Spring Hall Group Practice

Inspection report

Spring Hall Medical Practice
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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 3 March 2015. On that occasion the practice received a rating of Good overall.

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 Spring Hall Group Practice 21 June 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 updated or improved their processes.
- There were clear governance policies and protocols which were accessible to all staff.
- The practice had responded to patient feedback in relation to access to appointments. As a result, duty doctors were assigned each day to triage requests and offer same day appointments when required.
- The practice undertook quality improvement activity to review and improve the effectiveness and appropriateness of care provided. Care and treatment was delivered in line with current evidence based guidance.
- The practice took part in local initiatives to improve patient experience. They were part of the newly formed 'Calderdale Group Practice' which incorporated 11 local practices who shared some 'back office' functions to improve resilience.
- The practice had a significant number of patients resident in nursing homes for older people. They provided a monthly 'ward round' to monitor the health and well-being of this group of patients.
- We observed staff interacting with patients in a caring and good-humoured way.
- Staff told us the leadership team was supportive and approachable.

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

- Maintain monitoring processes to ensure that all medicines are checked regularly and out of date medicines are replaced in a timely manner.
- Improve patients' experience of making a complaint by including Parliamentary and Health Services Ombudsman details on all correspondence to patients, including email.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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 Spring Hall Group Practice

Spring Hall Group Practice is situated at 173 Spring Hall Lane, Halifax HX1 4JG. There is a branch site at Boots the Chemist 7-11 Market Street, Halifax HX1 1PB. We visited both sites during our inspection. The practice website is Spring Hall Group Practice is registered with the Care Quality Commission to provide the following regulated activities:

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

There are currently 8,646 patients registered on the practice list. The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows that approximately 35% of the practice population are of black or other minority ethnic groups. The level of deprivation within the practice population is rated as two, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest. People living in more deprived areas tend to have greater need for health services.

The age/sex profile of the practice shows the practice is largely in line with local and national averages. The average life expectancy for patients at the practice is 76 years for men and 81 years for women, compared to the national average of 79 years and 83 years respectively.

The practice offers a range of enhanced services which include childhood vaccination and immunisation, and minor surgery.

The clinical team comprises six GP partners, two male and four female, and one female salaried GP. The clinical team is completed by two female practice nurses and two female health care assistants. Supporting the clinical team is an operations manager, a locum practice manager, and a range of administrative, reception and secretarial staff.

The main site is open between 8am and 6.30pm Monday to Friday; whilst the branch site is open between 8am and 6pm on Monday, and between 8am to 1.30pm Tuesday to Friday. The practice also acts as host for the local improved access scheme which provides GP appointments between 6.30pm and 8pm Monday to Friday, Saturday and Sunday between 10am and 2pm, and bank holidays between 10am and 11.30am. The improved access scheme is accessible by patients from other practices in their local hub as well as their own. The practice premises at the main site were built in 1999 and

the branch site has been operational since 2009. Both sites are accessible to patients with mobility problems, or those who use a wheelchair. There is dedicated parking available at the main site. Parking at the branch site is available at an adjacent pay and display car park.

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 for this inspection we checked, and saw that the ratings from the previous inspection were displayed, as required, on the practice website and in the practice premises.

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. Staff were able to describe examples of when concerns were identified and reported. Regular staff meetings were held where staff were informed of safeguarding issues or incidents relevant to their role. 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 worked 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. Cleaning services were common to all practices that were part of Calderdale Group Practice.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens were appropriate.

Risks to patients

There were 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 unexpected outbreaks of disease. Annual leave was allocated on a rota basis. A maximum of two GPs were able to take leave at the same time.
- The practice rarely had the need to use temporary staff, although staff running the improved access hub were supplemented by locum doctors and nurses from nearby practices. We saw that appropriate checks were made to assure patient safety. An induction checklist was provided for their use.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. During our inspection we identified some out of date medicines in one of the doctors' bags. These were immediately disposed of. Alternative, in date medicines were already available in the doctor's bag. The practice told us they would develop new processes to ensure doctors' bags were checked monthly to prevent any recurrence of this oversight.
- 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. An awareness raising training session had been provided by one of the GPs for non-clinical staff to ensure their understanding of the key signs of 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.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

Good

Are services safe?

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment were appropriate in most cases. We identified some out of date medicines in one of the doctors' bags. These were immediately disposed of during our visit. The practice told us they would initiate a monthly check on all medicines in doctors' bags in the future.
- 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. The practice was one of the lowest prescribers of antibiotics in the CCG area.
- Patient identity was verified before telephone triage consultations took place.
- 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.

- A range of risk assessments had been carried out 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 learned and made improvements when things went wrong.

- Staff were able to clearly describe the incident reporting system. They told us that 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.

Good

Are services effective?

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

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 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice website provided patients with access to a range of questionnaires aiming at assessing lifestyle and health practices, such as alcohol consumption or emotional well-being. This enabled the practice to provide additional support or advice if indicated.
- Staff used appropriate tools to assess the level of pain in patients.
- Almost all appointments were provided on the same day. Duty doctors were assigned daily to make contact with patients by telephone, and offer an appointment or signpost as appropriate to best meet the patient's needs.
- Staff were able to provide information and advice to patients to inform them of options available if their condition worsened, or where to seek further help and support.

Older people:

- The practice made use of a frailty register to identify older patients who were frail or were potentially vulnerable. A full assessment of their physical, emotional and social needs was carried out. This included a review of their medication.
- The practice followed up on older patients discharged from hospital. They 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.
- The practice had a significant number of patients who were resident in nearby residential and nursing homes. Before the inspection we sought feedback from one of them. They told us the practice provided a high standard of care to their residents.

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. Multiple conditions were reviewed at one appointment. The nursing team had developed a protocol to guide reception staff in relation to the length of appointment required, depending on the number of conditions being reviewed. Staff worked with other agencies when appropriate for those patients with more complex needs.
- Staff who were responsible for reviews of patients with long-term conditions received appropriate training and clinical updates.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had improved their identification of patients with atrial fibrillation, through targeted screening. They had achieved a higher than local and national average uptake of patients with atrial fibrillation receiving appropriate anti-coagulant treatment. Atrial fibrillation is a condition of the heart which causes an irregular and often very rapid heartbeat. Patients with atrial fibrillation are at higher risk of heart attack or stroke.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD) and hypertension).
- The practice provided a level four diabetic service. This meant that injectable treatments for diabetes could be initiated in-house, reducing the need for patients to travel to hospital outpatient appointments.

Good

Are services effective?

- The practice made use of the local 'X-pert' diabetes service. This provided culturally appropriate education to improve compliance with diabetes treatments.

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 below the target percentage of 90% for immunisation uptake for children aged under two years. We explored this during the inspection. The practice told us there were some cultural barriers to uptake of some childhood vaccines. The practice worked with local religious leaders in an attempt to encourage patients to take advantage of all vaccinations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- One of the practice nurses had received additional in-house training which enabled them to carry our post-natal reviews for women who had had a normal delivery. This role was supported and monitored by the GP with the lead in this area.

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

- The practice's uptake for cervical screening was 68%, which was comparable to local and national averages of 77% and 72% respectively. We explored the practice's approach to cervical screening during the inspection. The practice told us they made use of every opportunity to encourage uptake of the screening, and were developing letters in languages appropriate to their practice population to encourage uptake. Practice staff were representative of the patient group. They worked with patients to help break down cultural barriers to accessing this screening.
- The practices' uptake for breast and bowel cancer screening was in line the national average. The practice had developed a system whereby patients received a text from the GP when they had failed to return their bowel screening sample. They told us this was beginning to show improved uptake of this test.
- 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 and those with a learning disability. Due to the town centre location of the branch site a number of homeless people were registered there. This enabled them to have access to locally available health care.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Annual health checks were offered to those patients with a learning disability. The practice had been approached by 'Lead the Way', a local voluntary service which sought to provide practices with insight into the difficulties experienced by learning disabled patients accessing health care. The practice was awaiting their visit at the time of our inspection.

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 smoking cessation 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.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the local and national averages of 92% and 91% respectively.

Good

Are services effective?

- 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's performance on quality indicators for mental health was in line with local and national averages.
- The practice had access to Improving Access to Psychological Therapies (IAPT) services. These were provided in-house on a weekly basis. A bespoke IAPT service had recently been adopted by the practice for patients experiencing emotional difficulties in relation to their long-term condition.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice had a higher than average exception reporting rate for cervical screening and cardiovascular disease (relating to primary prevention). The practice told us they offered three appointments in all cases before exception reporting patients. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to an invitation to attend a review of their condition; or when a medicine is not appropriate due to side effects, drug interaction or allergy.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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. Staff were able to make use of protected learning time to meet the needs of mandatory and role specific training. 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, appraisals and mentoring as well as clinical supervision and support for revalidation. Healthcare assistants had been supported to complete requirements of the Care Certificate.
- There were processes in place 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 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. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who had 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.

Good

Are services effective?

- 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, and weight management.

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 providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the care and treatment they received from staff at all levels.
- Staff understood patients' personal, cultural, social and religious needs. The practice staff team reflected the cultural and religious profile of the patient group. This enabled them to better understand and meet specific needs in relation to cultural or religious considerations.
- The practice gave patients timely support and information.
- GP patient survey results were below local and national average in relation to nurses involving patients in decisions about their care. We explored this during the inspection. The practice told us this coincided with a period when nurses were taking over long-term condition management from GPs. They felt these results were reflecting patients' adjustment to the new processes.

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. We saw that the nurse made use of an inventive range of educational tools to help patients understand their long-term condition. Staff had access to telephone interpretation services, sign language interpreters and larger font information when required in accordance with patient need.
- 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 identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- A private room, adjacent to the reception area was available if patients wished to discuss sensitive issues or appeared distressed.
- Staff recognised the importance of people's dignity and respect. They told us they would challenge 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 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.
- All requests for GP appointments were dealt with by duty doctors who made contact with patients and allocated a same day appointment when required. There were three duty doctors available on Monday and two on Tuesday to Friday. Children were always offered same day appointments in accordance with parental preference.
- The facilities and premises at both sites were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients who drove for a living were immediately transferred to the duty doctor when they called for an appointment; as the practice recognised that any call back from the GP may coincide with a time they were unable to take the call. Similarly, patients who worked in call centres received a call back from the duty doctor during their lunch break
- 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.

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 GPs held a monthly clinic at a local care home for older people, where over 100 of their patients were resident. This helped maintain continuity of care and reassurance for staff and residents.

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. The practice nurses had developed a protocol which guided reception staff when booking appointments. This ensured that sufficient time was allocated during the inspection, according to the needs of the patient.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had access to the local 'X-pert' programme. This provided culturally appropriate education to patients to encourage compliance with diabetes treatments.
- The practice provided a 'repeat dispensing' service for patients on certain medicines. This enabled patients to receive their prescriptions direct from the pharmacy, for up to one year, without the need to request a prescription from the GP.

Families, children and young people:

- The practice had systems in place to identify children who may be more vulnerable due to social or medical circumstances. Regular liaison with the health visitor occurred. Children failing to present for treatment or immunisations were followed up.
- Children were always offered same day appointments, in accordance with parental concern or request.
- One of the GPs attended the CCG safeguarding leads meetings, and shared learning and good practice with staff as appropriate.

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

- The practice offered online access to request repeat prescriptions.
- All appointments were allocated on the day, following assessment by the duty doctors on duty. Working age people were able to receive call backs during convenient times, such as lunch breaks. Those whose occupation involved driving were transferred immediately through to the duty doctor for assessment when they called.
- The practice was the hub for the improved access scheme. Extended appointments were available from 6.30pm to 8pm Monday to Friday, and from 10am to 2pm on Saturday and Sunday.

Good

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 and those with a learning disability.
- The branch site of the practice was located in the town centre. As a result, a number of homeless people were registered there. This enabled the practice to help meet the specific needs of this group of people.

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

- The practice had identified 103 patients on their practice list with dementia. They utilised appropriate tools to help identify early signs of the onset of dementia. They had access to specialised services such as consultants in mental health for older people, and the memory clinic.
- The practice hosted a weekly IAPT clinic for people experiencing emotional difficulties. A recent IAPT service specifically designed for people with long-term conditions had begun, which was also offered in-house at the practice.
- For patients experiencing more acute mental health episodes, the crisis team was able to assess patients at short notice.

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.
- Patient feedback we received indicated that overall the appointment system was simple and accessible.
- GP patient survey results in relation to access to appointments were in line with local and national averages.
- The practice hosted the local improved access 'hub'. This gave patients access to appointments outside normal GP working hours.

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. We saw that email communication to patients did not include Parliamentary and Health Services Ombudsman details. The practice told us they would include this in future communications of this nature.

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 had the experience, capacity and skills to develop and deliver the practice strategy. 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 put processes in place in order to develop staff in key leadership roles, for example the operations manager.

Vision and strategy

The practice had a clear vision and 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 listened to patients, staff and other stakeholders in developing their vision, values and direction of travel.
- Staff understood the practice ethos, and were aware of their role in delivering this.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work in the practice as part of 'one big team'.
- The practice prioritised the needs of patients.
- Processes were in place to address any areas where behaviours and performance were inconsistent with the vision and values.
- We saw that the practice was open and honest 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 annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- The leadership team recognised the importance of maintaining 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.
- Staff described positive relationships between all 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 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 appropriately updated and adhered to.

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. Performance of employed clinical staff was appropriately monitored. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Good

Are services well-led?

- Quality improvement activity 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 emergencies and untoward incidents. We identified some out of date medicines in one of the doctors' bags. These were immediately disposed of; and the practice told us they would change processes for regular checking of all medicines, including those in doctors' bags.
- 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 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 when considering service delivery.
- Quality and sustainability were discussed in relevant meetings where staff had access to appropriate information.
- The practice used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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 clear arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice had produced a leaflet explaining the implications of General Data Protection Regulation (GDPR) to patients.

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 a patient participation group. The practice told us they were reviewing ways of engaging more effectively with the patient participation group, and increasing membership.
- 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 made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was proactive in becoming involved in local improvement initiatives. For example, they hosted the local improved access hub for18 local practices for extended appointments for patients. They were part of an emerging 'super practice', the Calderdale Group Practice, which included 11 practices in all. The aim was to improve sustainability of the GP practice model in response to evolving NHS requirements.

Please refer to the Evidence Tables for further information.