

Dr AD Pullan & Partners

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?	Requires improvement 
Are services well-led?	Good 

Overall summary

We previously carried out an announced comprehensive inspection at Dr AD Pullan & Partners on 22 November 2017. The overall rating for the practice was good. The practice was rated requires improvement in providing a responsive service. The full comprehensive report on the 22 November 2017 inspection can be found by selecting the 'all reports' link for Dr AD Pullan & Partners on our website at

This inspection was an announced comprehensive inspection carried out on 12 November 2018 as part of our inspection programme and to confirm that the provider had made improvements in providing responsive services.

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Good

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found access to appointments problematic but reported that they were able to access care urgent when they needed it. The practice had implemented a number of measures to address access to appointments, the impact of which had yet to be reflected in the National GP survey results.

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

- Audit and reevaluate the impact of the changes implemented to improve patient access to the service.
- Review and reconcile the list held of patients on the practice safeguarding registers with external agencies to ensure they are current.
- Consider fully documenting the root cause analysis conducted for significant events and complaint investigations.
- Improve communication with care home managers.
- Improve the detail in the practice final response to complaint letters to include information on the 'next steps' patients may choose to take.
- Improve staff awareness of the Accessible Information Standard.
- Consider keeping copies of the practice business continuity plan off site.

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

Our inspection team

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

Background to Dr AD Pullan & Partners

Dr AD Pullan and Partners, also known as Furlong Medical Practice, is located in Tunstall, Staffordshire and delivers regulated activities from this practice only. The practice is registered with the CQC as a partnership provider and holds a General Medical Services (GMS) contract with NHS England and provides a number of enhanced services to include minor surgery. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS Stoke On Trent Clinical Commissioning Group (CCG). The practice is a training practice for GP Registrars and medical students to gain experience in general practice and family medicine. It is also a placement practice for student nurses.

The practice treats patients of all ages and provides a range of medical services. At the time of the inspection the practice had approximately, 10,125 registered patients. The practice area is one of high deprivation when compared with the local and national averages. The practice has 66% of patients with a long-standing health condition compared to the CCG average of 57% and the national average of 53%, which could mean an increased demand for GP services.

The practice staffing comprises:

- Four GP partners (one a salaried partner) and two salaried GPs providing 4.5 Whole Time Equivalent (WTE) hours (based on full time being 8 sessions).
- Three advanced nurse practitioners, a nurse manager, five practice nurses and two health care assistants who together provide 6.7 WTE hours. A pharmacist was employed for 7.5 hours per week.
- A practice manager, project co-ordinator, caretaker and a team of customer care and administrative staff.
- Two specialist trainee GP's in year three, one in year one, a medical foundation year two student and a medical student.

Opening hours are between 8am and 6pm Monday, Wednesday and Friday. Tuesday between 7am and 8pm and Thursday between 8am and 4pm. The practice is closed on a Saturday and Sunday and has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Additional information about the practice is available on their website:

Are services safe?

At our previous inspection on 22 November 2017, we rated the practice as good for providing a safe service and identified areas that the provider should improve. These included:

- A review of the process for recording, sharing and learning from significant events and to carry out a regular analysis to identify common trends and themes.
- To review the storage and security of oxygen cylinders held at the practice.
- To consider reviewing and reorganising staff recruitment files so they are clearly organised and contain all of the required information.
- To review the monitoring of uncollected prescriptions.

We found that these areas had all improved and we rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. There was no documented evidence found that demonstrated the practice had reviewed and reconciled their safeguarding patient lists with external agencies to ensure they were current. The practice held monthly safeguard meeting attended by GP Partners, GPs and the project co-ordinator who produced minutes. The practice said that there had been no Health Visitor invite or attendance at these meetings to date. 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 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). The chaperone policy did not reflect the training staff received as it did not document where staff should stand when providing a chaperone service. The practice assured us that this would be updated immediately.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. We found this could be further improved to include inviting Health Visitors to the practice safeguard meetings.

- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice had reviewed and reorganised staff recruitment files. References were not found in one of the GP's personnel records we reviewed. Immediately following the inspection two references were forwarded. These had been provided by Furlong Medical Practice GPs as the GP had been a registrar at the practice itself.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Are services safe?

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. The storage of the oxygen cylinders and security had been revised.
- 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 acted to support good antimicrobial stewardship in line with local and national guidance. The practice had implemented systems to monitor and govern uncollected prescriptions. The security of prescriptions log, although in place, lacked detail. During the inspection the NHS Counter Fraud Authority, Management and control of prescription forms; A guide for prescribers and health organisations, was utilised as an aide memoir and the prescription log sheets considered and implemented for future use.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice had reviewed the process for recording, sharing and learning from significant events and carried out regular analysis to identify common trends and themes. We found the root cause analysis conducted for significant events and complaint investigations was not always documented.
- 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 .

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used Skype consultations to support patients and staff in some of the care homes in which they provided a GP service.
- 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 medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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. For example, nurses had designated lead areas based on their experience and qualification. For example, the lead respiratory nurse had a master's degree and had

completed a six-month nurse specialist respiratory course. The lead nurse in diabetes worked closely with the GP lead partner in diabetes and could initiate diabetes medicines in line with her role and competencies.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) was 60.2% which was lower than the CCG and England averages with higher exception reporting. We spoke with one of the practice GP partners who told us that the 72 patients who were exception reported based on a holistic approach to the individual patient's medical history. The practice complete at least three recall requests for patients to attend for their annual review. This was documented in the patient record and letters sent scanned into the practice electronic record.
- 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 clinical exceptions were higher for COPD and asthma patients than the CCG and England averages. The practice told us that their exception reporting system was followed in each instance of exemption, in that patients were invited for a review on or around the patients' birthday. This was followed up with two further written invites and a telephone call. The practice project co-ordinator reviewed the recall list on a quarterly basis of non-attendees.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Are services effective?

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

- The practice's uptake for cervical screening was 63.5%, which was below the 80% coverage target for the national screening programme. We spoke to the practice who advised they used notice boards to promote and encourage attendance. The nursing staff we met were fully aware of the guidance available through Public Health England to assist and attempted to reach patients less likely or willing to engage in screening programmes, this included providing literature in various languages.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice used notice boards to promote and encourage attendance. Staff we spoke with informed us that they discussed this with patients on an opportunistic basis during consultations for other reasons.
- 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. We found the location of the information within patient electronic records, such as end of life choices, preferred place of death and do not attempt cardio-pulmonary resuscitation problematic to readily view.
- 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.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity,

obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The practice was a designated safe haven practice for vulnerable patients.
- 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.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

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.

- 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.

Are services effective?

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, 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 have relocated into the local area.
- One of the care home managers we spoke with reported communication was lacking with regard to flu vaccination visits and that it was not easy to contact the practice by phone to discuss patients registered with the practice in their care.
- 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.
- 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.

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 treat people.
- 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 in line with 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. Not all staff at the practice 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) but had documented patient requirements such as hearing, sight, easy read and language support.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with 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.

Are services responsive to people's needs?

At our previous inspection on 22 November 2017 we rated the practice as Requires Improvement for providing a responsive service. This was because the practice had not:

- Taken a more proactive approach to identifying carers.
- Strengthened the management of complaints.
- Reviewed and improved patient access to the service.

We rated the practice, and all of the population groups, as requires improvement 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.
- Skype consultations were available to registered patients at the practice in some of the care homes.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.

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 quarterly multi-disciplinary meetings which included invites to the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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.

Timely access to care and treatment

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported difficulties in accessing appointments, in particular phone line access. The five patients we spoke with during the inspection found that improvements had been made. Reviews from patients on NHS Choices remained predominately negative on access to appointments.
- Care Quality Commission comment cards were completed by 44 patients, 30 reported positive

Are services responsive to people's needs?

experiences including access, 11 gave mixed views; positive on the care and treatment they had received but negative about access to appointments. Three patients were negative about the appointments but did not comment otherwise.

The practice's GP patient survey results (01/01/2018 to 31/03/2018), published in August 2018, were below local and national averages for questions relating to access to care and treatment.

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone was 24.1%, compared to the Clinical Commissioning Group (CCG), 65.8% and England average of, 70.3%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 38.3%, compared with the CCG average of, 68.5% and England average, 68.6%.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 42.2% compared with the CCG average of, 68.7% and England average, 65.9%.
- The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered 55.6% compared with the CCG average of, 76.1% and England average, 74.4%.

We spoke with the practice in respect of the GP patient survey results. They found that there were areas which had improved since the last survey although these were not directly comparable due to the survey question changes. The practice had recently recruited two additional Advanced Nurse Practitioners (ANPs), one GP and a pharmacist for 7.5 hours a week to provide additional support. They had increased the telephone lines from two incoming lines to three and increased reception staff availability to answer these lines. The practice had also completed an internal re-allocation of administrative staff to receive telephone calls during busy periods and altered the appointment system to create more same day

appointments. A visual call monitoring system had been installed and was fully operational from July 2017. This identified the number of calls received, answered, missed, outgoing calls and calls waiting. Data collected was logged and analysed monthly and the number of calls answered had improved.

We found that the results of the changes implemented had yet to filter through to the National GP Survey results and any differences made to be appreciated by patients. The practice had planned with the Patient Participation Group (PPG) an in-house survey to be completed in February 2019.

Extended hours provision was available via the North Staffordshire GP Federation Extended Hours Service, Monday to Friday between 4pm and 8pm and Saturday between 9am to 4pm at five locations which commenced in September 2018.

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 also from analysis of trends. It acted as a result to improve the quality of care. The practice final letter to the complainant did not always include information on the 'next steps' patients may choose to take. The practice manager assured us that this would be addressed immediately.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 22 November 2017 we rated the practice as good for providing a well led service but identified an area for improvement. This was to ensure policies and procedures that governed activity were clearly accessible, dated, reviewed to reflect practice and shared. We found improvements had taken place.

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.

Culture

The practice had a culture of 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 with a few exceptions. These included reconciling the practice safeguarding register with external agencies to ensure they were current, an easy to locate documented system for patients end of life choices if expressed, including do not attempt cardio-pulmonary resuscitation.
- 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 improved and 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.

Are services well-led?

- 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.

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.

- 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.