Frampton Surgery

Inspection report

The Surgery
Whitminster Lane, Frampton-on-Severn
Gloucester
Gloucestershire
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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 June 2016 – 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 Frampton Surgery on 10 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and 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.
- The practice was committed to the needs of the local community and were compassionate to patients on end of life care. For example, GPs gave their personal number to patients on end of life care and their families so they could access support when they needed it.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had identified alternative funding arrangements to support patients in difficult situations and promote health education in local schools.
- Feedback from patients and the patient participation group were positive about the service they had received.
- There was a focus on improvement at all levels of the organisation.

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

- Monitor the recording of fridge temperatures, staff training and the undertaking of staff checks in the practice to ensure improvements are embedded.
- Review the governance arrangements to ensure management oversight and so that improvements are embedded in practice.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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 GP specialist adviser, a practice nurse specialist adviser, and a Pharmacist specialist advisor.

Background to Frampton Surgery

Frampton Surgery is a GP practice providing primary medical services under a General Medical Services (GMS) contract to approximately 5000 patients. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice delivers services from a purpose-built building which is approximately 23 years old. The rurality of the practice means that there is poor access to public transport. The practice offers dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice delivers its services at the following address:

The Surgery

Whitminster Lane

Frampton-on-Severn

Gloucester

GL2 7HU

Information about the practice can be obtained through their website at:

There are two GP partners and three salaried GP providing a whole time equivalent of three and half GPs.

Two of the GPs are male and three are female. The practice employs two practice nurses and one healthcare assistant. The practice manager is supported by an assistant practice manager, an audit manager, one secretary, one administration support staff and a team of nine dispensary staff who also undertake receptionist duties.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice, shows the practice area population is in the second least deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice's patient age distribution profile is broadly in line with the clinical commissioning group average.

The practice is registered to provide the following Regulated Activities:

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

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by Care UK via the NHS 111 service and are advised of this on the practice's website.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were 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. The practice did not undertake routine repeat staff checks for those already employed at the practice (for example to ensure information remained current); however, we saw clinical staff had received a DBS in the last three years. The practice implemented a matrix during the inspection to undertake periodical checks on staff. This included DBS checks and the status of their professional registrations. There was no record of nursing staff having medical indemnity insurance, although the practice provided evidence after our inspection to demonstrate this process was underway and this was in place within three weeks.
- 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.
- 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.
- 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.
- The practice had systems in place for the management of test results. GPs reviewed test results every day and including weekends to ensure these were processed before the beginning of the day's surgery. The test results we reviewed showed that these had been managed in a timely manner. At the time of the inspection the practice did not have a document to describe their approach for the management of test results. Following the inspection, the practice sent us a protocol they had implemented to formalise the management of test results.

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

Good

Are services safe?

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.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The fridge temperature in the dispensary had been recorded daily and medicines were being stored in line with manufacturers guidance for recommended temperatures; however the minimum and maximum temperature had not been recorded. No vaccines were stored in this fridge. The practice confirmed to us on the day of inspection that medicines given to patients were safe and effective and made amendments to their recording system to further improve processes for monitoring. Vaccines were stored in a separate fridge and we saw that this fridge was monitored in line with best practice guidelines.
- Systems were in place to deal with medicines alerts or recalls, and records were kept of any actions taken.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. All risks assessments such as health and safety had been reviewed and range of improvement actions identified. This included adjusting the timers on car park lights during winter times.
- The practice monitored and reviewed safety using information from a range of sources.

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 including ensuring that all dispensary staff were aware of the new requirements regarding prescribing and provision of valproate medication.

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.
- The practice used their clinical systems to identify patients on specific treatment and to check whether those patients received care in line with best practice guidance.
- 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. The practice held weekly clinical meetings where those patients were discussed and their records updated to ensure community teams had up to date information.
- The practice held monthly multi- disciplinary meetings and we were told that the community dementia nurse attended these meetings quarterly so that older patients with complex needs had an in-depth review.
- 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.
- Practice information showed that to date, 65% of patients on end of life care died in the place of their choice.

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.
- 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).
- The practice's performance on quality indicators for long term conditions was above average in some areas compared to local and national averages, for example measuring cholesterol levels in patients with Diabetes and monitoring patients with heart conditions such as atrial fibrillation and hypertension. The practice proactively followed up patients and maintained a list of patients who needed to be reminded to attend a review.
- The practice had an area of high exception reporting in relation to the number of patients in whom their average blood glucose was below the recommended range in the preceding 12 months. We reviewed the areas of high exceptions and found that patients had been appropriately followed up and those exceptions were appropriate.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above for all four indicators. In one of the four indicators the practice had significantly exceeded the target achieving over 95%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Good

Are services effective?

- The practice held a "worry list" for children and adults who they had concerns and those patients were discussed at weekly practice meeting to ensure clinicians were up to date on the care of those patients.

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

- The practice's uptake for cervical screening was 86%, compared to the clinical commissioning group (CCG) average of 76% and national average of 72%. This was above the national target of 80%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for this service in the last two and a half years was 73%, compared to the CCG average of 62% and national average of 55%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 82%, compared to the CCG average of 75% and national average of 70%.
- 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. Information from the practice showed that three out of five patients with learning disabilities and received an annual health check in the last 12 months.
- 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.
- 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 practices performance on quality indicators for mental health was above local and national averages with 100% of patients on the mental health register receiving regular reviews. None of these 16 patients had been excepted from the review process.

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 identified they were high prescribers of asthma reliever inhalers with many patients being prescribed more than 12 inhalers over a 12 months period. An audit was undertaken to identify affected patients and measures put in place to ensure patients were follow up in line with best practice guidance. The re-audit identified improvements with less patients using more than 12 inhalers over a 12 months period. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked with other local practices in the area to provide improved access appointments to a GP. Practice's took it in turn to offer appointments to GPs between 6.30pm and 8pm Monday to Friday and Saturday mornings.

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.

Good

Are services effective?

- 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 identified there were issues with access to the system for undertaking on-line training and an action plans was in place to ensure staff completed all required training. 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. Dispensers undergoing training had not followed a planned timetable for completing the required modules. This process had been improved to ensure the lead GP had oversight of training for dispensers.

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, 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.
- 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 was able to refer patients to exercise classes which was subsidised by one of the charities run by the practice.

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 treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice ran two charitable organisations which supported patients in disadvantaged circumstances with funding to improve their circumstances. This included funding a wet room for a disabled child, hearing equipment for a local school for deaf children and health education in schools. The practice did not charge patients for private medicals and instead, asked patients to make a voluntary donation to the charities.
- The GPs at the practice were committed to continuity of care especially for palliative care patients, and undertook out of hours visits and provided their mobile phone numbers to patients who were on end of life care.
- The practices GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion. Ninety-six percent of patients reported that they probably or definitely would recommend the practice to someone who had just moved to the area.

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 practices GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment. 98% of patients reported that their GP was good or very good at involving them in decisions about their care and treatment.

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.
- 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 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 GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.
- The practice recognised there were poor public transport service and worked with the members of the patient participation group to provide and volunteer transport service.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example supporting patients to access medicines that were not available in the dispensary by liaising with local pharmacies. Dispensary staff had made improvements to support patients with medicines including provision of a direct contact telephone number for medicine enquiries which was printed on medicine dispensing bags.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients undergoing cancer treatment in hospital could have their blood sample taken at home or at the practice to avoid them having to travel.
- One of the nurses had undertaken training in Doppler assessment (a doppler ultrasound is a quick, painless way to check for problems with blood flow) and compression bandaging so that they could offer this service to patients locally. The practice identified that although there was a leg ulcer service at the local community hospital, there are long waits to access the service and poor public transport which meant that it was difficult for elderly and frail patients to attend this service.

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 18 were offered a same day appointment when necessary.

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.

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.

Good

Are services responsive to people's needs?

- 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):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were 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 reported that they rarely had to wait long for an appointment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were above local and national averages for questions relating to access to care and treatment in all areas surveyed achieving 95% or above patient satisfaction in every question highlighted in the evidence table. Ninety-nine percent of patients reported it easy to get through via the telephone and 99% reported a positive experience in being able to make an appointment.

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.

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 including medication safety where the lead GP also supported the clinical commissioning group on medicines management.
- 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 care 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. They were committed to meeting the health needs of the local population and keen to provide support to patients even outside of the practice opening times. For example, the GPs offered their personal phone numbers to patients receiving end of life care so they could contact a GPs if they needed support.
- 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability 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.
- However, the governance arrangement had not ensured that all clinical staff had the appropriate professional indemnity insurance in place. The practice sent us information following the inspection to show that the practice had started the process for the two nurses, the practice manager and the health care assistant to have appropriate medical indemnity insurance. This was in place within three weeks of our inspection.

Managing risks, issues and performance

Good

Are services well-led?

There were 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 dispensary staff were aware of the risks of 'sound alike / look alike drugs (SALADs) and took steps to mitigate risks by separating medicines.
- The practice had processes to manage current and future performance. Practice leaders had oversight of 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 considered and understood the impact on the quality of care of service changes or developments.
- The practice had signed up to an initiative called "Sign up to Safety". This involved appointing a member of staff to become a safety champion in practice.

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 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.
- 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. Dispensary staff were continually improving communications to support medication safety including use of a communications book and white board.
- 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.