The Ryan Medical Centre

Inspection report

St Marys Road
Bamber Bridge
Preston
Lancashire
PR5 6JD
Tel: 01772 337525
www.ryanmedicalcentre.co.uk

Date of inspection visit: 9 November 2018
Date of publication: 12/12/2018

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 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 18 August 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at The Ryan Medical Centre on 9 November 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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.
- There was a clear management structure in place and staff had lead roles in all areas of practice service provision.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Feedback from patients was consistently positive about the quality of care and treatment offered by the practice.
- 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 practice participated in the training of new GPs and was a teaching practice for medical students.

We saw two areas of outstanding practice:

- One of the GPs had worked to develop a local social prescribing directory. This included churches and community centres, activities and sports, women's services, libraries, friendship and social groups, baby and toddler groups, support for minority groups, young people's services and an index of relevant resources available. Staff and GPs used it to signpost patients to relevant services and planned to make it freely available to patients.
- The practice introduced new systems, such as the management of post and a 'care navigation' system after careful, considered planning and comprehensive staff training. These systems were reviewed and audited by GPs on an ongoing basis to ensure they worked safely and effectively as intended.

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

- Review the practice register of patients who are carers to ensure it is correct.
- Continue to monitor loose prescriptions in the practice.
- Improve the review of actions taken as a result of serious incidents and allow for actions taken as a result of safety alerts to be centrally recorded.
- Develop a management overview of clinical staff training.

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.

Background to The Ryan Medical Centre

The Ryan Medical Centre is located on St. Mary's Road in Bamber Bridge, Preston at PR5 6JD. The practice is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG) and all services are provided under a general medical service (GMS) contract. Information on services offered can be found on the practice website at www.ryanmedicalcentre.co.uk.

The practice is housed in a purpose-built modern building that is accessible to people with disabilities. There is parking available for patients, both at the premises and on adjoining roads and the practice is easily accessible by public transport.

The practice provides services to approximately 10,402 registered patients. The practice patient population over the age of 65 is higher (22.4%) than the CCG and England average at 19.4% and 17.1% respectively. The patient population for the over 75s is also higher than the CCG and England averages. There are more patients with long-standing health conditions (58.9%) than the local average of 56.1% and the national average of 53.7%.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice clinical team is made up of four GP partners (three male, one female), and three female salaried GPs. The practice also has three practice nurses, one of whom is a nurse prescriber and two health care assistants. Together with two other local practices, the practice also funds the appointment of an advanced nurse practitioner, shared between the practices. The practice administration team is led by the practice manager assisted by staff with lead roles within the team. The practice participates in the training of new GPs and is a teaching practice for medical students.

When the practice is closed, a telephone voicemail service directs patients to dial NHS 111 for advice and if necessary, onward referral to the out of hours service provided locally by GoToDoc.

The practice is registered with CQC to provide maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check or had been risk-assessed for the role. (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 register for patients coded as vulnerable adults contained fewer patients than would be expected although further separate registers were kept for other groups of patients who could be identified as vulnerable, such as patients with severe frailty. Staff told us they recognised all these groups of patients as vulnerable.
- 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. The practice had adopted a new system for identifying days that could be a potential risk to patient access to the practice and planned accordingly.
- 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. The practice protocol for dealing with incoming communications related to patient care and treatment was very comprehensive, had been developed over time and was subject to ongoing GP audit and review.
- Clinicians made timely referrals in line with protocols. There was a system in place to ensure no requested referral was missed.

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.

Good

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Loose prescriptions in the practice were securely stored and removed from printers at night. Monitoring of these prescriptions had lapsed and staff told us this would resume immediately following our visit.

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. Actions taken as a result of incidents were not always formally reviewed and staff told us this would be put in place.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. There was no central record kept of actions taken as a result of alerts and staff told us they would start to record this on the new online systems management software.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had developed some clinical protocols for staff guidance including easy-to-read flowcharts.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice monitored patients taking certain blood-thinning medicines for the local group of practices. They had access to these patients' clinical records at the other surgeries.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were 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. Patients who had had an unplanned admission to hospital were contacted within 72 hours and appointments arranged where necessary.
- Together with two other local practices, the practice employed an advanced nurse practitioner to visit care and nursing homes in the area (0.5% of the practice patient list). They carried out weekly clinics, visited patients with acute needs and produced care plans for these patients. This helped to prevent hospital admissions and gave valuable information to staff in these homes.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review in dedicated clinics or individual appointments 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 had worked to combine reviews for those patients with more than one long-term condition and GPs had produced letters of invite for these patients. The patient call and recall system for reviews had been changed to become more effective.
- 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.
- All patients who suffered an acute exacerbation of chronic obstructive pulmonary disease (COPD, a lung disease) were referred to the dedicated COPD team.
- 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, COPD, atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with or higher than local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% with three of the four rates above the world health organisation (WHO) target of 95%.
- 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 76%, which was below the 80% coverage target for the

national screening programme and comparable to local and national averages. The practice told us staff took every opportunity to encourage patients to attend. Those patients who were anxious were offered an appointment with a nurse to discuss the procedure in advance of screening.
- Patients could access cervical screening in early morning appointments from 7.30am.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice informed eligible patients opportunistically to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Staff from the practice regularly attended local training updates for the care and management of patients with a learning disability.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice had a comprehensive directory of services for those patients with dementia.
- 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.
- The practices performance on quality indicators for mental health was in line with local averages although exception reporting for these patients was higher. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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 quality improvement programme was driven by practice issues such as significant events and internal developments and was relevant and meaningful. Where appropriate, clinicians took part in local and national improvement initiatives.

- Practice quality improvement work was embedded into practice working and lessons learned were shared at practice meetings.
- The practice used information about care and treatment to make improvements.
- Staff regularly audited patients' preferred place of death to determine whether their wishes had been respected.

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 working to produce patient repeat prescriptions had previously worked in the practice dispensary that was no longer at the practice. They had a comprehensive knowledge of prescribing practices and procedures.
- 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.

Good

Are services effective?

- Reception staff had trained to become "care navigators". This allowed them to direct patients to the most appropriate service for their needs. This role had been developed slowly and comprehensively, with ongoing review and audit. Staff were able to show us how this had resulted in high levels of patient satisfaction and more GP appointments available when needed.
- 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 although management overview of clinical staff training was not comprehensive. Staff were encouraged and given opportunities to develop.
- The practice had supported one of the practice nurses to become a nurse prescriber. This role was developed gradually and with support and supervision.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice held monthly meetings to discuss vulnerable patients with staff from other health and social care services. Outcomes of these meetings were recorded appropriately.
- 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.
- One GP in the practice had developed a local social prescribing directory. This had been put together for patients to include churches and community centres, activities and sports, women's services, libraries, friendship and social groups, baby and toddler groups, support for minority groups, young people's services and an index of relevant resources available.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated 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 list of patients who were carers had been corrupted and staff told us they would review this list and ensure it was accurate.
- 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.

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 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.
- Clinical staff offered advice to patients on stopping smoking.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice hosted a treatment room service for all local practices on three mornings each week offering services including pill checks, injections, dressing changes, blood pressure monitoring and emergency phlebotomy.
- The practice provided effective care coordination for patients who were more vulnerable or who had 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.
- A wellbeing practitioner visited the practice weekly to support patients with all their social care needs.

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 a pilot site for a new clinical commissioning group (CCG) project designed to keep patients in their own homes at times of acute illness. Patients identified during home visits as unwell but not sufficiently poorly so as to be admitted to hospital, were referred to the service who then provided nursing care over a limited period. Patients could be escalated to admission to a nursing home if necessary during this time.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A local charity, Tender Nursing Care, was based at the practice. This charity was set up by a previous GP partner at the practice and provided overnight nursing care for end of life patients and respite and support for family members. The practice carried out fund-raising activities to help support this service.

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.
- Staff provided housebound patients with reviews in their own homes. Domiciliary services were also offered for blood testing and monitoring patients taking some blood-thinning medicines.
- The practice held regular meetings with staff from community health and social care services 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.
- Dedicated weekly baby clinics were held at the practice for vaccinations and immunisations working alongside a GP for baby checks.
- Families had access to wellbeing clinics at the practice for social care needs.

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 and weekend appointments.

Good

Are services responsive to people's needs?

- Appointments were offered outside core hours with all clinicians including GPs, nurses and healthcare assistants.
- The practice offered early pre-booked appointments with GPs and practice nurses from 7.30am to 8am.
- Patients could order prescriptions through a dedicated telephone line from 8am to 12.15pm each weekday.
- Patients could book appointments online as well as access medical records and order repeat prescriptions.
- Telephone appointments were available with clinical staff.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The register for vulnerable adults contained fewer than expected patients and we were told this would be reviewed.
- There were adapted cytology leaflets available for those with a learning disability.
- There was a dedicated emergency telephone line for vulnerable patients.
- Health information days were held locally for patients with a learning disability. The practice nurses and healthcare assistants regularly attended these.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had renewed seating in the patient waiting area to make it more suitable for those patients with a disability.
- Two members of the reception staff were able to communicate using sign language.
- Members of the local drug and alcohol service team visited the practice regularly.
- Audiology services visited the practice for those patients with hearing loss.

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. All staff had trained in the care of patients with dementia.
- Information promoting patient self-referral for mental health support services was available in patient areas of the practice.
- Patients with anxiety were invited to come into the practice to become more familiar with staff and the premises before attending for an appointment.

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 or below local and national averages for questions relating to access to care and treatment. Problems with access to the practice had been considered and a new care navigation system put in place in May 2018 to direct patients to the most appropriate service when an appointment was requested. This had been done following a patient consultation exercise and staff training. Comprehensive pathways for reception staff had been implemented and the process was constantly reviewed and audited. Staff and patients told us this had resulted in better availability of appointments and increased patient satisfaction with access.

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. Complaints were raised as significant incidents where appropriate for more thorough analysis. Staff acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

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

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. The strategy was available to be viewed on the practice website.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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.
- 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.
- New systems such as the practice workflow process and the care navigation process, were introduced gradually after comprehensive planning and staff training. These systems were reviewed and audited on an ongoing basis to ensure they operated as intended.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Managers had oversight of staff training although better oversight was needed for clinical staff training.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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.

Good

Are services well-led?

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- 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.