

Waddesdon Surgery

Inspection report

Waddesdon Surgery
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Buckinghamshire
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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 previous inspection was in September 2015 and the rating was also Good.

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 inspection at Waddesdon Surgery in Buckinghamshire on 7 November 2018 as part of our inspection programme. At this inspection we found:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- An understanding of the clinical performance and patient satisfaction of the practice was maintained. The practice had reviewed clinical performance and implemented actions to improve.
- Feedback from patients relating to access to services and the quality of care was significantly higher when compared with local and national averages. This was collaborated by written and verbal feedback collected during the inspection.
- The practice actively reviewed complaints and how they are managed and responded to and made improvements as a result.
- The practice had a clear vision to deliver high quality, patient-centred care and promote good outcomes for patients. The practice had developed clear aims and objectives. These reflected the principle that patients came first, underpinned by a philosophy of providing safe and personalised high quality general practice care.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector; the team included a GP specialist adviser.

Background to Waddesdon Surgery

Waddesdon Surgery is a semi-rural dispensing practice located in the village of Waddesdon in Buckinghamshire and provides general medical services to approximately 5,400 registered patients. The practice is one of the practices within Buckinghamshire Clinical Commissioning Group (CCG).

Services are provided from one location:

- Waddesdon Surgery, Goss Avenue, Waddesdon, Buckinghamshire HP18 0LY

The practice website is:

- www.waddesdonsurgery.nhs.uk/

According to national data there is minimal deprivation in Buckinghamshire, specifically the Waddesdon and the surrounding areas have high levels of affluence, low levels of deprivation and little ethnic diversity. The practice population has a higher proportion of patients aged 45 and over when compared to the national average. The prevalence of patients with a long-term health problem is 54%, similar to the local average (53%) and the national average (54%).

The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

Care and treatment is delivered by three GP Partners and one Salaried GP (two female and two male in total), an advanced nurse prescriber, a practice nurse and a health care assistant who is also a phlebotomist. One of the GPs is the designated dispensary lead and the dispensary team consists of a lead dispenser and five dispensers.

A practice manager, deputy practice manager and a team of reception and administrative staff undertake the day to day management and running of the practice.

The practice has core opening hours between 8am and 6.30pm every weekday. Extended hours appointments are available on a Wednesday evening until 8pm. The dispensary has core opening hours between 8am and 6.30pm every weekday.

Patients at the practice could access improved access appointments at primary care access hubs across Buckinghamshire. These improved access appointments were booked via the patients registered practice and offered a variety of appointments including up until 8pm Monday to Friday, selected hours on Saturdays and 9am until 1pm on Sunday and Bank Holidays.

Out of hours care is accessed by contacting NHS 111.

The practice is registered by the Care Quality Commission (CQC) to carry out the following regulated activities:
Maternity and midwifery services, Family planning,
Treatment of disease, disorder or injury, Surgical
procedures and Diagnostic and screening procedures.

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. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The safeguarding lead in the practice was the Managing GP Partner. Staff highlighted how supportive this GP was in supporting them in managing safeguarding concerns and keeping patients safe from abuse. 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.) The practice completed an audit on the adherence to the chaperone policy every six months. The most recent chaperone audit (collection period March 2018 – September 2018 and 26 chaperone events) highlighted 100% compliance to the chaperone policy.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This was confirmed during the inspection following a review of three recruitment files.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were appropriate 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. A recent review had led to the recruitment of additional staff to the reception and dispensary teams.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice worked in conjunction with the clinical commissioning group, a support pharmacist and had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. This included patients on high risk medicines and patients on four or more medicines. For example, in November 2018, there were 904 patients on four or more medicines. We saw 99% of these patients had an up-to-date medication review.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues within the practice and embedded within policies. For example, the needle stick injury policy had an aligned risk assessment.
- The practice monitored and reviewed safety using information from a range of sources including surveys completed by external specialists.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff, including dispensary 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 acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

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 practice had well-maintained computer searches and a variety of patient registers to ensure that the recall system was effective.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice held age registers to determine which patients were eligible for NHS health-checks. The practice referred to the register to determine patients who were eligible for the shingles vaccines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GPs and advance nurse practitioner (ANP) worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, the ANP had additional diabetes training and was trained to initiate insulin, explore diabetes regimens and patient educational issues.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate, including the use of oral anti-coagulant, where appropriate. This review had been captured via the clinical audit toolkit.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was above local and national averages. This included clinical performance for diabetes, asthma, COPD, hypertension and atrial fibrillation.
- The practice had near patient blood testing for any patients (a register of 76 patients) on anticoagulant medicines. This enabled patients to receive the result and guidance about dosing before leaving the practice.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above. The practice told us the high update was achieved using a case by case audit and update tool.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had reviewed and audited the care of newly pregnant patients, including recordings of the last menstrual period and estimated delivery date. This audit and subsequent actions ensured newly pregnant patients received effective care which included flu jab eligibility and highlighted the use of certain medicines unsafe for use in pregnancy.

Are services effective?

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

- The practice's uptake for cervical screening was 79%, which was comparable with the 80% national coverage target for the national cervical screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. We were presented NHS health check data for April 2018 – June 2018 which indicated a high uptake. We saw there was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life (EoL) care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw live data which indicated 96% of patients on the EoL register had a completed care plan. This was above the 90% targets.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, rural isolation and those with a learning disability.
- There were 14 patients on the Learning Disabilities register. The practice had invited all 14 patients for an annual health check. At the time of our inspection, 66% (9 patients) had attended a health check and the remaining five patients had either a health check scheduled or had been contacted again with a view to schedule a health check.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. This included promotion to evidence based Psychological Therapies (IAPT) for common mental health conditions.
- 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 practices QOF and PCDS performance on quality indicators for mental health including dementia was above local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care and treatment provided.

The practice used the information collected for the Quality Outcome Framework (QOF), the local outcome scheme known as Primary Care Development Scheme (PCDS) and performance against national screening programmes to monitor outcomes for patients. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. The practice was working with the local CCG which had introduced a care and support approach, known as Primary Care Development Scheme (PCDS), for the care of many long-term conditions and was a significant shift away from QOF reporting.

- In 2017/18, the practice achieved 559 QOF points out of a possible 559, this equates to 100% QOF achievement.
- In 2017/18, in the first PCDS year, the practice met the majority of the targets. We saw data from October 2018, which indicated the practice had achieved several targets within the first six months of the collection period.

Are services effective?

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, annual participation in the national diabetes audit which showed improvement each year.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, a member of staff joined the practice this year. This was their first role in general practice and health and social care. They highlighted the support and development opportunities provided by the GP partners including opportunities to train, develop and meet other practice managers.
- The practice provided staff with ongoing support. There was an induction and probation programmes for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Records showed that all members of staff involved in the dispensing process had received appropriate training and their competence was checked regularly. We spoke with management team who had records to demonstrate that the dispensers' competence had been checked regularly. When we spoke with the dispensary staff they were aware that their competence had been checked since they obtained their qualifications.
- The practice participated in the Dispensary Services Quality Scheme (DSQS). One dispenser was trained to

NVQ level 3 and the remaining dispensers were trained to NVQ level 2. All had a minimum of 1,000 hours experience in accordance with the requirements of this scheme.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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. For example, the practice actively promoted Advance Care Planning. (Advance care planning is a process of discussions between patients and those who provide care, for example nurses, doctors or family members. During the discussion patients may choose to express some views, preferences and wishes about their future care). Every month there was a meeting between the practice and the local palliative care nurse team.

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

Are services effective?

condition and carers. We saw the practice promoted various local services including the Buckinghamshire 'Live Well Stay Well' service which has projects to help people lose weight, quit smoking, get more active, feel happier or manage their long term conditions.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported local and national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and specifically to the local community preventing rural isolation.

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. This included six monthly audits to check if the appropriate consent was being obtained and recorded prior to administering a joint injection. The most recent cycle of this audit indicated in the eight month period February 2018 to October 2018, there had been 50 joint injections and 49 of the 50 (98%) had recorded consent.

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 and their carers with kindness, respect and compassion.

- Verbal and written feedback about the about the way staff treated people and their families was continually and overwhelmingly positive.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the 2018 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with others both locally and nationally for its satisfaction scores on consultations with GPs and nurses.
- Overall, 94% of respondents responded positively to the overall experience of their GP practice. This was 10% higher when compared to the local average (84%) and national average (84%).

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, including a hearing loop for patients with hearing impairments.
- 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. This included promotion of an independent local charity which supported unpaid, family carers in Buckinghamshire.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception and dispensary staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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, preferences and the location of patients.

- The practice understood the needs of its population and tailored services in response to those needs. This included two alternative collection points for patients to securely collect their dispensed prescriptions away from the practice.
- Additional services had been introduced to reduce the requirement for patients having to travel to local hospitals for certain services. For example, the practice had near patient blood testing for patients on anticoagulant medicines, the practice could initiate insulin for patients with diabetes and provided a full phlebotomy clinic.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice promoted continuity of care by trying to ensure patient appointments were with the same clinician.
- The practice provided dispensary services for people who needed additional support with their medicines, for example weekly or monthly blister packs.

Older people:

- Older people at risk of isolation within a rural community were identified and discussed at meetings including multi-disciplinary meetings to address any additional support required.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice accommodated home visits and two alternative locations for collection of dispensed prescriptions 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. Longer appointments were available for patients, including double appointment slots.
- 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 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies. We heard about examples of joint working with midwives, health visitors and school nurses.

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

Are services responsive to people's needs?

on Wednesday evenings and collaborate work with other local practices to provide additional improved access appointments at primary care access hubs across Buckinghamshire.

- Online access was promoted within the practice and 41% of the practice population had registered for online access. On-line booking for appointments and ordering repeat prescription was available for patients' convenience. The practice website was well designed, clear and simple to use featuring regularly updated information.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with caring commitments, rurally isolated patients and those with a learning disability. It offered longer appointments for patients that needed them.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning including regular face-to-face reviews for these patients.

Timely access to care and treatment

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly higher when compared to local and national averages. Notably, access to services was much higher than local and national averages. For example:

- 95% responded positively to how easy it was to get through to someone at the practice on the telephone. This was significantly higher when compared to the local average (70%) and national average (70%).
- 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.
- Written feedback on CQC comment cards and verbal feedback regarding the telephone and appointment system was positive and patients commented they could always access appointments with minimal delays.

Listening and learning from concerns and complaints

The practice took all feedback seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

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 local and national challenges and were addressing them.
- Staff told us GP Partners, managers and team leaders were visible, welcoming 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. This included additions to the practice team and supporting the practice manager to develop.

Vision and strategy

The practice had a clear vision, credible strategy and set of values to deliver high quality, sustainable care.

- The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with changing health and social care priorities across the region. The practice planned its services to meet the needs of the practice population. This included collaborative work to provide improved access appointments within the locality.
- 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 and serving the local community.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff including dispensary 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. Staff were supported to meet the requirements of professional revalidation and dispensary training where necessary.
- There was a strong emphasis on working as a family with the promotion of safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- In the last three years there had been several changes across the management team, staff commented it had been a challenging period but also commented on how positive the newly formed relationships between staff and teams were.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management across the practice including the dispensary.

- 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 dispensing, 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. This included clear, regularly reviewed Standard Operating Procedures (SOPs) for dispensary staff to follow.

Managing risks, issues and performance

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

Are services well-led?

- 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, medicines alerts, incidents, and complaints.
- Clinical audit was comprehensive and had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice and processes to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used local, regional and national 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. This included a review of care for older patients and care planning with patient involvement.
- The practice used information technology systems to monitor and improve the quality of care. This included the agreement with other local practices and the recent launch of a service for patients to consult with a GP via secure video.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice outsourced their own patient surveys and acted on patient feedback.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The continued development of staff skills, competence and knowledge was recognised by the leadership team as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.