

The Beeches Medical Centre

Inspection report

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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.

(The Beeches Medical Centre is a new registered practice and this is the first inspection of the service under this provider.)

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 The Beeches Medical Centre on 20 April 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 generally had clear systems to manage risk so safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. We saw there was a lack of risk management in some areas of fire safety and the storage of substances that were potentially hazardous to health; however, this was addressed immediately by the practice following our inspection.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines. There was a comprehensive programme of audit in place.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- The practice nurse had implemented a review of all patients over 75 years of age with no long-term health conditions. We saw evidence a total of 315 reviews had been carried out in the two years to April 2018, 154 of them in the first year. Of these 154 reviews, 94 had resulted in further referral for unmet needs. As a result of this work, the nurse had been invited to and attended a garden party at Buckingham Palace on 16 May 2017.
- The practice had purchased a computer software system that allowed for all aspects of practice governance to be managed safely and effectively. Managers had worked during the past year to populate this system to give full and comprehensive access to all staff in the practice as appropriate. This included for example, staff training records, recruitment records, meeting minutes, significant event records, patient safety alerts, practice policies and procedures and timely reminders for the governance of these documents.

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

- Continue to implement and review the areas of safety risk assessment associated with the practice new fire policy and procedure and COSHH (control of substances hazardous to health) policy.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief 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.

Background to The Beeches Medical Centre

The Beeches Medical Centre is situated on Liverpool Road, Longton, a village near Preston, at PR4 5AB and is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England.

The surgery is housed in one-storey purpose-built accommodation and offers access and facilities for wheelchair users and visitors. The practice website can be found at

There are approximately 1954 registered patients. The practice population includes a higher number of patients aged over 45 years of age than the national average; 61% compared to 43% nationally.

Information published by Public Health England, rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population consists of patients mainly of white descent with 2% of black, minority ethnic groups.

Practice opening hours are from 8am to 6.30pm Monday to Friday and extended hours appointments are offered

on the morning of the last Saturday of the month from 9am to 12.30pm. There is one other extended hours appointment after 6.30pm each Wednesday at another practice in Preston. Appointments with GPs at the practice are from 9.15am to 11.45am and 3.30pm to 5.30pm on Monday, Wednesday and Friday and from 9am to 11.10am and 2.30pm to 4.40pm on Tuesday and Thursday. When the practice is closed, patients are able to access the local out of hours service, GoToDoc, by telephoning NHS 111.

There are three GPs, two male and one female, a practice nurse, a practice manager who also acted as the practice medicines co-ordinator and two reception/administration staff. At the time of our inspection, the practice was advertising to recruit a further member of staff to the reception/administration team. The two long-term locum GPs share the surgeries during the working week between them and the principal GP provides extended hours surgeries on one Saturday morning each month.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) All staff DBS checks were renewed every three years.
- 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. This included appropriate checks for any locum staff employed.
- There was an effective system to manage infection prevention and control. Staff were trained in infection prevention and control and demonstrated good knowledge and understanding of the subject.
- The practice had some arrangements to ensure facilities and equipment were safe and in good working order. All electrical equipment was regularly tested to be safe, there was a legionella risk assessment in place which the practice had actioned appropriately and there was a suite of practice health and safety risk assessments in place which covered staff working practices and the working environment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we saw the last fire risk assessment had been carried out in 2013 by the owner of the premises. This assessment had indicated there were further actions to be taken and there was no evidence these had been completed. For example, there was no evidence of a premises electrical safety certificate and no evidence of fire drills carried out to

test safe evacuation of the building. The practice immediately arranged for a new fire risk assessment to be carried out on the day of our inspection and for an electrician to visit that same day to carry out an electrical safety check. We saw evidence on that day and the one following our inspection, the practice revised its fire policy and procedure to take account of the latest fire risk assessment. Staff were appointed as fire marshals and trained for the role and the practice carried out an evacuation of the building to test these procedures.

- 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 principal GP covered any GP absences thus avoiding the use of short-term locum GPs and the practice was in the process of recruiting a new member of staff to the administrative team.
- There was an effective induction system for temporary staff tailored to their role. We saw a detailed induction pack for short-term locum GPs should the surgery need to use them.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. We saw there were medicines held by the practice for use in medical emergencies although there was no formal risk assessment in place to evidence why some medicines were not kept in practice. However, the practice addressed this immediately following our inspection and sent us evidence of a suitable risk assessment.
- 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

Are services safe?

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

- The care records we saw showed information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. This process had been tested and reviewed following a significant event in the practice.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. GPs viewed all of the communications coming into the practice.
- Clinicians made timely referrals in line with protocols. We saw the protocol for managing patient urgent “two-week-wait” referrals to hospital services was reviewed and made safer in the light of recent local organisation system failures.

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.

Track record on safety

The practice generally had a good track record on safety.

- There were comprehensive risk assessments in relation to most safety issues. However, there was evidence the fire risk assessment carried out in 2013 had not been acted upon. There were new managers in place since it had been carried out and we were told they were not aware of this assessment and would arrange for a new one to be carried out and acted on immediately. We saw evidence this was done on the day of our inspection.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements. There was a comprehensive computer software system that had been purchased by the practice to ensure all safety activity and related policies and procedures were reviewed and implemented appropriately.

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. Actions taken were reviewed to be effective in a timely manner.
- 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.

Are services effective?

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

(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 clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff 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 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary and hospital services and supported by an appropriate care plan. Over a 12 month period to 31 March 2018, the practice had offered 166 patients a health check. A total of 154 of these checks had been carried out in that year.
- 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.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Staff were aware that patients with asthma should have an urgent appointment at the practice for an exacerbation of the condition.
- 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 appropriately.
- 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.

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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 above the target percentage of 90% or above.
- The practice had been recognised by the local clinical commissioning group (CCG) for achieving the highest uptake for seasonal flu vaccinations in the CCG for all healthy children aged 3 years old in the 2016/17 season.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was above the local and national recorded averages.

Are services effective?

- The practices' uptake for breast and bowel cancer screening was above 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 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 or provision of '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.
- The practice reviewed the care of patients diagnosed with dementia in a face-to-face meeting every year.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their medical records and reviewed each year.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. They had audited the outcomes of the reviews for patients aged over 75 years of age conducted during 2016/17 and again in 2017/18. They identified that 94 of the 161 patients seen in 2016/17 needed further intervention or referral to other services including one patient who was identified as needing treatment for bowel cancer. We saw evidence the practice nurse had been recognised for the contribution to the good of the community for work with these patients and had attended a garden party at Buckingham Palace on 16 May 2017.

The practice had also audited the care and treatment of patients taking hormone replacement therapy (HRT) and checked they had been reviewed appropriately and that the correct information had been recorded in their clinical record. Where appropriate, clinicians took part in local and national improvement initiatives. They conducted audits of practice prescribing with the help of the CCG medicines management team and took part in the national diabetes patient audit.

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. All staff training was recorded on the purchased computer software system which issued

Are services effective?

reminders to staff and managers when updates to training were required. Staff were encouraged and given opportunities to develop and told us training requested had never been refused.

- 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Practice procedures were documented and staff felt supported.

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 all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long-term conditions and when coordinating healthcare for care home residents. The 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 at end of life to develop personal care plans that were shared with relevant agencies.

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the GP national survey published in July 2017 were higher than the national and local average for all questions.

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 patients and their carers can access and understand the information they are given.) Managers had been trained in this standard.

- Staff communicated with people in a way 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.
- All patient survey results and feedback we received from patients was overwhelmingly positive and above local and national averages. We saw that two of the 43 comment cards we received were mixed in their comments about the practice; both cards praised the overall service but regretted that the GP they usually saw had left the practice and they had had to see different GPs.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had taken steps to improve patient confidentiality at the reception desk.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

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 were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered both GP and practice nurse home visits and urgent appointments for those with enhanced needs.
- The practice had identified that a high percentage of its registered patients were older and that a large number of patients who were over 75 did not have a chronic disease and had not been seen in the practice for some time. They worked to invite these patients for health checks, starting in 2016/17 and identified large areas of unmet need. They referred to other health and social care service to address this.

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 multi-disciplinary meetings with the local district nursing team, the community matron, physiotherapy service team members, palliative care staff and staff from local social care organisations to discuss and manage the needs of patients with complex medical issues.

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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.
- The practice sent congratulations cards to new parents with appointments for appropriate health checks and vaccinations.
- There were baby changing facilities available and a private room for breastfeeding was offered.
- 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, Saturday morning appointments.
- The practice promoted the online service for booking appointments and ordering prescriptions. We saw at the time of our inspection, 12% of the practice patient list were signed up for this service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They were aware of every patient who did not have English as a first language and those who had hearing or seeing difficulties.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.
- There were notices in the patient waiting area detailing patient self-help services for patients with poor mental health.

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.
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The practice had considered the results of the national GP patient survey and of its own patient survey in relation to timely access to care and treatment. Patients reported high levels of satisfaction in both surveys. Of the 90 respondents to the practice own survey, there were three negative comments relating to access to appointments. The practice

published these as part of their feedback to patients and indicated ways patients could better access appointments to suit them. We received no negative comments relating to access on the 43 comment cards and many cards specifically praised the practice appointment system and said they could access appointments when they needed them.

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. There was a large laminated notice in the patient waiting area. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, we saw the practice had provided some new, higher chairs for use in the patient waiting area following a patient concern about the types of chairs available.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

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. The principal GP signed a new five-year lease for the practice in April 2018.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. We were told managers had an “open-door” policy.
- 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. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice 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 these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. The practice manager had received an appraisal from an experienced manager from outside the practice. 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.
- The majority of staff at the practice were long-standing; the practice nurse had worked at the practice for over 30 years.
- 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. We saw demonstrable evidence of systems implemented by the principal GP to ensure the safe and effective governance of practice processes and procedures. 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.

Are services well-led?

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

There were generally clear and effective processes for managing risks, issues and performance. We saw where processes were lacking; the practice addressed this as soon as they were made aware.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety except in some areas of fire safety and the storage of possible hazardous substances. We saw evidence the practice had addressed all of these risks on the day of our inspection and on the day following.
- 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.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. 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.