Nethergreen Surgery

Quality Report

34-36 Nethergreen Road
Sheffield
S11 7EJ
Tel: 0114 2307818
Website: www.nethergreen-surgery.co.uk

Date of inspection visit: 7 March 2018
Date of publication: 24/04/2018

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

Ratings

Overall rating for this 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

Key findings

Contents

Key findings of this inspection

Page

Letter from the Chief Inspector of General Practice 2

The six population groups and what we found 4

Detailed findings from this inspection

Our inspection team 5

Background to Nethergreen Surgery 5

Detailed findings 6

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 16 December 2015 – 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 living with dementia) - Good

We carried out an announced comprehensive inspection of Nethrgreen Surgery on 7 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice 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 and feedback from patients about their care was consistently positive.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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.
- There was a clear leadership structure and staff stated they felt respected, supported and valued. They felt part of a team and were proud to work in the practice.

We saw one area of outstanding practice:

Summary of findings

- The practice had recently implemented a digital asthma review system for patients who had failed to attend their annual review appointment to assess and ensure their asthma was adequately managed.

The areas where the provider should make improvements are:

- Review access to the blank prescription stationery cupboard key.
- Review the timeliness of requesting disclosure and barring service (DBS) checks for new staff as specified in the recruitment policy.
- Review the procedure for recording safeguarding incidents in the patient record.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Nethergreen Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and supported by a GP specialist advisor.

Background to Nethergreen Surgery

Nethergreen Surgery is registered with CQC to provide GP services from 34-36 Nethergreen Road, Sheffield, S11 7EJ and accepts patients from Nethergreen and the surrounding area. The practice is part of the Sheffield Clinical Commissioning Group (CCG) area and responsible for providing services for 9302 patients under the personal medical services (PMS) contract. Further information can be found on the practice website: www.nethergreen-surgery.co.uk

Public Health England data shows the practice population is similar to others in the CCG area. The practice catchment area has been identified as within the group of the tenth least deprived areas nationally.

Nethergreen Surgery has four male and three female GPs, a nurse practitioner, three practice nurses, pharmacist, two healthcare assistants, a practice manager and an experienced team of reception and administration staff.

The practice is open 8am to 6.30pm Monday to Wednesday and 8am to 4pm Thursdays and 8am to 6pm Fridays. Extended hours are offered until 8.30pm on Monday evenings and 8am to 10.45am Saturday mornings for pre-booked appointments. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments. Out of hours care can be accessed via the practice telephone number or by calling the NHS 111 service.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and vulnerable patients were discussed regularly at the doctors meetings although the practice policy did not include the procedure of how or where to record incidents in the medical record.
- 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.
- 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 the role and had received a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out staff checks, including checks of professional registration where relevant, on an ongoing basis. Disclosure and Barring Service (DBS) checks had been undertaken where required. However, practice recruitment policies and procedures had not been followed with regard to DBS checks being required prior to the offer of employment, although alternative assurances had been sought at the time of employment and the checks had subsequently been completed.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- 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.

- Individual care records 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. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

Good

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use although we observed the key to the locked prescription stationery cupboard to be left in the lock throughout the inspection. The practice manager told us this was removed at night and the process for removing it during the day would be reviewed immediately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and 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 to ensure medicines were being used safely and followed up on appropriately. The practice had employed its own pharmacist who carried out and involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were 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 and policy 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. For example, a recall system had been implemented to ensure patients who had a ring pessary inserted received a follow up review appointment at the appropriate time.
- 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 and all of the population groups as good for providing effective services.

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 its website to signpost patients to local support services.
- 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.
- Patients aged over 75 could access health checks which were supported by an appropriate care plan. If necessary they were referred to other services such as voluntary services. The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- 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.
- The practice held quarterly meetings with the district nursing team and community support worker to review the care plan of patients who had been identified as being a high risk of admission to hospital.

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.
- The practice had recently implemented an on-line digital asthma review service for patients who had failed to attend their annual review appointment. The completed online questionnaire was reviewed by the practice nurse who calculated the asthma control test (ACT) score. To date four questionaires had been completed and reviewed by the nurse. Two reported good asthma control and required no follow up and two reported good asthma control, although with a lower ACT score. This triggered a telephone call from the nurse to the patient to review the management of their asthma in more detail before completing the review remotely. The practice plan to audit the effectiveness of the system in six months.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

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. The doctors provided ante-natal and post natal care and clinics with the midwife were held regularly at the practice.
- 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 78%, which was in line with the 80% coverage target for the national screening programme and above the CCG average of 74% and national average of 73%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 85% and national averge of 84%.
- 75% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is slightly lower than the CCG average of 91% and national average of 90%. The practice had recently reviewed its recall system and had implemented a birthday recall to ensure all patients were offered an annual review appointment.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example 82% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the CCG and national average of 91%.

Monitoring care and treatment

The practice had a programme of quality improvement activity and had reviewed the effectiveness and appropriateness of the care provided. For example, a clinical audit had been completed to ensure patients on Lithium medication had received the appropriate investigations and were being appropriately monitored. However, the provider had identified that the programme of clinical audit could be improved and planned to review the system to identify new topics and ensure second cycles of existing audits were completed as part of a rolling clinical audit programme.

The practice used information about care and treatment to make improvements. For example, the practice had referred patients identified as being at risk of developing diabetes to the Sheffield diabetic prevention programme for advice and support.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice participated in the local quality improvement scheme to review appropriate prescribing in line with the Sheffield formulary, including appropriate antibiotic prescribing. Data demonstrated that the practice was making improvements in line with the local guidelines.

The most recent published QOF results were 98.3% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.7% and national average of 96.5%. The overall clinical exception reporting rate was 10.6% compared with a CCG average of 9.5% and national average of 9.6%. (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 were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate which staff were currently undertaking. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Good

Are services effective?

(for example, treatment is effective)

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 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 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 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 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.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

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 area to discuss their needs.
- All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 223 surveys were sent out and 133 were returned. This represented about 1.4% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 97%; national average - 96%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG and national average – 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

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.
- Staff communicated with patients in a way that they could understand, for example, communication aids.
- The practice offered patients with learning disabilities pictoral information sheets to aid better communication.
- 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 identified patients who were carers when they presented to the practice with the patient or as part of their own consultation. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers (0.9% of the practice list).The practice had a dedicated carers notice board in the reception area and links on the practice website to direct carers to the various avenues of support available. The practice manager told us patients who required support would be referred to support services, including to the community support worker who could assist in signposting carers to local support groups.

Staff told us that if families had experienced bereavement, their usual GP would contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 94% 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%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG and national average - 82%.

Good

Are services caring?

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG and national average - 90%.
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments).
- The practice had benefited from a neighbourhood digital champion who had the role of helping patients equitably access services via the internet.
- The facilities and premises were appropriate for the services delivered. The practice had plans in place to make alterations to the premises to improve access for patients by providing extra consulting rooms.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients who could not access the stairs would be offered an appointment in a downstairs clinical room.
- 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 practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice provided medical care and weekly routine GP visits to patients who resided in a local care home.

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 had recently implemented a birthday recall system to invite patients in during the month of their birthday so patients would be reminded their review was due.
- The practice had purchased blood pressure machines which were loaned out to patients with long term conditions to monitor their blood pressure at home.
- The practice held regular meetings with 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.
- All parents or guardians calling with concerns about a child under the age of 16 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, extended opening hours on a Saturday morning.
- Telephone triage consultations were available with a GP and telephone medication review consultations with the pharmacist which supported patients who were unable to attend the practice during normal working hours.
- The practice offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area.

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. Patients with a learning disability were offered regular health checks.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.
- The practice offered patients experiencing poor mental health and those living with dementia an annual review appointment.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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 observations on the day of inspection and completed comment cards. 223 surveys were sent out and 133 were returned. This represented about 1.4% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%.
- 77% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 83% 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 - 76%; national average - 76%.
- 77% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.

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. 11 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- 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, the delay in a diagnosis had lead to a significant event analysis being completed which raised awareness of current clinical guidelines. A subsequent significant event demonstrated the learning and change that had taken place as a result of this.

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 and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capability and integrity 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. The practice had completed a workforce analysis and had employed its own pharmacist to assist with medication management. The practice were looking to develop the nursing team and support staff with the nurse prescribing course. The practice was currently supporting two healthcare assistants through the Care Certificate course.
- 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.
- 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.
- 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.
- Clinical staff, including nurses, were considered valued members of the practice team.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, practice recruitment policies and procedures had not been followed with regard to DBS checks being required prior to the offer of employment, although alternative assurances had been sought at the time of employment and the checks had subsequently been completed.

Managing risks, issues and performance

Are services well-led?

Good

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

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 audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- 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. Staff also received a regular news bulletin to ensure they were kept informed and updated.
- 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.
- There were 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. For example, the patient participation group and staff had been involved in how the new automated telephone system would be set up.
- The service was transparent, collaborative and open with stakeholders about performance.
- There was an active patient participation group.

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. For example, the provider had supported the practice manager through leadership and management courses.
- The practice was a teaching practice for medical students and also participated in research projects.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.