

Stanhope Surgery

Inspection report

Stanhope Road
Waltham Cross
Hertfordshire
EN8 7DJ
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www.stanhopesurgery.nhs.uk

Date of inspection visit: <12 April 2018> to <12 April 2018>
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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?

Requires improvement 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

(Previous inspection 18 May 2017 – Rating: Requires Improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection at Stanhope Surgery on 18 May 2017. Overall the rating for the practice was requires improvement; specifically it was rated as requires improvement for safe, caring, responsive and well-led services

The full comprehensive report on the May 2017 inspection can be found by selecting the 'all reports' link for Stanhope Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 12 April 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 18 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Results from the latest National GP Patient Survey results showed patients were satisfied with their interactions with reception staff and consultations with GP and nurses.
- Patients did not find the appointment system easy to use and reported that they were not able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Complete the review of the immunisation status of non clinical staff and ensure a documented process to evidence compliance.
- Ensure an effective system is in place for monitoring uncollected prescriptions.
- Continue to encourage patients to attend national screening programmes for breast cancer screening.
- Continue to monitor and ensure improvements to national patient survey results in all areas below average including access to the practice by telephone and availability of appointments.
- Ensure all complaints are managed in accordance with recognised guidance and contractual obligations for GPs in England.

Overall summary

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

Population group ratings

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

Our inspection team

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

Background to Stanhope Surgery

- The registered providers of the service are M Hossain and A Ndukwe
- The address of the registered provider is Stanhope Surgery, Stanhope Road, Waltham Cross, Hertfordshire, EN8 7DJ
- The practice website is
- Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract) to approximately 6,330 patients.
- The service is registered with the CQC to provide the following services:
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family planning
- Surgical procedures

The practice population is ethnically diverse and data from Public Health England shows 21% of people in the practice area are from Black and Minority Ethnic groups. The practice serves a higher than average population of those aged 18 years and under and a lower than average population of those aged 65 years and over. The area served is more deprived compared to England as a whole. The practice is located within one of the most deprived areas in Hertfordshire.

The practice team consists of three male GP Partners and one female salaried GP. The practice has two practice nurses, one health care assistant, a practice manager and a team of administrative and reception staff members.

Home visits are available to those patients who are unable to attend the surgery. The Out of Hours service is provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Are services safe?

We rated the practice as good for providing safe services.

At our previous inspection on 18 May 2017, we rated the practice requires improvement for providing safe services as the arrangements in respect of the proper and safe use of the system to record and report safety concerns, incidents and near misses.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 12 April 2018.

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. 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). A risk assessment was in place for all staff including circumstances in which staff acted as a chaperone without having a DBS check.
- 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. Clinical staff had a record of vaccinations. However, at the time of inspection the practice did not have up to date records of vaccinations for non clinical staff. The practice was in the process of reviewing this and assessing vaccination requirements for non clinical staff roles. 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 in most areas.

- 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 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.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

Are services safe?

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.
- 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. However, clinical staff did not undertake a review of prescriptions that had been issued but not collected by patients. The practice did not have a documented process in place to manage uncollected prescriptions.

Track record on safety

The practice did have 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 learned and made improvements when things went wrong.

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

Please refer to the Evidence Tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used healthcare informatics software to monitor and improve patient care. Senior staff engaged with the local East and North Hertfordshire Clinical Commissioning Group (CCG) and accessed CCG guidelines. The practice demonstrated how this information was used to plan care in order to meet identified needs.
- 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 had carried out 96 health checks with patients aged over 75 years within the previous 12 months.
- 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. The practice nurses had lead roles in long-term disease management.
- Patients with asthma and chronic obstructive pulmonary disease (COPD) were referred to a local Integrated Respiratory Service to have their needs' reviewed.
- 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), atrial fibrillation and hypertension.

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 above the target percentage of 90%.

Are services effective?

- 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.
- The practice offered a range of family planning services including weekly post-natal and child health surgeries for six week checks. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.

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

- The practice's uptake for cervical screening was 69% which was in line with the local CCG average of 75% and national average of 72% and below the 80% coverage target for the national screening programme.
- The practices' uptake for bowel cancer screening was in line with the national average. Breast screening rates were below the national average. The practice encourage patients to attend and participated in locality wide initiatives to increase uptake.
- 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 40-74. 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 39 patients on their learning disability register and had completed 10 health checks with these patients in the 2017/2018 year. Staff told us that they had sent out easy read letters to encourage uptake and were working with a team from the local authority in place to support services deliver the best help to people with learning disabilities.
- 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.
- The practice told us that they regularly monitored their QOF performance and we saw evidence to confirm this. From the sample of documents we reviewed, we found the practice had a comprehensive patient recall system in place and a systematic approach towards managing exception reporting. During our inspection we accessed unverified QOF data for 2017/2018 which showed that the current exception reporting rate, for mental health indicators, were in line with local and national averages.

Are services effective?

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- 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 worked closely with a multi-disciplinary rapid response community based service which included community psychiatric nurses and psychologists.

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 completed an audit on patients receiving disease-modifying anti-rheumatic drugs (DMARDs). The practice used the results from this audit to ensure clear guidelines and effective monitoring was in place for patients receiving these medicines. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had reduced the prescribing of certain antibiotics in line with local CCG guidance. The practice used information about care and treatment to make improvements.

Effective staffing

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

- 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 practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- 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 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.
- The practice held monthly meetings with health visitors to support and manage vulnerable children and families.

Are services effective?

- Staff worked closely with a multi-disciplinary rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

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, council run exercise classes and slimming groups.
- 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.
- The practice hosted weekly visits by the Hertfordshire Stop Smoking Service.

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.

At our previous inspection on 18 May 2017, we rated the practice requires improvement for providing caring services as data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. We found the performance of the practice had improved when we undertook a follow up inspection of the service on 12 April 2018.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the latest National GP Patient Survey published in July 2017 were in line with national and local averages in most areas and showed most patients felt they were treated with kindness, respect and compassion.
- The results from the latest National GP Patient Survey showed the performance of the practice had improved when compared with the National GP Patient Survey results published in July 2016. For example, the results from the survey published in 2017 showed 81% of patients said the GP was good at listening to them, compared with the results from the survey published in 2016 which showed 62% of patients said the GP was good at listening to them.

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.
- Interpretation services were available for patients who did not have English as a first language. Some of the staff were multi-lingual.
- 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.

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 the population groups, as requires improvement for providing responsive services.

At our previous inspection on 18 May 2017, we rated the practice requires improvement for providing responsive services as data from the latest National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages.

We found the performance of the practice had improved in some areas when we undertook a follow up inspection of the service on 12 April 2018.

The practice was rated as requires improvement for providing responsive services because:

- The results from the National GP Patient Survey published in July 2017 showed the practice's performance in how patients could access care and treatment was below the local and national averages.

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. For example, the practice participated in the local area winter resilience scheme and offered additional appointments including during out of hours. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department. The practice had offered 595 additional appointments between October 2017 and March 2018 and had seen 528 patients during this time period.

- The practice understood the needs of its population and tailored services in response to those needs.
- 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 was proactive in offering online services, appointment booking and repeat prescription requests could be made via the practice website.
- The practice provided effective care coordination for patients who were more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.

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 also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice was able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients were able to check their blood pressure in a designated area.

Families, children and young people:

Are services responsive to people's needs?

- 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.
- A community midwife held a clinic at the practice on a regular basis.

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 Saturday appointments.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- The practice referred patients to a Get Active Specialist who held a clinic on a regular basis at the practice (Get Active Specialists provide services throughout Hertfordshire and work on a one-to-one basis with inactive adults using motivational interviewing techniques to support participants to achieve long-term behaviour change and become active).

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 regularly worked with other health care professionals in the case management of vulnerable patients.

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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer.

Timely access to care and treatment

Patients were not 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.
- Delays and cancellations were minimal and managed appropriately. However, patients told us that appointments did not often run on time and average waiting times were up to 20 minutes.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was not easy to use.

Results from the National GP Patient Survey published in July 2017 showed the practice's performance in several areas relating to access continued to be below the local and national averages. For example:

Are services responsive to people's needs?

- 41% of patients said they could get through easily to the practice by phone compared with the local average of 61% and national average of 71%.
- 48% of patients described their experience of making an appointment as good compared with the local average of 66% and national average of 73%.
- 60% of patients said their last appointment was convenient compared with the local average of average of 78% and national average of 81%.

The practice monitored the results from the National GP Patient Survey. Survey results published in July 2017 show an improvement in patient scores in most areas when compared with the National GP Patient Survey results published in July 2016. Latest national patient survey scores relating to the availability of appointments had decreased when compared with the National GP Patient Survey results published in July 2016.

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 in most cases.

- 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. However, the practice did not always provide patients with information on the role of the Parliamentary and Health Service Ombudsman when responding to patient complaints as standard. (The PHSO make final decisions on complaints that have not been resolved by the NHS in England).
- 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 updated their Chronic Obstructive Pulmonary Disease (COPD) guidelines following a patient complaint in relation to a prescribing error.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice good for providing well-led services.

At our previous inspection on 18 May 2017, we rated the practice requires improvement for providing well-led services as we found that the leadership team had not ensured that the governance processes at the service, were effective in all areas. For example, the practice did not have a programme of continuous clinical and internal audit monitor quality and to make improvements and there was limited use of the system to record and report safety concerns, incidents and near misses.

We issued a required notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 12 April 2018.

At this inspection we found that the improvements the practice had made were sustained.

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.

Are services well-led?

- 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 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. However, the practice did not have an effective policy in place for the management of uncollected prescriptions.

Managing risks, issues and performance

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

- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, the system in place to ensure non clinical staff received vaccinations in line with current guidance required strengthening.
- 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 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 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.

Are services well-led?

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

Continuous improvement and innovation

There were 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.