Peel GPs

Quality Report

Townside Primary Care Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection, 7 May 2015 the overall rating was Good)

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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences and tailored services in response to those needs.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

All clinicians should use the risk stratification tool as recommended by The National Institute for Health and Care Excellence (NICE) guidelines to identify and manage patients with severe infections, for example, sepsis.

Peel GPs

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist adviser.

Background to Peel GPs

Peel GPs, Townside Primary Care Centre, Knowsley Place, Bury, Greater Manchester BL9 0SN is located in Bury town centre, within the Bury Clinical Commissioning Group.

The practice is responsible for providing treatment to 10,310 patients.

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is located as fourth on the deprivation scale of one to ten. (The lower the number the higher the deprivation). In general, people living in more deprived areas tend to have greater need for health services.

Good

Are services safe?

Our findings

We rated the practice as good for providing safe services overall and across all population groups.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 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 the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. While there was a record ofthe checks carried out on the equipment, the practice did not record details ofthose checks.There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff that was tailored to their role.
- 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, for example, sepsis.Most, but not all GPs used the risk stratification tool as recommended by The National Institute for Health and Care Excellence (NICE) guidelines.
- 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.

- We looked at two individual care records. These were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters to secondary care were sent promptly.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, oxygen, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Clinical staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Good

Are services safe?

- Patients' health was monitored by clinicians including a pharmacist who worked at the practice two days a week to ensure medicines were used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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 a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed four significant event reports. These included an analysis of the incident, actions taken and lessons learned. There was a record of the discussions held to ensure good communication within the staff team.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing safe services overall and across all population groups.

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.88.CCG - 0.93; national - 0.98
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age - sex Related Prescribing Unit (STAR PU) was 0.71. CCG - 1.03; national - 1.01.
- 3.56% of antibiotic items prescribed were Cephalosporin or Quinolones.CCG average - 3.73%; national average - 4.71%.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used Facebook and Twitter to keep patients informed about community healthcare events and information on how to stay healthy and well.
- 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. 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.

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.
- Performance for diabetes related indicators was similar to the CCG and the national average, for example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64mmol/mol or less in the preceding 12 months was 80% compared to the CCG average of 81% and national average of 78%.
- 84% of patients with asthma, on the register, have had an asthma review in the preceding 12 months that included an assessment of asthma control using the three RCP questions. This was compared to the CCG and national average of 76%.

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 the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme.
- 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:

Good

Are services effective?

(for example, treatment is effective)

- 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. Annual health checks were undertaken for this patient group and longer appointments were available.
- One of the practice GPs had a special interest in supporting patients with substance misuse issues and was the GP lead for substance misuse in the Bury area and attended and provided GP services to the Bury Drug and Alcohol Team and had done this for approximately 15 years. They worked with other professionals including health and social care colleagues where the 'Recovery Model' was the adopted approach of the team with abstinence being the goal of treatment.
- The practice participated in an alcohol primary care pathway DES (Directed Enhanced Service), which meant that patients who needed support and or help with alcohol issues were supported and signposted to community and secondary services when required.The same GP was the lead for 'Zero Tolerance' patient scheme across the Bury area. This meant that patients who were difficult to manage in primary care services due to violence and aggression and had previously been removed from GP lists could access an appointment with the GP at a centralised location in Bury. This scheme benefited patients from the practice and those from the wider geographical area.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 91% of patients experiencing poor mental health had received advice about their alcohol consumption;CCG average - 92%; national average - 89%.98% of patients experiencing poor mental health had received advice about smoking cessation; CCG and national average - 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, there was a programme of clinical audit which had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. One audit was carried out in relation to stroke prevention in patients diagnosed with atrial fibrillation to determine whether they were being appropriately managed in line with NICE Guidance. The study identified four patients who were receiving no anticoagulation who were subsequently started on an anticoagulant. It also identified a further 12 patients with unstable Warfarin control that were subsequently altered to a safer form of anticoagulant. This resulted in four patients receiving additional medicines to reduce the risk of them having a stroke. A second audit was carried out on the follow up of patients diagnosed with depression to determine compliance with NICE guidance. It audited patients to determine whether patients had received a review six months after remission and also whether patients who had been on antidepressant medication for greater than two years had received an annual review. The audit revealed a large number of patients that had not been reviewed in line with NICE guidance and subsequently invited these patients in for review.

The most recent published Quality Outcome Framework (QOF) results (2015 / 2016) were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 7% compared with a national average of 6%. (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.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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 confirmed they were encouraged and given opportunities to develop.

Good

Are services effective?

(for example, treatment is effective)

- 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 the health care assistant did not include the requirements of the Care Certificate as this was not in place when they were employed.The practice manager said they would incorporate these standards into the induction programme for the future.
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.
- 69% of new cancer cases (among patients registered at the practice) were referred using the urgent two week wait referral pathwaycompared to the CCG average of 56% and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the patients' health, for example, tackling obesity and diabetes.One of the GPs took lead responsibility for diabetes care and there was a specific clinic run with a diabetic specialist nurse to support and monitor patients' care needs.

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.

Good

Are services caring?

Our findings

We rated the practice as good for providing safe services overall and across all population groups.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the reception staff as friendly, helpful and professional.They said the GPs and nursing staff were caring, professional and polite.They said they had enough time during their consultation to talk about their health care issues and they were always treated with dignity and respect. Patients said they were given information about their health care issues in a way they could understand.The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online.The FFT gave every patient the opportunity to feed back on the quality of care they hadreceived.Results from the patient responses received this year showed the majority of patients would be 'extremely likely' and 'likely' to recommend the practice to friends and family.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 272 surveys were sent out and 101 were returned. This represented about 1% of the practice population. The practice had a mixed response for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) and national average of 89%.
- 75% of patients who responded said the GP gave them enough time; CCG and national average - 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 95%; national average - 96%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average – 86%; national average - 86%.
- 85% of patients who responded said the nurse was good at listening to them; CCG and national average - 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG and national average - 91%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw; CCG and national average - 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 91%; national average - 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful; CCG average - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available although this notice was only in English.
- 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 patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients as carers (1% of the practice list).

Good

Are services caring?

- Carers were offered an NHS health check and given information about local cares support groups and services.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 83%; national average - 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG and national average - 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 86%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing safe services overall and across all population groups.

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. (For example, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had increased the availability of after school appointments and longer appointments were available for patients that needed one.
- 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. The GP and district 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.
- Patients whose long term conditions leave them at increased risk of hospital admission were offered care plans to anticipate their treatment needs and avoid unnecessary admissions.
- The practice held regular meetings with other health care professionals 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.
- There was a welcome pack for the families of new babies registered with the practice.There was a "one stop clinic" to provide the six to eight week baby check, first immunisations and postnatal appointments for mothers to minimise the number of attendances for the family.
- All parents or guardians calling with concerns about a child under the age of 12 were offered a same day appointment when necessary.Same day contact with a GP was provided for patients under 18 years.

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, the telephone lines and reception desk were open from 8 am to 6.30pm Monday to Friday and practice nurse and HCA appointments were available from 8.10 am to 12.45 pm and 12 noon to 6.30 pm (afternoon triage) and 1.30 pm to 6 pm. Routine GP appointments were available to pre-book from 8.30am.

- Patients had access to the "Easy GP" Service. This gave patients access to routine pre bookable and same-day GP and nurse appointments at three sites across the Bury area from 8 am to 8 pm Monday to Friday and from 8 am to 6 pm at weekends.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- All staff were trained in adult and child safeguarding procedures.
- GPs recorded clearly in patient notes where they had been notified of circumstances that may make them vulnerable, for example, substance misuse, domestic violence and mental health problems.Information about patients was shared with other agencies such as the police and social services to ensure patients received the right care and support.
- Longer appointments (30 minutes) were available to patients with a learning disability, and their carer.

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

- The telephone triage service allowed for a quick response to patients who felt their mental health was deteriorating or they were at crisis point.
- Longer appointmentswere available where needed
- Annual reviews were offered to patients with complex mental health needs with care plans drawn up when appropriate.
- GPs proactively screened for dementia.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

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.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by completed comment cards. 272 surveys were sent out and 101 were returned. This represented about 1% of the practice population.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG average - 69%; national average - 71%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 78%; national average - 75%.
- 88% of patients who responded said their last appointment was convenient; CCG average - 84%; national average - 81%.
- 75% of patients who responded described their experience of making an appointment as good; CCG average - 74%; national average - 73%.
- 71% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 62%; national average - 58%.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed the summary details of all eight complaints and more detailed information of four complaints.We found that they were satisfactorily handled in a timely way.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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, there was evidence that staff had met to discuss concerns raised by patients about the prescribing of medicines, booking appointments and the manner of one of the GPs.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice as good for providing safe services overall and across all population groups.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They 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 care and promote good outcomes for patients.

- The practice recently merged with two other practices.We were told the merger was well managed.This demonstrated the GPs had a vision and strategy for the future development of the service.
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities and these were discussed with the staff team. However, the business plans had not been formally documented.
- 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. We saw evidence that complaints were dealt with in a timely manner with regular communication with complainants anddiscussions were held following any incidents for the purpose of learning. 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.
- Staff were provided with regular training and development opportunities. This included appraisal and career development conversations. The appraisal system was currently being reviewed and would be rolled out in December of this year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All 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 well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through clinical audits. Practice leaders had oversight of MHRA 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.
- 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, staff and external partners to support high-quality sustainable services.

- Staff views and concerns were encouraged, heard and acted on to shape services and culture.Staff told us they met regularly as a team to discuss the future developments of the practice.They said they felt comfortable putting forward they views and received good support from the GPs, practice manager and senior staff.
- There was an online patient participation group (PPG). While members of the group were surveyed for their views of the service, very few responded with their comments.The practice manager was looking at how the PPG could be become more active in its role.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There were systems and processes for learning, continuous improvement and innovation.
- There was a focus on continuous learning and improvement at all levels within the practice.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The health care assistant and clinical pharmacist's role was being developed so they could take on additional responsibility.This development was underpinned with training, supervision and mentoring by GPs and other appropriate clinical staff.
- A newly devised GP rota was being rolled out to improve patient access to the service.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers took time out to review team objectives, processes and performance.