

Shadwell Medical Centre

Inspection report

137 Shadwell Lane

Leeds

West Yorkshire

LS17 8AE

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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. The practice was previously inspected on 17 January 2017 when it was rated good overall with a rating of requires improvement for providing safe services.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Shadwell Medical Centre on 17 April 2018. This was part of our inspection programme and also to follow up on areas identified for improvement during the previous inspection.

At this inspection we found:

- The practice had systems in place to manage risk so that safety incidents were less likely to happen.
- The practice had policies and protocols in place which were accessible to all staff.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The practice had taken steps to proactively identify carers and had taken steps to engage with local services to train staff.
- The practice had made significant improvements with regard to patient satisfaction levels.
- The practice demonstrated positive outcomes in relation to management of pre-diabetic patients and amber drugs monitoring. This achievement had been acknowledged by the Clinical Commissioning Group (CCG).

- There was a strong focus on continuous learning and improvement; and the practice could clearly demonstrate where improvements had been made since the last Care Quality Commission inspection.

We saw areas of outstanding practice:

- The practice proactively identified carers by undertaking a reviewing of clinical coding and opportunistically asking patients to identify their carers. For example; during long term conditions reviews and frailty assessments. The practice had identified 644 patients as carers (13% of the practice list). Carers were offered an annual seasonal flu vaccination. They were provided with information relating to local carers' support groups and offered routine screening for anxiety, depression and other health problems. We saw evidence that the practice had carried out anxiety or depression assessments on 86 carers and 217 carers had received a flu vaccination.

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

- Review and develop the system for significant event reporting to ensure that learning is identified, shared with staff and documented.
- Continue to monitor and improve medication reviews to ensure records contain clear evidence to support that compliance, ongoing indication for continuing the medication, it's effectiveness and safety (including side effects) are considered.
- Continue to monitor and improve the process for issuing acute medications and ensure there are adequate clinical notes to support this.
- Review and improve mechanisms within the practice to allow staff to voice any concerns.
- Take steps to assure themselves that all clinicians have completed safeguarding training to the appropriate level.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Shadwell Medical Centre

Shadwell Medical Centre is located at 137 Shadwell Lane, Leeds, West Yorkshire, LS17 8AE. The practice is located in a single storey, purpose built building with an attic area which is used for storage. The practice is accessible to those patients with limited mobility, or those patients who use a wheelchair. There are on-site parking facilities, including dedicated space for those with limited mobility.

The practice is situated in the NHS Leeds Clinical Commissioning Group (CCG) and provides primary medical services under the terms of a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. There are currently 5,015 patients registered on the practice list.

The Public Health National General Practice Profile shows that around 19% of the practice population are of Black or other mixed ethnicity, with 81% of White British origin. The level of deprivation within the practice population group is rated as ten, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest.

The age/sex profile shows a slightly higher than CCG and national average proportion of patients aged 65 years

and older. The average life expectancy for patients at the practice is 82 years for men and 86 years for women, compared to the national average of 79 years and 83 years respectively.

The practice offers a range of clinics which include family planning and childhood vaccinations and immunisation.

Shadwell Medical Centre is registered with the Care Quality Commission to provide the following regulated activities:

- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder or injury


The practice is registered as a partnership and is made up of one GP partner (male) and one silent business partner (female). The GP partner is supported by one salaried GP (female) and one long term locum GP (male). Completing the clinical team are two advanced nurse practitioners, two practice nurses and a phlebotomist.

The clinical team are supported by a practice manager, a senior receptionist and a range of reception and administrative staff.



The practice is open between the hours of 8am and 6pm with a range of appointments offered between these hours. In addition, extended hours are provided from 6pm until 8.30pm on Thursday evenings.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS 111 service.



When we returned to the practice, we checked, and saw that the ratings from the previous inspection were displayed, as required, on the practice premises and on their website.

Are services safe?

We rated the practice as good for providing safe services.

At the last inspection in January 2017 we rated the practice as requires improvement because there was no evidence of dedicated time for clinical staff to communicate and discuss topics such as NICE guidance and Safety Alert Broadcasts.

The practice had introduced a protocol for management of medicines and healthcare products regulatory alert (MHRA) but during the inspection we saw no documented evidence that one patient had been followed up appropriately.

During this inspection we were able to review minutes of staff meetings which had dedicated time allocated for discussion of NICE guidance and safety alert broadcasts.

We saw that the protocol for the management of medicines and healthcare products regulatory alert (MHRA) had been fully embedded and were able to review an audit detailing action taken by the practice.

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 along with awareness training in domestic violence and female genital mutilation. However; we noted that only the safeguarding lead had received training to level three.
- The practice routinely followed up all patients who failed to attend their appointment by sending text messages. There was also a process in place to send a task to reception to notify them that a patient had failed to attend. This enabled receptionists to make contact with the patient to ensure that there were no untoward reasons for their failure to attend surgery.
- Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for 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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- During the inspection we reviewed three patient records and found that medication reviews did not always appear to be documented to adequate standards. We saw that acute medications had been issued repeatedly and were unable to see clinical notes to support a review of the condition to ensure suitability of the repeat treatment. However, the practice provided comprehensive evidence following the inspection to demonstrate that this information had been captured during the consultation.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

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

Lessons learned and improvements made

The practice told us they 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 systems for reviewing and investigating when things went wrong. However; we were unable to see any documented evidence that the practice learned and shared lessons, identified themes and took action to reduce the likelihood of recurrence.
- 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 overall.

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

Effective needs assessment, care and treatment

The practice had systems in place 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 was the highest performing practice within the Clinical Commissioning Group (CCG) for amber drug monitoring in quarter one and quarter two of 2017/18 when they achieved 96% and 97% retrospectively. This was acknowledged by the CCG.
- The practice used a computerised drug monitoring software to ensure a robust call-recall system was in place and improve patient safety. We saw evidence that the CCG were promoting the practice's Amber Drug monitoring guidance as a 'best practice' policy within the Leeds North locality. Amber drugs are a range of medicines which require additional checks and monitoring before prescribing to rule out side effects.
- The surgery had a 'pod' that allowed patients to attend without an appointment and have routine checks for weight, height and blood pressure. Where results were outside normal parameters the patient would be recalled. As a result 63 patients had been diagnosed with hypertension in the last 12 months.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- 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 care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with 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. For example; the practice employed nurses with advanced qualifications in asthma, COPD, diabetes and coronary heart disease (CHD).
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 99% of patients with a high risk of cardiovascular disease were reviewed within the past 12 months.
- The practice had actively managed patients with diabetes and pre-diabetes resulting in 40% of patients diagnosed with pre-diabetes in the past five years having an HbA1c within non-diabetic range. HbA1c is a test to monitor the level of glucose within the haemoglobin of the blood.

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.

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

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

- The practice's uptake for cervical screening was 75%, which was the same as the CCG average of 75% and higher than the national average of 72%.
- 73% of eligible females had accessed screening for breast cancer in the preceding three years, which was in line with the CCG average of 68% and the national average of 70%.
- 57% of eligible patients had been screened for bowel cancer in the preceding 30 months which was in line with the CCG average of 58% and the national average of 55%.
- The practice had systems to inform eligible patients 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 to 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.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity,

obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG and national average.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG and national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 96% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG and national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example; the practice had carried out a three cycle audit looking at appropriateness of antibiotic prescribing. As part of this audit clinicians had reviewed and discussed relevant guidance. As a result of the audit the practice's prescribing significantly improved. This had been acknowledged by the CCG. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had been involved in the CCG initiative to improve treatment for diabetes.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 4%, which was in line with the CCG average and national average of 6%. QOF is a

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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.

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.
- 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.

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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

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 generally positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received 23 patient Care Quality Commission (CQC) comment cards which were positive about the care and treatment they received. However six cards also contained less positive comments.
- Historically the practice had received less positive feedback via the GP patient survey regarding the percentage of patients who would recommend their GP surgery to someone who had just moved into the area (48%). However; the practice could demonstrate a vast improvement via SMS monthly friends and family survey with 82% of patients responding that they would recommend the surgery in March 2018. Feedback received via CQC comments cards also highlighted an improvement in satisfaction of the service.

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 by undertaking a reviewing of clinical coding and opportunistically asking patients to identify their carers. For example; during long term conditions reviews and frailty assessments. The practice had identified 644 patients as carers (13% of the practice list).
- Carers were offered an annual seasonal flu vaccination. They were provided with information relating to local carers' support groups and offered routine screening for anxiety, depression and other health problems. We saw evidence that the practice had carried out anxiety or depression assessments on 86 carers and 217 carers had received a flu vaccination.
- When families had experienced bereavement the practice offered a home visit to provide additional support or advice as appropriate to meet the needs of the family.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. 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. Online access to book appointments or request repeat prescriptions was available. Telephone triage was provided with both GPs and nurse practitioners.
- The practice offered extended hours from 6pm – 8.30pm on Thursday evenings.
- The practice were actively trying to recruit younger members to the patient participation group (PPG), in order to better represent their patient demographic, and had scheduled evening meetings in order to promote this.
- 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 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.
- The practice raised awareness of illness and the need for screening and monitoring amongst patients via recall, practice newsletters, posters and reminders on prescriptions.

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.

- The practice ran open flu clinics and provided a full range of nursing services for example; wound and leg ulcer dressings, ear syringing and pneumonia vaccines.

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.
- All staff undertaking any work in long term conditions had appropriate training and experience for their roles.
- The practice promoted self-management for patients with pre-diabetes or diabetes by referring them to appropriate programmes.

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.
- The practice offered a full range of services for families, including contraception, cervical cytology, maternity services, post-natal checks and baby checks.
- The practice offered a full immunisation service for children, including catch up vaccinations for university students as required.
- The practice offered a telephone triage service with the nurse practitioner to deal with children's minor ailments and illnesses.

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 on Thursday evenings.
- The practice did not have set time for clinics in order to improve flexibility of appointments for patients.
- The practice provided a full range of services for working age people including alcohol advice and screening, smoking cessation and travel clinics.

Are services responsive to people's needs?

People whose circumstances 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 in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice offered longer appointments for patients requiring telephone interpretation services.
- The practice had a hearing loop in the reception area to support patient who were hard of hearing.

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 actively screened patients who were considered to be at high risk from dementia and undertook screening tests and investigations in line with current guidelines.
- Patients with a diagnosis of dementia were reviewed routinely as required.
- In cases where a patient failed to attend for an appointment, they are actively contacted by the practice to ensure their safety and a further appointment is made.
- Clinicians at the practice actively signposted patients who have a memory loss to appropriate agencies and to the central memory support worker.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. However; six of the CQC comment cards we received contained less positive comments regarding access to the surgery by telephone and availability of appointments.
- Patients were able to access a range of appointments between 8am and 6pm Monday to Friday. In addition, extended hours were provided on Thursday evenings from 6pm until 8.30pm.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them 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. For example; the practice had made the decision to stock a wider variety of dressings as a result of a complaint from a patient who had attended the practice for wound dressing. They had to be turned away as the practice had not received communication from the hospital and therefore did not have appropriate dressings in stock. As a result of this the practice arranged for the patient to attend a minor injuries unit to have the dressings changed.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups 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 taking steps to address them.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The practice had experienced the loss of some members of clinical and non-clinical staff. They had effectively recruited to replace these and maintained the service throughout this period.

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 practice engaged with staff, and responded to patient feedback, in developing its vision, values and strategy.
- 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.

- The majority of staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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.

- The majority of staff we spoke with told us they were able to raise concerns and were encouraged to do so. However; some staff members told us they had raised concerns and did not feel that they had been 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability in some areas.

- Structures, processes and systems were in place to support good governance. However; we saw some areas where this could be strengthened. For example; at the time of our inspection there was limited documented evidence of learning from significant events. We reviewed a sample of minutes of meetings and did not see evidence that significant events had been discussed. We reviewed the computerised significant event reporting system and saw that the investigation section had not been completed.
- 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.

Managing risks, issues and performance

Are services well-led?

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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local 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 implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted 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.
- 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. The practice actively sought patient feedback through SMS text messaging regarding the service they received. The practice had introduced a newsletter to keep patients informed about changes to the practice and signpost to local services. The practice was actively trying to recruit to the 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. The practice had worked closely with the Clinical Commissioning Group to address and overcome the areas identified in previous Care Quality Commission inspections.
- A member of the nursing team had been supported by the practice to complete additional training to become an independent prescriber.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
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Please refer to the Evidence Tables for further information.