable:

- The practice had signed the Dementia Action Alliance (DDA) and had a pledge displayed on the DDA website, which was updated every three months.
- 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, as they had a Complex care register in place.

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

Good

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- All staff were trained to be a dementia friends.

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.
- 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/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.
- 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.

Outstanding ☆

Are services well-led?

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

Leadership capacity and capability

The practice had a clear vision to drive and improve quality care and promote and share good outcomes for patients. The practice understood the shifting environment of the NHS, whilst understanding the importance of future planning needed to maintain the high quality of care for the good of their patients and neighbourhood.

- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. This included clinical partners having a clear structure for succession planning. For example, one GP partner had expressed that within five years they would like to retire. This lead to a succession plan being put in place by the partners. On the day of the inspection the CQC interview was attended by the GP partners future replacement for learning and development.
- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care, with a holistic approach to everyone who worked in the practice and patients. This was clearly embedded and well established within the daily working of the practice.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them and had clear plans and solutions to reduce risk.
- Leaders at all levels were visible and approachable. They worked extremely close with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care, which was demonstrated throughout the inspection and embedded into the whole practice.

- The practice values were a true reflection of the practice, staff knew and understood the values which included working with trained and experienced team of clinicians and administrators in a welcoming environment.
- The practices approach was always educationally based allowing problems to generate insights and understanding, which then led into improvements. This approach had been nurtured through time.
- The practice had a realistic strategy and supporting business plans to achieve priorities. This was regularly monitored, renewed and reflected on.
- The practice held bi annual business and succession meetings for all staff. The opening question to start the meeting was “how are you feeling?”
- 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.

Culture

There was strong collaboration and support across all staff and a common focus on improving quality of 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 and staff.
- Leaders and managers acted on behaviour and performance consistent with the 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. The practice had a GP partner who was the practice’s resilience manager.
- 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 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

Outstanding ☆

Are services well-led?

Governance and performance management arrangements were strong, proactively reviewed and reflected best practice which supported high quality care. This outlined the structures and procedures in place and ensured that:

- Practice leaders had established policies, procedures and activities such as practice-based clinical templates and assessment to ensure safety, minimise future risks and assure themselves that they were operating as intended. For example, templates and protocols were aligned with best practice including national (i.e. National Institute for Health and Care Excellence NICE) and local guidelines.
- The practice had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care. For example, multiple actions plan had been developed. One example, was improving access to appointments which saw a GP partner being given lead on the project. The plan included introducing a telephone consultation appointment system, a full review of emergency appointments and support from PPG. This resulted in improved patient satisfaction on sources such as NHS choices.
- The practices educational approach allowed risks to be defined and managed firmly and safely, without any blame or recrimination. This resulted in an approach that was effective both in terms of safety and in terms of supporting staff and spreading learning within the team.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These were regularly audited.
- The governance and management of partnerships, joint working arrangements and shared services promoted holistic 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 robust policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, a resilience manager was appointed within the practice to support staff by being a direct contact of trust. The resilience manger also had their own direct email for staff to contact them confidentially with any issues or problems. The practice also had an open-door policy for all staff members.

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. For example:

- The practice internal system reminded the clinician to review any new or amended protocol. Protocols and other practice information was sent by a system called Intradoc, which provided a full audit trail to ensure all staff have read or actioned.
- The practice nurse QOF lead was dedicated one day a week to review the practices Quality Outcome Framework (QOF). This ensured good clinical care for patients was being achieved, which included liaising with the administration team, adjustment and review of templates and following up patients who have not attended.
- The practice had processes and clinical leads to manage current and future performance. Practice leaders had a clear 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. We saw evidence of multiple ongoing audits in every area of the practice from calibration of stock, infection control, clinical, data summary and random spot checks of referrals and Read coding correctly.
- 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.

Outstanding ☆

Are services well-led?

- 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.

- There was a very established, proactive patient participation group (PPG), which showed a person-centred culture for the patients and care they received. They held a dementia carers group and diabetes support group, which were open to the local community.
- The practice provided the PPG with annual funding to support their activities throughout the year. The group was highly involved in change and recommendations to the practice, whilst also sharing ideas and support with peers.
- 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.

Continuous improvement and innovation

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

- There was a well-established focus on continuous learning and improvement within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.