

# OHP-Wake Green Surgery

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This practice is rated as Good overall.**

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at OHP-Wake Green Surgery on 14 June 2016. This was to follow up progress made by the practice since our previous inspections in December 2016 and September 2017 and ensure the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were being met. The practice was rated as inadequate following the inspection in December 2016 and placed into special measures. We inspected again in September 2017 and found significant improvements had been made and the practice was rated as good overall with requires improvement for providing responsive services.

At this inspection we found:

- The practice demonstrated that improvements seen at our previous inspection in September 2017 had been sustained.
- 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 and was in line with local and national averages for patient outcome indicators.

- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients were the improvements being made to the service and the practice was evaluating the changes being made and the impact on the patient experience.
- Access to appointments had been a main cause of complaints about the practice as a result the practice had made significant changes to the appointment system. The practice had made adjustments in response to patient feedback and were continuously monitoring and evaluating the changes made. Recent patient feedback indicated that improvements were starting to impact on patient satisfaction.
- There was a strong focus on continuous learning and improvement. The practice had been receptive to feedback received about the service and were driven to make improvements. There was noticeable energy and drive within the staff team to continue to make further improvements and to deliver a high quality service.

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

- Continue to evaluate and monitor impact of changes on patient satisfaction and access to the service.
- Continue to review trends in complaints to identify areas for further improvements.

**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

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

## Our inspection team

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

## Background to OHP-Wake Green Surgery

Wake Green Surgery is a member of Our Health Partnership (OHP), a partnership of approximately 40 practices across the West Midlands area. The practice registered with CQC under OHP as the provider organisation in September 2017.

The practice also sits within NHS Birmingham and Solihull Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

Wake Green Surgery is located in a converted house adapted to provide primary medical services. The practice registered list size is approximately 9000 patients. Based on data available from Public Health England, the practice is in an area with higher than average levels of deprivation. Ranked three out of ten by

Public Health England based on indices of multiple deprivation scores (ten being the most affluent and one the most deprived). However, the area served does include areas that are prosperous as well as deprived.

Practice staffing consists of five GP partners (three female and two male), one salaried GP, a pharmacist, a locum practice nurse, an assistant nurse practitioner and two phlebotomists. Non-clinical staff include, a practice manager and a team of reception and administrative staff.

The practice is open from 8am to 6.30pm on a Monday and Tuesday, 7.30am to 2.30pm on a Wednesday and 7.30am to 6.30pm on a Thursday and Friday. When the practice is closed (including Wednesday afternoons) services are provided by an out of hours provider (Primecare) who are reached through the NHS 111 telephone service.

The practice is a training practice for qualified doctors training to become a GP.

OHP-Wake Green Surgery is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services and Treatment of disease, disorder or injury.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role, this included additional training to support those at risk of domestic violence. Staff knew how to identify and report concerns. Learning from safeguarding incidents were available to staff.
- 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. Practice staff regularly met with other health and social care organisations to discuss concerns. The child safeguarding lead for the practice was also establishing links with a local school to help improve communication and engagement between the services.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. Audits were undertaken and actions addressed to ensure these were working appropriately.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. The practice had undertaken significant refurbishment of the premises over the last year to improve the environment.
- 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 had been recent changes to the practice staffing and clinical staffing levels had increased since our previous inspection. At the time of inspection, the practice had recruited two new GP partners, a practice nurse and a practice manager.

- There was an effective induction system for new and 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 and had provided training and guidance for reception staff.
- 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. Practice staff worked to internal targets for processing and acting on patient information received.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians had systems to support timely referrals in line with protocols. The practice had internal targets for completing referrals which were audited on a weekly basis to ensure they had been completed.

## Appropriate and safe use of medicines

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

- The practice had taken action to support good antimicrobial stewardship in line with local and national guidance. Prescribing data such as for antibiotics and hypnotic medicines compared positively to national comparisons.
- The practice employed an in-house pharmacist who routinely undertook medicine audits and provided advice and support to clinical staff and patients.

## Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment were appropriate and minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately, including those on high risk medicines. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had made significant improvements since our previous inspection to support safety within the practice.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources such as incidents, complaints and safety alerts. There was a comprehensive review and learning from incidents seen.

### 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 and took action to improve safety in the practice. Staff were able to give examples of actions and improvements made to processes as a result of incidents.
- Incidents were shared with the provider organisation through a shared reporting system.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts and we saw examples of this.

**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 .**

## 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.
- The provider organisation had introduced IT systems across its member practices and staff were able to obtain evidence-based guidance such as NICE (National Institute for Health and Care Excellence) guidance and other local guidance through this.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw examples of audits which reviewed care and treatment against evidence-based guidance

### Older people:

- The practice used an appropriate tools to identify patients who were living with moderate or severe frailty.
- Those identified with complex needs were supported by a specialist Case Manager and discussed at the regular multi-disciplinary team meetings.
- 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.
- Patients eligible in this age group were offered flu, shingles and pneumococcal vaccinations.

### People with long-term conditions:

- Patients with long-term conditions received a structured annual review to check their health and medicines needs were being met. Clinical staff were supported by an in-house pharmacist.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- GPs followed up patients who had received treatment in hospital for an acute exacerbation of asthma and chronic obstructive pulmonary disease (COPD).

- Adults with newly diagnosed cardiovascular disease were offered appropriate medicines 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's performance on quality indicators for long term conditions was in line with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were exceeding target percentages 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.
- Clinics with the midwife were held at the practice.

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

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. However, uptake rates were comparable to local and national averages. Information was displayed within the waiting area to raise patient awareness.
- The practice's uptake for breast cancer and bowel screening was in line with with national averages.
- The meningitis vaccine, for those attending university for the first time was available on request.
- 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. In the last five years 1320 patients had received an NHS Health Check at the practice.

### 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 registers of patients living in vulnerable circumstances such as those with a learning disability or at risk of harm. The practice offered annual health reviews to patients with a learning disability. There were 77 patients on the learning disability register and 90% had care plans in place.

# Are services effective?

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice provided services for those who misused substances.

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. They provided access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice referred to appropriate services to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice worked with a third sector organisation to provide additional support to patients with dementia and their families.
- The practice's performance on quality indicators for mental health was comparable and above local and national averages.

## Monitoring care and treatment

The practice undertook 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.

- Patient outcomes as assessed through the Quality Outcome Framework (QOF) indicators showed the practice results were in line with CCG and national averages.
- Overall exception rate reporting for indicators was in most cases lower or comparable with the CCG and national averages. (Exception reporting is where patients are not reported in the QOF results for example, where medication cannot be prescribed due to a contraindication or side effect or where patients do not attend for their reviews.)
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements. The practice had undertaken several clinical audits and made improvements as a result of these.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Employed 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 received appropriate training for the roles undertaken. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained for employed staff. Staff were encouraged and given opportunities to develop.
- There was an induction programme for new staff and staff received annual appraisals to discuss their ongoing learning and development needs.
- A locum pack was in place for those working on a temporary basis.

## Coordinating care and treatment

Staff worked 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 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, carers and with health visitors.
- 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.



## Are services effective?

- 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 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. Staff were aware and referred patients to various services for social support.
- 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. Patients could access NHS Health Checks and referred or signposted to, smoking cessation and weight management services as appropriate.

### 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.

**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 National GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.
- The practice had responded and taken action in response to the National GP patient survey.
- Patient feedback from other sources including our comment cards, the patient participation group, NHS choices and friends and family test showed patient feedback was improving. Patients commented positively on noticeable changes that had been made in the practice over the last 12 months to improve the service.

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand, for example, communication aids

and easy read materials were available on request. Information was displayed raising patient awareness that they could request information in a way that was accessible to them.

- 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.
- Patients who had recently been bereaved were offered support if needed.
- Patient responses to questions in the National GP patient survey relating to patient involvement in decisions about care and treatment were comparable to local and national in most areas. The practice was continually evaluating and obtaining feedback on changes being made to the service which were starting to show some improvement.

## **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.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**At our previous inspection on 18 September 2017, we rated the practice as requires improvement for providing responsive services. Although the practice was taking action to improve access these had yet to show any impact on patient satisfaction. There had also been a number of complaints forwarded to CQC for information in the preceding six months.**

**At this inspection we found the practice had continued to take action to improve access and was evaluating changes made to ensure progress was being made. Feedback from patients and staff indicated action taken was starting to show some improvement. The practice was also still receiving a number of complaints but were now recording verbal complaints so that they may also be learned from.**

**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. The practice worked with the CCG and the provider organisation to deliver local priorities to patients.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises had been adapted and were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, flexibility of appointments.
- The practice worked with other services to coordinate care for patients who were vulnerable or had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- 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.

- A GP at the practice carried out monthly visits to a local nursing home due to the number of resident patients. This was usually carried out by the same GP for continuity.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Telephone consultations were also available if patients were unable to attend the practice.
- Patients over 75 years could access health checks and the practice referred patients as appropriate to the fall service to provide additional support.
- For those with mobility difficulties there was ramp access and a bell for reception if assistance was required.

### 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.
- The practice held regular meetings with the local community nursing teams to discuss and manage the needs of patients with complex medical issues.
- The practice provided various in-house services to support the diagnosis and monitoring of patients with long term conditions.
- The practice had introduced in-house education sessions for patients with diabetes.

### 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 triaged by the on-call clinician and offered a same day appointment when necessary.
- Notices displayed informed children and young adults about their right to confidentiality and privacy in their appointments.
- The premises were accessible to patients with a pushchair and there were baby changing facilities available.
- Sexual Health and contraceptive services were also available from the practice.

# Are services responsive to people's needs?

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.
- Although the provider was not signed up to provide extended opening as an enhanced service, early appointments were available three days each week from 8am and in some cases from 7.30am. The provider organisation was also working to provide cover 8am to 8pm.
- Telephone consultations were available for patients who may have difficulty attending the practice due to work or other commitments.

People whose circumstances make them vulnerable:

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability had access to regular health reviews. Of the 77 patients on the practice's learning disability register 90% had care plans in place following face to face consultations.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- Longer or flexible appointments were available to those who were vulnerable.
- Drug and alcohol misuse services were available for patients who were registered with the practice and for non-registered patients in the local area. These patients were also supported by a drug misuse worker.
- Staff had undertaken training for those at risk of domestic violence and had links with local support services.

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.
- Dementia clinics were run in collaboration with the Alzheimer's Society who provided additional support to patients with dementia and their families.
- The practice was aware of support available for patients with poor mental health which they could refer or sign post patients to. For example, counselling services.

## Timely access to care and treatment

Since our previous inspection the practice had continued to make changes to improve access to care and treatment which had included changes to the appointment system, staffing and a new telephone system. At this inspection there was still some mixed feedback on the ability to book urgent or routine appointments at the surgery which the practice was keeping under regular review. However, there were also signs that the changes made were starting to have an impact within patient feedback. The GP national patient survey data had not been updated since our previous inspection.

- The practice was making progress to improve waiting times and to minimise delays and cancellations. The practice had used feedback from patients to continuously evaluate changes made and make adjustments where needed. For example, through the Friends and Family Test patients had requested more pre-bookable appointments. As a result, the practice increased online availability by approximately 20% to 30%. The practice had also actively promoted on-line appointments and now had 46% of patients signed up for this.
- The practice had undertaken an in-house survey to review changes made to the appointment system. The majority of patients that responded reported that the new telephone system was better than before. The new telephone system enabled staff to monitor the number of calls received and waiting. For example, during a half hour period on a Monday morning there were 181 calls of which 161 were answered.
- Additional reception staff were made available to answer the telephones at peak times.
- Most patients surveyed described the new telephone system as the same or better than before.
- The survey showed that of the patients who had signed up for online services, most had found the service useful.
- The practice had also introduced a change to the release of appointments throughout the day to help reduce the morning rush and difficulties ringing in first thing by people who worked.
- Patients with the most urgent needs had their care and treatment prioritised. There was a triage system undertaken by a duty doctor. Patients were able to receive a telephone call from the duty doctor and if necessary an appointment.

## Are services responsive to people's needs?

- Over the past 18 months clinical staffing had increased to help manage service demand.
- The practice was monitoring the management and processing of test results and other patient information to support more timely diagnosis and treatment. Referrals were also being audited to help minimise delays to secondary care and subsequent treatment.

### 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 to patients. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The practice had received 42 complaints during the last 12 months. We spoke with the provider about the

number of complaints and saw that there had been a drive to encourage member practices to record all verbal complaints leading to an increase in the numbers received. Since our previous inspection patients were encouraged to put verbal complaints in writing so that they could be addressed and learned from.

- Complaints were actively reviewed and discussed as a standing agenda item at practice meetings. There was evidence that lessons were learned from individual concerns and complaints and also from analysis of trends. Feedback from complaints was being used to improve the quality of care and help turnaround the service. For example, over the past 18 months there had been significant improvements in relation to practice staffing, management and the appointment system which were resulting in more positive feedback about the practice.

**Please refer to the evidence tables for further information.**

# Are services well-led?

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

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges they faced and were addressing them. They had responded well to feedback from previous inspections and from patients and were working to continually improve the service.
- 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 and staffing needs.

## 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. They had joined a large partnership to support future sustainability of the service and aligned their vision and values to that of the wider partnership.
- 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.
- Services were planned and developed 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.
- The practice focused on the needs of patients, and were developing services to support those needs.
- Leaders and managers acted on behaviour and performance consistent 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 appraisals and career development conversations. Staff were supported to meet the requirements of professional revalidation where appropriate.
- The safety and well-being of all staff was promoted.
- The practice actively promoted equality and diversity and staff felt they were treated equally. Staff had received equality and diversity training.
- 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 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. 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. The practice had carried out a number of audits. 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 following changes or service developments. There had been evaluation of newly implemented services.

### 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.
- The practice used performance information which was reported and monitored. This enabled the practice to address any areas for improvement.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care. The practice used a shared IT system through the provider organisation that gave access to evidence based guidance and supported information sharing and learning with other practices. Patients received text reminders of their appointments to help reduce the number of non-attendances.
- The practice submitted data or notifications to external organisations as required.
- There were appropriate 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG). The PPG had supported the practice in running of health promotion events.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice had taken on board feedback from previous inspections and patient feedback and had used this to make significant changes aimed to improve the service. There was positive energy within the practice team to continue driving forward improvement. New ideas were brought forward to help improve the patient experience such as diabetes education sessions and closer links with the local community.
- Staff knew about improvement methods and had the skills to use them. The organisational structure of the practice had improved. Staff had a better understanding of their roles and responsibilities and how they were contributing to the improvements.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to support improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Whole staff team meetings were now a regular occurrence to ensure information was communicated consistently.

**Please refer to the evidence tables for further information.**