

# Irlam Group Practice

## Quality Report

523 Liverpool Road  
Irlam  
Salford  
M44 6ZS

Tel: 0161 7761000

Website: [www.irlamgrouppractice.nhs.uk](http://www.irlamgrouppractice.nhs.uk)

Date of inspection visit: 1 December 2017

Date of publication: 02/02/2018

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Irlam Group Practice	5
Detailed findings	6
Action we have told the provider to take	17

## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection March 2017 – Requires improvement)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Irlam Group Practice on 1 December 2017 as a follow up to the previous inspection on the 27 March 2017.

At this inspection we found:

- The practice had made some improvements to their systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice now had a system in place to monitor their Quality and Outcomes Framework (QOF), and although there were still low scores for some of the indicators, the practice was working towards achieving improved results.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

# Summary of findings

The provider must do all that is reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. For example, the provider must ensure a DBS check is in place before clinical staff start employment.

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

- Care plans should be more detailed to provide effective care.
- The complaints policy should be updated to reflect best practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Irlam Group Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and a trainee GP Specialist adviser.

## Background to Irlam Group Practice

Irlam Group Practice is a GP practice located in Salford. The address of the practice is 523 Liverpool Road, Irlam, Salford, M44 6ZS. The practice's website is: [www.irlamgrouppractice.nhs.uk](http://www.irlamgrouppractice.nhs.uk)

The practice has good parking facilities and is easily accessed through public transport. It is a single story building and all parts of the building are easily accessible. The practice has approximately 4100 registered patients.

The practice has two male GP partners, a female practice nurse who works part time, a female assistant nurse practitioner, and a practice team leader, as well as a team of administration staff. The practice regularly uses locum GPs to provide extra sessions or if a female GP is required.

The practice population is made up of higher than the England average of patients aged over 45. The area the practice is located in has a deprivation level of five (out of 10) on the Indices of Multiple Deprivation decile (IMD). The lower the IMD score, the more deprived an area is.

The practice operates under a General Medical Services contract.

Outside of opening hours patients are diverted to the 111 out of hour's service.

# Are services safe?

## Our findings

When we inspected the practice on 27 March 2017, there were multiple issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement. We found then that safeguarding processes were inconsistent within the practice and the practice was unable to provide us with an adult safeguarding policy. The service did not have a system in place to ensure all staff received patient safety and medicine alerts and the practice did not have a legionella risk assessment in place. However on this inspection we noted that some improvements within the key question safe had been made.

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

### Safety systems and processes

The practice had made improvements to its systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice did not always carry out all staff checks, but did carry out checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required but we found that one regular locum GP had been working within the practice without 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). The practice informed us after the inspection that a DBS was in place and they now held a copy of this.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- 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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

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

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

# Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had a good safety record.

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

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents but we found some incidents that were not reported on the significant event system. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had a system to review previous significant events to monitor if improvements were still being made. Significant events would also be presented at the monthly meeting with Salford CCG.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected the practice on 27 March 2017 there were multiple issues affecting the delivery of effective services to patients. At that time we rated the practice as requires improvement. We found data for patient outcomes was low compared to the national average, knowledge of national guidelines was inconsistent and there was no evidence that audit was driving improvement in patient outcomes.

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

### Effective needs assessment, care and treatment

The practice now had systems in place to keep clinicians up to date with current evidence-based practice and these were available on the computer system. 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 was an outlier for some of the Quality and Outcome Framework (QOF) clinical targets.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group age-sex related prescribing unit from July 2016 to June 2017 was 1.06 compared to the CCG average of 0.9 and the national average of 0.9.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age sex Related Prescribing Unit from July 2016 to June 2017 was 1.36 compared to the CCG average of 1.14 and the national average of 0.98.
- 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. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the last 12 months was 85% compared to the CCG average of 86% and the national average of 90%.

#### 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 for all vaccinations with the exception of the pneumococcal booster which was at 68%. The practice was aware this target was below the target and the practice was contacting patients for recall who had failed to attend previous appointments.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 75%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.



# Are services effective?

## (for example, treatment is 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:

- 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.

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

- 29.7% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is significantly below the CCG average of 90.4% and the national average of 90.7% worse than the national average. The practice was able to provide us with the most recent unverified data which demonstrated an increase in this figure to 79.5%.
- 29.7% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly below the CCG average of 89.1% and the national average of 83.7%. The practice was able to provide us with the most recent unverified data which demonstrated an increase in this figure to 68.4%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 41.8%; CCG 90.4%; national 90.7%).
- We looked at three dementia care plans and found them to be incomplete and lacking detail, such as the patient's do not resuscitate notice (DNR) or any plan for anticipatory care needs' if the patient were to become ill in the future.

### 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 most recent published Quality Outcome Framework (QOF) results were 74.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 91.3% and national average of 95.5%. The overall exception reporting rate was 3.8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice had made improvements since the previous QOF year of 2015-2016 and were on track to meet their targets in the mental health indicators.
- The practice used information about care and treatment to make improvements.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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.

# Are services effective?

## (for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases who were referred using the urgent two week wait referral pathway from April 2015 to March 2016 was 26.9% compared to the CCG average of 43.9% and the national average of 50.4%.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, 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.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 27 patient Care Quality Commission comment cards and 25 were positive about the service experienced. This was generally in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Two comment cards gave negative feedback relating to accessing appointments.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 244 surveys were sent out and 99 were returned. This represented about 2% of the practice population. The practice was generally in line with for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.

- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

### Involvement in decisions about care and treatment

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

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

The practice proactively identified patients who were carers. Notices were displayed in the waiting area with carer's information. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (1.5% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Information was also available to patients on the carer's notice board.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs.

## Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages for the GPs but below for the nurses:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average 86%.
- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.

- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

When we inspected the practice on 27 March 2017 there were multiple issues affecting the delivery of responsive services to patients. At that time we rated the practice as requires improvement. We found complaints were not always managed, responded or actioned in an appropriate manner. However on this inspection we noted there was significant improvement in this key question.

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice had increased its opening hours so that they now offered appointments on a Wednesday afternoon.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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 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, extended opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

#### 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 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.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment were generally below compared to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 244 surveys were sent out and 99 were returned. This represented about 2% of the practice population.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 70% of patients who responded said they could get through easily to the practice by phone; CCG – 70%; national average - 71%.
- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 84%.
- 87% of patients who responded said their last appointment was convenient; CCG - 78%; national average - 81%.
- 70% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.

- 72% of patients who responded said they don't normally have to wait too long to be seen; CCG - 57%; national average - 58%.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way. We found that the complaints policy contained out of date information, such as making reference to the Primary Care Trust and the policy did not state that a lead GP would oversee complaints.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. We saw evidence of the practice responding to patient's complaints to resolve any issues. One patient who made a formal complaint was invited to join the patient participation group to suggest improvements that could be made within the practice.



# Are services well-led?

Good 

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

## Our findings

When we inspected the practice on 27 March 2017 there were multiple issues affecting the delivery of a well led service to patients. At that time we rated the practice as inadequate. We found no clear leadership structure and staff did not feel supported by the lead GP. Systems and processes were not effectively managed or operated. The practice had no arrangements to monitor and improve the quality of the service or manage risks. The training needs of staff were not addressed and there was a lack of support and mentorship for those appointed to extended roles within the practice. There was improvement in this key question at this inspection.

**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 now able to demonstrate they had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

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

### Governance arrangements

Since the previous inspection, the practice had contracted a management service whose role was to implement

# Are services well-led?

Good 

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

changes and make improvements within the practice. There were now 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 but some were needed to be updated such as the complaints policy.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts.
- 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 and the practice had an audit plan in place.
- The practice had plans in place and had trained staff for major incidents.

## 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. This information included QOF data and the practice had made significant improvements since the previous inspection. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. Staff were encouraged to attend training courses.
- 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.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The provider did not do all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. For example, the provider did not check that all clinical staff had a DBS check in place before starting employment
Maternity and midwifery services	
Treatment of disease, disorder or injury	