Tower House Practice

Inspection report

St Paul's Health Centre
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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 April 2017 – 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 Tower House Practice on 30 October 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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 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.
- There was a comprehensive system of meetings for staff at all levels. Governance of all areas of service delivery was embedded into practice.
- There was a clear management structure in place and staff had lead roles in all areas of practice service provision.
- 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. The practice took every opportunity to listen to patient views and concerns.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice participated in the training of new GPs and was a teaching practice for medical students.

We saw an area of outstanding practice:

- The practice was proactive in taking every opportunity to work with patients, staff and external partners to shape and improve patient services. It had begun work with other local practices to standardise best practice across the local area and led on areas of this work. We saw examples of innovation in services such as the in-practice dermatology service which was to be adopted in the community by the clinical commissioning group. The practice also offered a sponsorship scheme for non-EU workers locally, allowing GPs to remain in the country who would otherwise have left.

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

- Improve the protocol for the management of communications coming into the practice and introduce a GP audit of the process.
- Take steps to record action taken in response to patient safety medicines alerts in individual patient health records.
- Introduce a formal annual review of significant incidents in the practice.
- Review registers of those patients excluded from some areas of long-term condition monitoring.

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 GP specialist adviser.

Background to Tower House Practice

Tower House Practice is located in St Paul's Health Centre, High Street, Runcorn, WA7 1AB. The practice is part of Halton Clinical Commissioning Group and all services are delivered under a General Medical Services (GMS) contract. Information on services offered can be found on the practice website at www.towerhousepractice.co.uk.

The practice is situated in a purpose-built health centre, co-owned with one other practice also in the building. A number of community services also occupy the premises. The practice is fully accessible to any patients with restricted mobility, wheelchair users and parents with prams and pushchairs. There is parking nearby available for patients and the practice is easily accessible by public transport.

The practice provides services to 13160 registered patients. Data shows the practice population is similar to the national population profile with a higher proportion of patients aged 65 years and over than those nationally (20% compared to 17%). There are 59% of patients with a long-standing health condition, higher than the national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Life expectancy for men in the area is approximately 78 years and for women approximately 82 years, lower than the national averages of 79 and 83 years respectively.

The practice clinical team is made up of six GP partners (four male, two female), one female salaried GP and two GP registrars. The practice also has a clinical pharmacist, three nurse prescribers and a health care assistant. Together with five other local practices, the practice also funded the appointment of a senior clinical pharmacist, shared between the practices. The practice administration team is led by the practice manager and a deputy practice manager assisted by two team leaders. The practice participates in the training of new GPs and is a teaching practice for medical students.

When the practice is closed, a telephone voicemail service directs patients to dial NHS 111 for advice and if necessary, onward referral to the out of hours service.

The practice is registered with CQC to provide family planning services, maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures as their regulated activities.

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 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.
- 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. The practice rarely used locum GPs.
- There was an effective induction system for temporary staff tailored to their role. Recently recruited staff told us they felt induction processes were thorough and supported their needs.
- 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. Non-clinical staff were trained to recognise the symptoms of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Practice staff managed correspondence coming into the practice safely although the practice protocol lacked some detail as to how this was done. The process was regularly audited however, this audit was not done by GPs in the practice.
- Clinicians made timely referrals in line with protocols. The practice protocol for referring patients under the urgent two-week-wait rule kept patients safe.

Appropriate and safe use of medicines

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

- Prescribing data for all antibacterial medicines showed the practice to be comparable overall with local and national averages and better than averages for the prescribing of certain non-recommended antibacterial 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.

Good

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources; staff held regular health and safety meetings to govern all areas of premises risk.

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. Significant events were discussed as a standing agenda item at all primary health care team meetings although there was no formal annual review of events.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Staff demonstrated good knowledge of these medicines safety alerts although action taken as a result of alerts was not always recorded in patient clinical records.

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 nurses were able to provide patients with a doppler assessment at the surgery (a test that can be used to estimate the blood flow through blood vessels to see whether there are any insufficiencies).
- 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. Frail patients who had fallen were discussed at primary health care team meetings.
- The practice followed up on older patients discharged from hospital when appropriate. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice had plans to invite older patients over 75 years of age who had not been seen in the practice for over three years for a health review.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Patients aged over 75 years of age were always given an appointment on the same day of booking and all had a dedicated telephone number to contact the practice easily if necessary.

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. The practice had dedicated clinics for patient long-term condition reviews. 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. Staff had lead roles for the management of specific long-term conditions.
- 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 in line with local and national averages. Exception reporting for some indicators was high. The practice told us they planned to review this to ensure patient registers were accurate.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% and those for children aged two years were over the world health organisation (WHO) target of 95%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice offered a full range of contraception services including implants.

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

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme and in line with the local and national average of 72%. Staff told us how they encouraged attendance for appointments using text messages, telephone calls and/or letters. Posters encouraging attendance were displayed in patient areas.

Good

Are services effective?

- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice encouraged eligible patients opportunistically 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 maintained links to local organisations and charities set up to help vulnerable people and signposted patients to them when it was appropriate.
- The practice held a register of patients living in vulnerable circumstances including homeless people, transgender patients and those with a learning disability.
- 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 which were provided at the practice. 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. Patients showing signs of memory loss were offered assessments opportunistically, for example at flu clinics. When dementia was suspected there was an appropriate referral for diagnosis. The practice was working to become a dementia-friendly practice.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages although patient exception reporting for some indicators was high. Staff told us they would review this to ensure information on the register was accurate.

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 quality improvement work was embedded into practice working and lessons learned were shared as a standing agenda item at practice meetings. Staff told us they planned to introduce a quality improvement lead for the practice to co-ordinate and guide activity.
- The practice used information about care and treatment to make improvements.
- Staff audited patient satisfaction for services offered. A recent audit of the blood-monitoring service offered to patients taking blood-thinning medicines showed a 100% satisfaction rate with the service.

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.
- One of the practice nurses had completed a diploma in the management of patient minor illness to provide a clinic at the practice each day.
- Updates to clinical best practice, including NICE guidelines were discussed as a standing agenda item at practice clinical meetings.
- 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.

Good

Are services effective?

- Reception staff had trained to become care navigators; enabling them to direct patients to the most appropriate service or member of the clinical team effectively. This service was to start during the week following our inspection.
- 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.
- 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. Care plans for these patients were shared with other services including the out-of-hours service.

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. The practice was a “wellbeing” practice and the local wellbeing service held weekly clinics at the practice to offer support and advice on social care matters.
- 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. Stop smoking services and advice on weight reduction were provided by staff at 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 treated people.
- We were shown many examples where staff had shown a caring approach to patients.
- 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 above local and national averages for questions relating to kindness, respect and compassion.

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. They had identified 4.2% of the practice patient list as carers.
- The practices GP patient survey results were above 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.

- 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 and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered an in-house dermatology service run by one of the GPs with dermatology training to reduce the number of dermatology referrals to secondary care. Evidence showed the practice to be significantly lower for these referrals; the practice was the lowest referrer in Halton CCG and showed the lowest inpatient activity. The federation of practices to which the surgery belonged planned to introduce a community-based dermatology service led by the practice GP.
- 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 provided weekly GP "ward rounds" at a local care home to reduce unplanned patient admissions to hospital and provide ongoing care and treatment.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Clinical staff offered health reviews and flu vaccinations for housebound patients. Some GPs carried out mobile ECGs in patient own homes (an electrocardiogram; a test to check the heart's rhythm).

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 in dedicated clinics although consultation times could be flexible to meet each patient's specific needs.
- One of the practice GPs was the practice lead for diabetes and was also the clinical commissioning group (CCG) clinical lead and regional network representative for diabetes.
- The practice offered a regular glucose regulation clinic for those patients who needed to control their blood sugar levels. They referred patients to educational schemes and lifestyle activities.
- The practice held regular meetings with the local primary health care team to discuss and manage the needs of patients with complex medical issues.
- In conjunction with Halton Council, the neighbouring practice and the patient participation group (PPG), the practice started a walking group on Friday mornings. The chair of the PPG acted as a trainer for all local practices for walk lead staff. This walking group was advertised to patients by the practice and also, as part of the "active Halton" initiative series of local walks.

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. Children under one year old were always seen on the same day.
- The practice was promoting the "catchapp" software application to patients. This supported the common approach to healthcare that had been adopted in Halton and provided children's health advice to parents and carers.

Good

Are services responsive to people's needs?

- The practice supported the national "children in need" campaign. Staff had also donated food and toys to families who had been removed from domestic violence situations at Christmas.

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 weekend appointments through an arrangement with other local practices.
- There were telephone appointments and online GP consultations available. Patients had online access to their medical records.
- Flu clinics were offered on some Saturday mornings.

People whose circumstances make them vulnerable:

- Staff had trained in the accessible information standard and patients were asked for the best way to communicate with them. Notes were added to patient electronic health records to record patient preferences.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- One of the practice nurses was undertaking a body of work related to the needs of transgender patients on the practice list to improve the care and treatment given by the practice.
- The practice was registered as a "safe in town" practice. This was a council initiative to signpost a haven for vulnerable patients in time of need. Staff knew to contact carers or other services if this was used.
- The practice had a policy to allow guide dogs in the premises.
- Staff had access to a language interpretation service and to a signer for patient consultations for patients with hearing difficulties. One of the reception staff was a signer.

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 used notices on yellow paper to indicate fire exits to be more visible to patients with visual impairment and those with dementia.
- Leaflets to promote patient self-referral for mental health support services were freely available in patient areas of the practice.

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 the appointment system was easy to use.
- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment. The practice had considered the results and the results of their own patient survey and had taken action for the lowest-performing indicators. They had improved telephone access to the practice, made further GP appointments available and were looking to recruit an additional practice nurse to ease access to the daily minor injury service.

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. Complaints were discussed in a range of meetings and with the PPG and learning was shared with staff. The practice 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 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.
- 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.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. 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.

Good

Are services well-led?

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 generally 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 comprehensive 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 was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.