

# Medlock Vale Medical Practice

## Inspection report

58 Ashton Road  
Droylsden  
Manchester  
Greater Manchester  
M43 7BW  
Tel: 01613701610  
www.medlockvalemicalpractice.co.uk

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection November 2017 – inadequate and placed in special measures)

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

Significant improvements had been made since our previous full inspection November 2017. At that inspection the practice was rated inadequate and placed into special measures. Warning notices were issued in relation to regulatory breaches of Regulation 12 (Safe care and

treatment) and Regulation 17 (Good governance). We carried out a further focused inspection on 10 April 2018 to check the warning notices had been complied with. We found improvements in both these areas. These reports can be viewed by selecting the ‘all reports’

link for Medlock Vale Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The practice recruited a new management team who have carried out a full review of their processes since our inspection in November 2017 and were in the process of embedding their new processes and improving care and treatment for patients.

This announced comprehensive inspection at Medlock Vale Medical Practice was carried out on 9 August 2018. This was a full follow-up inspection to check the required improvements identified in November 2017 had been made throughout the practice.

At this inspection we found there were significant improvements made in all areas for example:

- The practice now 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 now routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence - based guidelines and medicines were being appropriately monitored and patients were being reviewed.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients noted the appointment system has improved and more appointments were available with GPs and nurses.
- We found the leaders now had the capacity and skills to deliver high-quality, sustainable care.
- There was now a strong focus on continuous learning and improvement at all levels of the organisation.

As a result of the improvements made the practice has been re rated and removed from special measures.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

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

## Background to Medlock Vale Medical Practice

Medlock Vale Medical Centre is the registered provider and provides primary care services to its registered list of 8141 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Tameside and Glossop Clinical Commissioning Group (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice offers direct enhanced services that include meningitis provision, the childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery and rotavirus and shingles immunisation.

Regulated activities (Family planning, Diagnostic and screening procedures, Treatment of disease, disorder or injury, Surgical procedures and Maternity and midwifery services) are delivered to the patient population from the following address:

58 Ashton Road, Droylsden, Greater Manchester M43 7BW.

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

At the time of our inspection a new management team had been in place from June 2018 and there were changes within the makeup of the clinical team. The practice now consisted of, two GP partners, four salaried GPs (male and female), a pharmacist, a nurse practitioner (female), two practice nurses (female) and a health care assistant (female). The management team now consisted of clinical business manager, operational business manager a reception manager and 11 reception and administration staff.

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services. The practice has a higher than average older population with 20.3% aged 65 years and over (CCG - 16.9%, England 17.2%).

# Are services safe?

## We rated the practice as good for providing safe services.

The practice had addressed all the issues identified following our inspection in November 2017 when we rated safe as inadequate. Significant improvement had been made including appropriate and safe use of medicines, improving the procedures for infection control, fire safety and ensuring the cold chain was maintained.

### 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.)
- 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 on-going basis.
- There was now an effective system to manage infection prevention and control. The treatment room was now compliant with infection control standards after the flooring had been replaced and an independent infection control audit had been carried out.
- The cold chain policy and procedure was being followed and reviewing recent data from the cold chain data logger we were satisfied that the cold chain was now being appropriately managed.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order and appropriate safety checks were now being carried out including fire safety.
- 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.

- The new management team had reviewed the staffing levels and mix of staff needed to meet patients' needs, as a result, in the short term they had recruited additional long term locum GPs, and new salaried GPs were due to come into post. They had also increased the number of nursing appointments.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff now 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 and these were monitored and audited.
- 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 and a new two week wait referral system had been introduced and was being monitored to ensure all referrals were completed and action taken where appropriate.

### Appropriate and safe use of medicines

The practice now 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

## Are services safe?

current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.

- A new pharmacist was in post and with support from a CCG pharmacist they were in the process of reviewing all patients who required medication reviews. We noted all high risk and vulnerable patients were being reviewed by a CCG pharmacist. We were given data to show that 92% of patients prescribed four or more medications had been reviewed as well as all patients living in nursing homes. A clear timeline was in place for all patients to have medication reviews where required.
- The pharmacists within the practice also supported GPs with administration of correspondence and repeat prescriptions within the pharmacists agreed competencies. This had resulted in a reduction in the number documents GPs were processing daily. The pharmacist was also training alongside the GPs to interpret blood results, further freeing up the GPs to see patients.
- There was now a clear process in place monitoring patients on high risk medications such as lithium and methotrexate. This was managed daily by the health care assistant to ensure monitoring was carried out as per guidelines.
- A new policy and procedure was in place for uncollected prescriptions and we noted weekly checks were now being carried out.

### Track record on safety

The practice now had open and transparent records on safety and these were monitored and audited to ensure safe care and treatment.

- There were risk assessments in relation to safety issues and the new management team were in the process of reviewing and updating risk assessments following a visual inspection.
- The practice now 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 improvements were made when things went wrong.

- The practice introduced a new system for recording and reviewing significant events. We reviewed the details of two recent significant events and found these had been investigated with actions and outcomes documented and reviewed. Wider learning was shared with staff during clinical and staff meetings.
- Staff now understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had introduced a new system to monitor, review and action where appropriate safety alerts and alerts received from the MHRA. We reviewed in detail two recent alerts and found these to be actioned appropriately. We also noted a new system to audit the alerts had been implemented.

**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

The practice had addressed all the issues identified following our inspection in November 2017 when we rated effective as requires improvement. Significant improvement had been made including, increased capacity within the clinical and management team to ensure effective staffing and the protocol for ensuring two week wait referrals were managed and monitored was now in place.

(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. We also reviewed the unverified data for 2017/18 as part of the inspection process.

### 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 on-going 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice was low prescribers of antibiotic in line with guidance when compared with the England average.

#### 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 and were included in the vulnerable patients register.
- Patients aged over 75 were invited for a health check and personalised care plans were in place for vulnerable patients over 75.

- 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.
- There was a clinical end of life lead in place and multi-disciplinary palliative care meetings took place to co-ordinate and review care.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice was in the process of introducing a bypass telephone number for vulnerable patients including older patients who may need to be seen by a clinician urgently.

#### 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 and GPs now took responsibility for specific disease registers and enabled patients to have more continuity of care.
- 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 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice had engaged with external partners to assist in reviewing patients with some long term conditions for example they had a hospital consultant attend and review patients with heart failure to ensure clinical care was up to date and in line with guidance.

#### Families, children and young people:

## Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with national targets.
- 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 in line with the coverage target for the national screening programme.
- The practices' uptake for breast cancer screening and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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.
- There was now a lead GP in place who took responsibility for vulnerable patients and the practice now held a register of patients living in vulnerable circumstances including homeless people, travellers, war veterans and those with a learning disability. The practice had identified 306 patients and had plans in place to review care and develop care plans for all vulnerable patients. Vulnerable patients will also have access to a bypass telephone number to enable them to have quick access should it be required.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice has signed up to the armed services covenant and promoted they are an armed forces-friendly organisation.

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.
- National Quality Outcome framework (QoF) Health indicators for people with poor mental health were in-line with others and the practice had reviewed the exception reporting policy (exception reporting ensures that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) and were no longer routinely exception report patients unless all possible means of engaging patients had been exhausted.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

### Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

### Effective staffing

## Are services effective?

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

- Capacity within the clinical team had significantly increased with a restructuring of GPs within the practice, additional locums and the recruitment of salaried GPs. Clinicians were also allocated lead roles and responsibilities to distribute workload and take ownership of key areas such as, child health surveillance, women's health and palliative care. One of the new GP partners also took a lead role with staff management, information governance and significant events. Staff also now benefitted from being part of a wider group of GP practices locally and both GPs and nursing staff had greater access to peer support and shared learning.
- 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. Since the new management team has been in post, they have carried out one to one meetings with all staff and the nursing team have been appraised to gain an understanding of the skills existing in the team and training needs analysis. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

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

- The practice 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. They also shared information 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

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

- The practice identified patients who may need 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 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.



## Are services effective?

**Please refer to the Evidence Tables for further information.**

## Are services caring?

### We rated the practice as good for caring.

The practice had addressed all the issues identified following our inspection in November 2017 when we rated caring as requires improvement. Significant improvement had been made including, initiating a formal system of identifying carers.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. We saw staff had a good awareness of patient's individual needs and were committed to providing person centred care.

Feedback from patients was positive about the way staff treat people.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were generally in line with local and national averages for questions relating to kindness, respect and compassion. Since the results were published in July 2017 (and also results published in August 2018 following the inspection which referred to data collected just between January and March 2018) the practice has made improvements within the practice and significantly improved access.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

### 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 overall

The practice had addressed all the issues identified following our inspection in November 2017 when we rated responsive as requires improvement. Significant improvement had been made including, improved access with significant increase in clinician appointments and extended opening times.

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations with a GP were available which supported patients who were unable to attend the practice including evenings and weekends.
- 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.

#### 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 and practice nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### 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.

#### 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 10 were offered a same day appointment when necessary, parents of older children were initially offered a telephone consultation.

#### 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, the surgery is now open until 6:30pm and had early morning clinics from 7:30am three mornings a week. The practice could also book patients appointments with a GP or nurse at the local 7-day extended access service which had clinics at the weekend and in the evening.
- Opportunistic flu vaccinations were offered to patients at different times of day to accommodate carers, workers and school children.

#### People whose circumstances make them vulnerable:

- The practice had reviewed their register of patients living in vulnerable circumstances to ensure patients where required were being monitored and supported and ensured alerts were include within the patient's records. There was a dedicated member of staff who maintained and monitored the register. The practice has also introduced a bypass telephone number for vulnerable patients and their cares, providing easier access.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients could access same day urgent appointments.

## 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.
- The practice's GP patient survey results published in July 2017 (and the results published in August 2018 following the inspection.) showed the practice were below the local and national averages for questions relating to access to care and treatment. The survey results do not reflect the changes the practice has made since these surveys. The practice had made significant improvements to the appointment system and increased the number of appointments available to patients, for example since May 2018 they increased the number of GP, nurse and nurse practitioner

appointments available daily. There was also a new telephone system being installed which would further improve access. Patients we spoke with and from comment cards received reported an improvement in access.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The practice plan on carrying out an annual review of complaints to identify any patterns or trends and these were shared during team meetings.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

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

The practice had addressed all the issues identified following our inspection in November 2017 when we rated well-led as inadequate. Significant improvement had been made including recruitment of a new management team, strengthened and recruited to the clinical team providing greater capacity across the service. They carried out a full review of their system and processes embedding their new processes and improving care and treatment for patients.

### Leadership capacity and capability

We found the leaders now 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 now had a clear vision and credible strategy to deliver high quality, sustainable care.

- There had 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 were planning 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 and now had capacity and skills within the team to deliver this.

- Staff stated they felt respected, involved and supported during the changes which have taken place within the

practice and felt the changes would only improve moral and improve services for patients. Staff told us systems and processes we structured and they felt positive about the future.

- The practice focused on the needs of patients and had introduced additional skills mix within the clinical team and significantly increased the number of appointments for patients and where backlogs had been identified for example reviews of clinical care they brought in additional locum GPs and Consultants.
- 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 initial one to one meetings with the new management team and plans were in place for annual appraisal and career development conversations. 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 now clearly defined responsibilities, roles and systems of accountability to support good governance and management and capacity within the team to maintain this.

- The new management team were in the process of reviewing all structures, processes and systems to ensure they supported good governance. They had

## Are services well-led?

prioritised those areas which were of significant cause for concern such as medicines management, patients access, management roles and responsibilities and infection control. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were now clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders were reviewing and updating where required policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were now 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 now be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders now had oversight of national and local safety alerts, incidents, and complaints and these were monitored, reviewed and discussed during clinical meetings.
- 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.

- 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 new management team met on a number of occasions with the Patient Participation Group (PPG) to discuss changes within the practice and develop future plans for patient's engagement and look at ways to make the PPG more accessible and more representative of the patient population.
- 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.
- Staff knew about improvement methods and had the skills to use them.
- The practice had introduced wider skills mix within the clinical team and were building on the role of the pharmacist within the practice to include minor illness clinics and provide vaccinations.

## Are services well-led?

- 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.
- The practice was able to benefit from being part of a wider group under the new management team and were already participating in joint clinical meetings.

**Please refer to the Evidence Tables for further information.**