Comberton Surgery

Inspection report

58 Green End
Comberton
Cambridge
Cambridgeshire
CB23 7DY
Tel: 01223262500
www.combertonandeversdensurgery.nhs.uk

Date of inspection visit: 16/04/2018
Date of publication: 31/05/2018

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. At the previous inspection in December 2015 the practice were rated as good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Comberton Surgery on 16 April 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.
- The practice's performance in relation to the Quality Outcome Framework (QOF) results were 99%. This was above Clinical Commissioning Group (CCG) and national averages.
- The practice offered health checks for patients aged over 75 and patients with a learning disability, the practice acknowledged the uptake of these health checks could be improved.
- We saw evidence that learning points were discussed in management meetings and staff we spoke to were aware of these.
- There were comprehensive risk assessments in relation to building safety issues such as fire safety and health and safety.
- Cleaning staff had access to the dispensary out of hours when there were no dispensary staff present. The practice demonstrated the safety measures they had in place to mitigate any risks but had not undertaken a formal risk assessment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff told us that they were happy to work at the practice and felt supported by the management team. Staff told us they were encouraged to raise concerns and share their views.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Results from the July 2017 national GP patient survey were in line with and above local and national averages. Feedback from patients we spoke with and received comments from supported these findings. The practice had a patient participation group, however at the time of our inspection this group was not active.
- We saw evidence that written complaints were handled effectively, although verbal complaints were not always recorded and the opportunity to analyse trends was missed.
- There was a focus on continuous learning and improvement at all levels of the organisation. The practice was a training practice for GP trainees and for medical and nursing students.

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

- Review and improve the uptake of health checks including those for patients with a learning disability and those patients aged over 75.
- Review and improve the engagement of staff with the patient participation group.
- Review and improve the documentation of verbal complaints.
- Formalise the risk assessment for external staff accessing the dispensary out of hours.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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 CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and a member of the CQC medicines team.

Background to Comberton Surgery

Comberton Surgery is a well-established GP practice that has operated in the area for many years. It serves approximately 9,063 registered patients and has a general medical services contract with NHS Cambridgeshire and Peterborough CCG. It is located in an affluent area of South Cambridgeshire. The service is delivered from two sites, the main surgery in the village of Comberton and a branch surgery in Eversden. A dispensary is attached to each site. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The practice is a teaching practice for medical students and qualified doctors who are training to be GPs. The practice is also a member of the Clinical Research Network supporting approved clinical research within NHS primary care.

The practice team consists of seven GPs, four male and three female. Five of the GPs are partners which means they hold managerial and financial responsibility for the practice. Of the remaining two, there is one salaried GP and one GP retainer (the GP Retainer Scheme enables GPs with other commitments to undertake a limited amount of general practice to maintain their skills until returning to more substantive general practice in the future. Retainees may work up to four sessions a week in an educationally approved retainer practice). There is a team of four practice nurses and one healthcare assistant. There is a dispensary manager and a team of dispensers. In addition to this there is a team of reception and administrative staff supported by a practice manager.

The branch at Comberton is open between 8am to 6pm Monday to Friday; the branch at Eversden is open during these hours but closes on a Thursday afternoon from 12.30pm. In addition, the dispensary at Comberton is open from 8:30am to 10:30am on a Saturday for the collection of pre-ordered medicines.

According to information taken from Public Health England, the patient population for this service has a higher than average number of patients aged 45 to 79 years, and a lower than average number of patients aged 45 and below compared to the practice average across England. The practice area is one of the least deprived areas within England, according to information taken from Public Health England's index of multiple deprivation score.

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. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice had a GP lead for safeguarding and there was information in all clinical rooms informing staff how to raise concerns.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. We saw evidence that an infection prevention and control audit had been completed in January 2018.
- 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 including locum GP staff. Where locum staff were utilised, the practice regularly used the same individuals for consistency.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice held quarterly meetings with other agencies such as health visitors to review and share relevant information.
- Clinicians made timely referrals in line with protocols. Referral letters that we viewed contained adequate information and were made in a timely manner.

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, 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.

Arrangements for dispensing medicines at the practice kept patients safe:

- There was a named GP responsible for the dispensary.

Good

Are services safe?

- Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of the expected temperature range.
- All dispensed medicines were double checked prior to being dispensed.
- The practice kept prescription stationery securely and monitored its use.
- The dispensary held a range of standard operating procedures which were regularly reviewed and updated.
- Written procedures were in place and reviewed regularly to ensure safe practice.
- All patients' blood results were stored on the IT system and no repeat prescriptions could be issued unless the blood tests were up to date and within the normal range.

Track record on safety

The practice had a generally had a good track record on safety.

- There were comprehensive risk assessments in relation to building safety issues such as fire safety and health and safety.
- The practice employed an external cleaning company. The cleaning staff had access to the dispensary out of hours when there were no dispensary staff present. The practice had not undertaken a formal risk assessment but demonstrated the safety measures they had in place to mitigate any risks.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff we spoke to 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 lessons, identified themes and took action to improve safety in the practice.
- We saw evidence that learning points were discussed in management meetings, and staff that we spoke with advised that they did receive this information.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.*)*

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 in the records we viewed.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were 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 their medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 731 patients a health check; 312 of these checks had been carried out.
- The practice hosted an Alzheimers' Society meeting once a month at the practice.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice aligned one GP with a special interest in older people's health to work with and regularly visit the nursing and residential homes in the area. As a result of this joint working the practice evidenced a reduction in number of emergency admissions to hospital and a more effective working relationship with the external providers.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions; for example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with or above the target percentage of 90%.
- The practice held a multi-disciplinary team meeting with school nursing teams and health visitors on a quarterly basis.
- The local midwifery team held a weekly clinic at the practice.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Good

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme. This was above the CCG average of 71% and national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice staff devised a system to ensure they held a list of patients to make members of the staff team aware of patients who may need to be treated with extra care, understanding and sensitivity. For example, patients who had received a recent diagnosis or were recently bereaved would be added to the list enabling reception staff to book additional appointment time for the patient.
- The practice offered annual health checks to patients with a learning disability. The practice had 24 patients with a learning disability, 14 of those patients had received an annual health check in the previous 12 months. The practice had identified this required improvement and had started to offer health checks within patients' own homes.

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 medicines.
- The practice contacted patients by telephone one hour before the time of their appointment as a reminder for those patients experiencing poor mental health, including people with dementia.
- The practice offered health checks to patients with poor mental health, including dementia. There were 132 patients eligible for a health check and 91 of those had received a health check in the previous 12 months.
- 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.

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.

- For example, following a recent patient safety alert in relation to the use of certain medications which increase the risk of severe hyperkalaemia (high potassium in the blood) the practice completed an audit of those patients to ensure that regular monitoring of these patients had been undertaken. On the first cycle, the practice observed that 70% of patients had a blood test within the last 6 months, and of these 85% had normal potassium levels. All patients' records were updated with an alert for the dispensary staff highlighting when the patients six monthly blood test was due. On the second cycle, the practice observed that 95% of patients had a blood test within the last six months, and of these 90% had normal potassium levels.

Good

Are services effective?

- The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96%. The overall exception reporting rate was 10% compared with the CCG average of 8% and national averages of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- The practice used information about care and treatment to make improvements.
- 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. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding on care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information 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 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 actively promoted the “Active & Healthy 4 Life” scheme, a local district council scheme that aimed to increase physical activity levels and provide activity opportunities and education for patients with medical conditions. Following a meeting between the practice and scheme organisers, the practice showed a 200% increase in referrals.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Good

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health; for example, stop smoking campaigns were promoted.

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 very positive about the way staff treat people.
- 13 of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The remaining four comment cards were mixed with some negative comments in relation to waiting times and the one comment in relation to the new automated telephone service.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice was generally in line with local and national averages for outcomes relating to kindness, respect and compassion on the national GP patient survey.
- The practice sent letters of congratulations to patients who had become new parents.

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 had identified 259 carers and supported them, this was approximately 3% of the practice population.
- The practice was in line with local and national averages for outcomes relating to involvement in decisions about care and treatment on the national GP patient survey.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area 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 to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice operated a triage system for urgent appointments once all the routine appointments were fully booked. The duty GP triaged requests for urgent appointments and was able to book appointments with all the GPs who had additional appointments added after both morning and afternoon surgery
- Following feedback from patients in relation to waiting times for appointments, the practice employed a GP retainer. They also encouraged the nurse team to undertake further training to increase their work set and had reduced the administrative burden on GPs by upskilling administrative staff.
- 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.
- The practice provided dispensary services for people who needed additional support with their medicines; for example, weekly or monthly blister packs and large print labels were provided if needed.

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.

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 offered home visits for annual reviews of long term conditions for patients who were unable to easily access the practice.
- The practice previously held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues but were unable to meet face to face due to operational issues. However, the practice liaised with the district nursing team by telephone.

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, online access for appointment booking and telephone consultations were available.
- The practice had piloted providing extended opening hours, but an audit showed the patients could have attended during normal opening hours. As a result the practice no longer offered extended hours

Good

Are services responsive to people's needs?

appointments but they had found extending the hours of the dispensary to include Saturday mornings allowed working age people to collect prescriptions more easily and continued to provide this service.
- The practice offered advanced booking of appointments up to at least four weeks ahead.
- The practice had implemented an automated telephone system to allow patients to cancel appointments without having to speak to a receptionist. This reduced the time of telephone calls for patients.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend appointments were proactively followed up by a phone call from a GP.
- Patients with poor mental health were booked a longer appointment time.

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 easy to use.

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. It acted as a result to improve the quality of care. We noted that the practice only recorded written complaints and did not record verbal feedback and the opportunity to analyse trends was missed.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice and all of the population groups 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, "providing the right care, by the right person, at the right time". The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

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

- Staff that we spoke with 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 and gave us examples where this had occurred.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and wellbeing 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 interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Information in relation to safeguarding processes was evident in all clinical rooms.
- Practice leaders had established proper 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 around 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.

Good

Are services well-led?

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

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 reviewed in conjunction with feedback from 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 effective 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 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 (PPG) list, however, the practice told us they had struggled to meet regularly and the impact of the PPG was limited. The practice had identified this as an area for development.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement. For example, the nursing team were encouraged to undertake further training in minor illnesses and prescribing.
- Staff knew about improvement methods and had the skills to use them.
- The practice was a training practice for GP trainees (A GP trainee is a qualified doctor who is training to become a GP) and for medical and nursing students.
- 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.
- Leaders encouraged the practice manager to take time out to work with the local GP Federation to develop work within the area.

Please refer to the Evidence Tables for further information.