

Davenal House Surgery Partnership

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating 25/11/2014– Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at Davenal House Surgery on 12 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect. We received positive comments from patients who had completed CQC comment cards.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patients were positive about having telephone access to GPs.

- One of the practice nurses carried out home visits to elderly housebound patients and visited them if they had falls or when they had been discharged from hospital.

- There was a strong focus on continuous learning and improvement at all levels of the organisation. The trainees at the practice gave positive feedback about the support and training they have received.

- The practice was recently given an award from the Deanery for the high quality support offered to trainees.

- The practice had developed innovative ways of using the IT system in order to respond to patients' needs.

There were a few areas where the practice should make improvements:

- Ensure all staff are aware who the safeguarding lead is.
- Ensure all members of staff have received annual appraisals.
- Record near misses at the dispensary and ensure the date on which medicines are checked is recorded in the dispensary as this was not always formalised.
- Ensure the door of the dispensary is kept locked at all times.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a pharmacist adviser.

Background to Davenal House Surgery Partnership

Davenal House Surgery Partnership provides primary care services for patients in Bromsgrove and the surrounding area. It has a General Medical Services (GMS) contract. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The service is responsible for providing primary care for 8,614 patients. It is located in a semi-rural area with a large elderly population. The practice has low levels of deprivation.

The practice has five GP partners (three male and two female), three salaried GPs (all male), a practice manager, a clinical services manager, a nursing team, healthcare assistant, pharmacist along with receptionists and other staff who provide administrative support.

Davenal House Surgery Partnership is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There were two trainee GPs working at the practice at the time of our inspection.

The practice is able to provide pharmaceutical services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. We visited the branch site at Stoke Prior as part of the inspection in order to look at the dispensary. Patients are able to book appointments at either the main practice or the branch site.

Davenal House Surgery Partnership provides a range of NHS services including blood testing, chiropody, physiotherapy and anti-coagulant testing. Bereavement and mental health counselling sessions were also held there.

The practice does not provide an out of hours service to their own patients. Patients are provided with information about the local out of hours service which they can access by using the NHS 111 phone number.

Please see the evidence table for details of the opening hours and extended hours provision.

Information about the practice website is available to download from their website:

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients 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. Some staff we spoke with were unable to name the practice's safeguarding lead. We were assured this would be reiterated to staff following the inspection. Staff were able to explain how they would respond to safeguarding concerns appropriately. Learning from safeguarding incidents was 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 weekly clinical meetings. Other professionals were invited to these meetings such as dementia advisors, deaf awareness representatives, local psychologists as well as District Nurses, Clinical Nurse Specialists, clinical commissioning group (CCG) representatives, and students attached to various roles.
- 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. We did find some curtains had not been changed within the recommended timescales at the branch surgery. The curtains we did see during the inspection were visibly clean. The practice rectified this after the inspection.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

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

Are services safe?

- Clinical staff used mobile telephones with access to medical record details for home visits so that records could be updated during the visits.
- 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.
- The dispensary was in the branch practice and was clearly signed. We noted that the dispensary was secure and not accessible to patients.
- Standard Operating Procedures (SOPs) were available and these covered all processes in the dispensary. They were reviewed annually and we saw evidence that staff had read and understood them.
- Repeat prescriptions could be ordered online, in person or on the telephone and were processed in line with current guidelines.
- Repeat prescriptions were produced and signed in accordance with Schedule 6 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and paragraph 39(3) of Schedule 6 to the GMS Regulations.
- Dispensary fridge temperatures were monitored daily. The maximum and minimum temperatures of the fridge were measured and recorded.
- Expiry dates of medicines in the dispensary were checked but this was not always recorded.
- The practice carried out Dispensing Reviews of the Use of Medicines (DRUMS). These were carried out by the GPs.
- One of the GP partners was named as responsible for the dispensary.
- Blank prescriptions were kept securely in the dispensary. The serial numbers of the prescriptions were recorded by the dispensary team. We did note that the dispensary door was not always locked.
- GPs and nurses had printers in their rooms. At the main practice the trays were removed at night and stored in locked cupboards but at the branch surgery this was not happening. This was changed straight after the inspection.
- Controlled Drugs (CDs) were stored securely in a Controlled Drugs cabinet. The key to this was kept securely.

Receipt, dispensing and disposal of the CDs were recorded in a CD register and a running balance was kept. We noted that balances and expiry dates were checked on a monthly basis.

- Dispensary staff knew whom to contact if there were problems with CDs or if they had to be disposed.
- Repeat prescriptions for CDs were signed before they were dispensed to patients.
- The SOP for the ordering, receipt, dispensing, supply and disposal of CDs was available in the dispensary for staff to refer to if required.
- Staff we spoke with confirmed they knew whom to contact if they had an issue with any controlled drugs.
- The dispensary team recorded significant events but did not record near misses. They told us that they would record near misses following our inspection.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had well-maintained computer searches and registers to ensure that the recall system was effective.
- 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:

- The practice held age registers to determine which patients were eligible for NHS health-checks. The practice referred to the register to determine patients who were eligible for the shingles vaccines.
- The practice had carried out 131 health checks for patients over the age of 75. In addition to this 630 patients on the register of patients aged over 75 had received long-term condition health checks. 1032 patients were eligible for over 75 health checks.
- The practice followed up on patients discharged from hospital. It ensured that their care plans and 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 and one of the nurse prescribers 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 and one of the nurse prescribers 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. Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. One of the GPs had developed the IT systems at the practice to ensure all the GPs were directed to current guidelines for long-term conditions.

•The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

•The practice's performance on quality indicators for long term conditions was in line with local and national averages.

•Last year 3906 patients were eligible for the flu vaccine. 2615 of these patients received their flu vaccine at the practice and 204 were given by pharmacies. 384 patients had declined the flu vaccine in the last year.

Families, children and young people:

- Baby clinics were held each week at the practice. Post-natal checks for mums were carried out at the same time. These clinics were led by a practice nurse and a GP was always available to advise as required.
- 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 75%, which was below the 80% coverage target for the national screening programme. In order to try to improve uptake the practice was sending out reminders if patients did not attend for screening. The practice shared the number of screening tests that had been carried out in the last 12 months and this had improved.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. In the last year the practice had carried out 521 NHS health checks. 2019 patients were eligible for NHS health checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- The practice had travel clinics to provide vaccinations to patients before they went abroad.

People whose circumstances make them vulnerable:

- The practice held a number of different registers. This included those patients who had experienced domestic violence, when safeguarding concerns were raised (for both adults and children), carers in the community and palliative care patients in order to offer additional support.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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

- Registers were held for patients experiencing poor mental health and patients with dementia. There were 178 patients on the dementia register and 127 of these patients had received a health check in the last year.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

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.

- QOF results were higher than CCG and national averages. The practice had scored 558 out of 559 which was higher than the CCG average of 550 and the national average of 539.

- Exception reporting was higher than average for asthma. Patients can be exception-reported from individual indicators for various reasons, for example if they do not attend appointments or where the treatment is judged to be inappropriate by the GP (such as medicine which cannot be prescribed due to side-effects). They can also be exception reported if they decline treatment or investigations. Patients who are newly registered or diagnosed are automatically exception reported. The practice has been trying to improve in this area by offering telephone consultations and will be offering online consultations in order to improve uptake for asthma reviews. The practice performed an audit around the cost-effective prescribing of asthma inhalers following a Clinical Commissioning Group (CCG) initiative. In particular, patients on a specific inhaler were assessed for suitability and switched to a different inhaler if this was appropriate. Therefore, the exception reporting was higher in this area. Our GP adviser was satisfied that exceptions reported for asthma were clinically appropriate.

- 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. For example, the practice had carried out a number of clinical audits. Please see the evidence table for more details.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. We saw evidence of a comprehensive induction checklist to ensure all areas were shown to new starters.

- The practice was a training practice and provided training to GP registrars who were training to be GPs. They had a comprehensive GP registrar induction checklist to ensure continued understanding.

- The GP trainees gave positive feedback about the level of support they have received from the practice.

- The practice was recently given an award from the Deanery for the high quality support offered to trainees.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised with, community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- The practice had three nurse prescribers and they also had a clinical pharmacist. Patients were followed up on when

they moved between services, when they were referred, or after they were discharged from hospital. One of the nurses visited patients in their homes. 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.

- We saw examples of consent forms for example for injections and when contraceptive coils were fitted.

- 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.

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 practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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 practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment. There were two areas where the practice was scoring lower than average.

• The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care was 73% which was below the CCG average of 87% and national average of 85%. The practice had increased the number of nursing appointments available in an effort to improve rates of patient satisfaction.

• The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 66% which was lower than the CCG average of 81% and the national average of 79%. The practice was working more closely with the CCG to try and improve satisfaction scores.

- 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.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. The patients had direct access to a GP first and then a face to face appointment as required.
- 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.
- The practice had Armed Forces Veteran friendly accreditation.
- One of the GPs at the practice supported local GPs who were unwell.

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 looked after a six residential homes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Visit requests were received in the morning and allocated to available GPs, who triaged the requests. In the afternoon the visits were carried out by a duty doctor. The practice had a dedicated Home Visiting

Nurse to visit older patients with long-term conditions. Patients were also followed up when they were discharged from hospital. This included patients who had attended accident and emergency (A&E) or had a fall.

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 weekly 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 A&E attendances.
- 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 were offered from 7.30am to 7.30pm once a week and Saturday appointments were available from 9am to 11am.
- The practice had a family planning drop-in clinic which was aimed at working age people. At this clinic patients were able to see a nurse and if required the doctor was also available.

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 offered annual health checks to patients with a learning disability. There were 32 patients on the learning disabilities register. Twenty two of these patients had received a health check in the last year.

Are services responsive to people's needs?

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.

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.

The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. 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.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had faced difficulties over the last couple of years with illness amongst the GP partners and practice manager. However they had not allowed this to affect performance.
- The practice had undertaken a leadership programme in order to overcome difficulties and to continue to improve.
- 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, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population. The practice held an annual partners' away day to review their business plan and to ensure they were working in line with their vision.
- 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. Although at the time of the inspection all non-clinical staff had not received their annual appraisals in the last year there were plans in place for this to happen. The practice manager had been on long term sick leave and the practice had fallen behind with this. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice held weekly multidisciplinary meetings. All the GPs and the nursing team attended. The meetings also included the district nursing team, health visitors and palliative care nurses attended every fourth week.
- The GP partners met up once a week at lunchtime to discuss cases and referrals to share learning. The GPs took this opportunity to review rotas and ensure the correct number of clinicians were available.
- The practice had a partners' business meeting on a monthly basis.

• The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group. Please see evidence table for more information.
- The service was transparent, collaborative and open with stakeholders about performance.
- One of the GPs met with local practices on a monthly basis to share learning at the neighbourhood team meetings.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, developing GP trainees and then retaining them in the partnership after they had finished training.
- Staff knew about improvement methods and had the skills to use them. For example, the practice had made a number of IT improvements and were innovative in this area. For example, they had devised a follow up system specific to this practice to follow up on patients on high risk medicines.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

- 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.