Broadway Medical Centre

Inspection report

West View Health Village
Broadway
Fleetwood
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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 rating August 2015- Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Broadway Medical Centre on 10 October 2018 as part of our annual programme of 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 recorded and investigated them, however learning from these was not always shared effectively.
- 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.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw several areas of outstanding practice :-

- The practice delivered a mental health service jointly with another practice in Fleetwood Neighbourhood team. Patients were triaged within three days and 98% received low intensity cognitive behavioural therapy within two weeks.
- The practice had set up a specialist Hepatitis C clinic in conjunction with Fleetwood Neighbourhood team to address local needs in relation to substance abuse.
- A practice paramedic was employed who carried out home visits for patients with acute problems, they could admit directly to hospital when required. This member of staff also led on end of life care maintaining contact with bereaved families to provide ongoing support and signposting.
- The practice had carried out five initiatives in the past two years to gain feedback on services and facilities. This included a carers event in conjunction with the local carers service.

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

- Improve the documentation of incidents to ensure that actions agreed and learning outcomes are clearly recorded and reviewed.
- Update the recruitment policy to include reference to the use of DBS checks for clinical staff and chaperones.
- Take action so that uncollected prescriptions are managed efficiently.
- Review recall systems in order to improve attendance of patients with long term conditions
- Continue to take action to identify patients with caring responsibilities.
- Consider adding a hearing loop to improve the experience of patients with hearing impairment.

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

Please refer to the detailed report and the evidence tables for further information

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Broadway Medical Centre

Broadway Medical Centre is in West View Health Village in Broadway, a health centre in the centre of Fleetwood in a residential area. The website address is: -www.broadwaymedicalcentre.nhs.uk

Primary medical services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Fylde and Wyre Clinical Commissioning Group.

There are four male partners at the practice. There is one full-time pharmacist, a full time female paramedic, a part time female nurse practitioner, three female practice nurses and two female health care assistants. The clinical team is supported by a practice manager, a deputy practice manager, a quality lead and a team of administrative staff.

The practice opening times are 8am to 8pm Monday and Thursday, 8am to 6.30pm Tuesday and Friday and 7am to 6.30 pm Wednesday. The practice appointment times are Monday and Thursday 8.30 to 12 midday and 1pm to 7.30pm, Tuesday and Friday 8.30am to 12midday and 1pm to 5.30 and Wednesday 7am to 12 and 1pm to 5.30pm. Extended hours are available Monday and Thursday 6.30pm to 8pm and Wednesday 7am to 8am. Patients requiring a GP outside of normal working hours are advised to call Fylde Community Medical Services (FCMS).

There are 10,443 patients on the practice list. The majority of patients are white British with a high number of patients under 18 years. There are 21% of the registered patients who are over 65 years compared to the local (26.7%) and national averages (17.1%) and 22% are under 18 years compared to the local average of 17% and national figure of 20.8%. The average life expectancy for males in the local population is 75.8 years and females 79.4 years which is below the CCG and national averages (males 78.7 years and females 82.3 years for the CCG, 79.2 and 83.2 years nationally). Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest level of deprivation and level ten the lowest. There is an ethnic population of 2.5%.

Regulated activities delivered are diagnostic and screening, maternity and midwifery, family planning, treatment of disease, disorder or injury and surgical procedures.

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.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (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, 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. However, the recruitment policy required an update to include the DBS process for recruitment of clinical staff and chaperones.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Whilst there was an appropriate range of emergency medicines we saw that the syringes available to administer them were out of date. This was rectified during the inspection.
- 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 and non-clinical staff had been trained to identify signs of sepsis in order to alert the GP.
- 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 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

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- Prescription pads were stored securely and tracked in their usage.
- During the inspection we saw a large number of prescriptions had not been collected, some since June 2018. Given that these prescriptions included anti-depressants and an inhaler for use with asthma the lack of monitoring could be a potential risk to patients.

Good

Are services safe?

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 systems for reviewing and investigating when things went wrong. The practice discussed serious events, however there was no record of shared learning in staff meetings. Although themes were identified and action taken to improve safety in the practice, we saw no evidence that the action taken was then reviewed.
- Staff told us the practice acted on and learned from external safety events as well as patient and medicine safety alerts, and we saw a tracker of the action taken in response to alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- 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.
- A coordinated response to new guidelines, from NICE for example, was evidenced.

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.
- 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.
- Staff work with a variety of healthcare professionals including the community matron and the district nursing team in order to provide effective care.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma or chronic obstructive pulmonary disease.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. It ran clinics for asthma, COPD, heart disease, atrial fibrillation, hypertension and diabetes.
- The practice's performance on quality indicators for long term conditions was at the maximum for treatment. However, exception reporting was high for diabetes and well above local and national averages. For example, the exception rate for diabetics who had received a IFCC-HbA1c (a blood test for control of diabetes) was 18.4% compared with the CCG average of 11.9% and the England exception rate average of 12.4%. Staff told us they issues three written invitations to attend recall appointments and frequently telephoned the patient They felt that the local population were challenging as regards attendance for review.

Families, children and young people:

Good

Are services effective?

- Childhood immunisation uptake rates for 2016/17 were all above the 90% target. The percentage of children aged 1 who had completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, and influenza was 96%, a significant positive variation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and involved health visitors where appropriate.

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

- The practice's uptake for cervical screening was 73% which was in line with the 80% coverage target for the national screening programme. Practice staff were promoting the screening programme with posters in the waiting area, a text reminder system and those who did not attend were followed up by telephone.
- The practice's uptake for breast and bowel cancer screening were in line with 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 45-74. 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 led by the practice paramedic 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.
- Those who were acutely ill received home visits from the practice paramedic.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Practice staff had no access to a hearing loop in the reception area. Given the arrangement of chairs in the waiting area it was difficult to maintain confidentiality if the staff raised their voices when speaking with. patients with hearing impairment.

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.
- An inhouse mental health team worked across this practice and another practice which was part of Fleetwood Neighbourhood Team. Patients were referred to the team by a GP for triage which occurred within three days.
- 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 screened by a health care assistant to detect possible signs of dementia. When dementia was suspected there was an appropriate specialist referral and an annual holistic assessment of health and social care needs.
- The practice offered annual health checks to patients with a learning disability and used easy to read material to help people understand tests and procedures.

Good

Are services effective?

- The practices' performance on quality indicators for treatment of mental health was in line with local and national averages or in the case of care plan reviews for patients it was significantly above average at 98% compared with the CCG average of 87% and England average of 84%. However exception reporting was high for example 27.6% of those with schizophrenia, bipolar affective disorder and other psychoses were excepted for the documentation of care plans compared with 17.5% locally and 10.3% across England.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- Practice QOF results were at the maximum available, above local and national averages, however the overall exception rates were generally higher than local and national averages. Overall clinical domain exceptions were reported at 13.5% compared with 9.9% locally and 9.6% England average. Staff described the recall process they used, however there was no clear strategy to engage patients who were challenging to engage.
- The practice used information about care and treatment to make improvements such as improving attendance rates with the introduction of text message reminders and promoting the use of Pharmacy 1st to divert appointments from the GPs to the scheme and the inhouse pharmacist.
- 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 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who 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.

Good

Are services effective?

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion. The comments cards we received and patients we interviewed supported the survey results, patients commented on how well the staff listened to them and described their trust in the GPs.

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. A carers event had been held in conjunction with the local carers service to provide support and signpost them to services.
- The practice proactively identified carers and supported them.
- The GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment. CQC comments cards supported this finding.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs. Some patients felt that the seating arrangements in the waiting area might compromise their privacy at the reception desk.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised 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. They worked in conjunction with other practices in Fleetwood Neighbourhood team to develop services which could be accessed locally without referral to secondary care.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours and also to triage patients prior to bringing them in for appointments on the same day.
- 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 are more vulnerable or who have 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. One care home has been identified with a high number of patients with acute needs and hospital admissions. The practice paramedic visited that home proactively one morning each week to support care home staff meet the needs of residents.
- The practice was responsive to the needs of older patients, and the practice paramedic offered home visits and urgent appointments for those with enhanced needs.
- The practice pharmacist was available by telephone to discuss concerns about medicines.
- To enable continuity of care the practice offered pre-booked appointments with a specified GP and evening and weekend pre-booked appointments to enable working relatives to bring older patients to appointments.
- The practice used social prescribing through Healthier Fleetwood to signpost socially isolated patients to local inclusion programmes.

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 and community matron to discuss and manage the needs of patients with complex medical issues and prevent hospital admissions where possible.
- In conjunction with Fleetwood Neighborhood team patients accessed local clinics in management of asthma, COPD, heart disease, atrial fibrillation, hypertension and diabetes.
- Due to the high prevalence of Hepatitis C infection associated with drug abuse the Neighbourhood Team had recently commenced a local clinic. This clinic was supported from the acute NHS trust and the Care Commissioning Group so that selected patients could attend for monitoring of their condition. This was shown to be more convenient and reduced non-attendance. It also allowed other services to offer support as a one stop shop such as mental health and benefits advice.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Through Healthy Fleetwood the practice had been involved in initiatives to support the wellbeing of children and families struggling with mental health and social needs.

Good

Are services responsive to people's needs?

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, same day appointments for acute illness and pre-bookable appointments were available.
- The GP undertook consultations by telephone, there was extended opening hours and Saturday appointments available through the local federation. There was also same day access to appointments with the nurse practitioner and the paramedic. Weekend appointments were available for blood tests and cervical smears.
- Travel health and vaccination appointments were available.
- Saturday and extended hours appointments were available for vaccination against flu.

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.
- Longer appointments were available for all vulnerable patients.
- Home visits were available by the paramedic and GPs.
- The practice was increasing its use of social prescribing. There were 24 different activities available through Healthy Fleetwood programmes which aimed to reduce social isolation and enhance wellbeing.

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.
- Patients who failed to attend were proactively followed up by a phone call from a GP.
- Staff worked with the mental health and learning disability teams to respond to the needs of patients.
- The practice mental health team responded quickly to referrals and delivered cognitive behavioral therapy. The service was IAPT (a government initiative-Improving Access to Psychological Therapies) compliant and this approach had been shown to reduce antidepressant prescribing and improve patient outcomes including return to employment. The service also signposted to other services such as resilience groups.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was generally easy to use.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

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 from reception staff. 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.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had set objectives to achieve their vision.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population. It was currently working with the Fleetwood Neighbourhood team and the CCG to review the needs of the immediate locality.

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 annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary and reported many opportunities for personal and professional development.
- There was a strong emphasis on the safety and well-being of all staff. Staff reported being treated with compassion and flexibility when their family circumstances were under pressure.
- 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 formal, clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, our feedback on the syringes in the emergency medicines kit led to immediate action to replace them. However, we saw that a number of prescriptions had not been collected for up to 4 months. This had not been monitored due to long term staff absence and was a potential risk to patients.

Good

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints, however arrangements to evidence staff learning, and review of action were incomplete.
- Clinical prescribing audit had a positive impact on quality of care and outcomes for patients. There was little evidence of full two cycle audits which led to changes in practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There was no evidence of plans to address the high exception reporting which impacted on performance.
- 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. There was an active patient participation group who were keen to develop their role. The practice worked consistently with Fleetwood Neighbourhood team and Healthy Fleetwood to improve local services and improve patient outcomes
- 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. Following the last inspection, the practice had recruited more receptionists to improve telephone access and introduced a live monitoring system for calls. The staff skill mix had been enhanced with a pharmacist and a paramedic which had improved medicines management and the responsiveness of home visits, and greater personalised care at the end of life.
- Staff knew about improvement methods and had the skills to use them. Staff had recently attended a programme with the NHS England Transformation Team to learn new skills. Their work had improved communication channels and efficiency in the administrative team at the practice and all staff we spoke with felt team morale had improved.
- The practice made use of internal and external reviews of incidents and complaints.
- 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.