Danbury Medical Centre

Inspection report

52 Maldon Road
Danbury
Chelmsford
Essex
CM3 4QL
Tel: 01245 221777
www.thebeaconhealthgroup.co.uk

Date of inspection visit: 30/10/2018
Date of publication: 12/12/2018

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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (Previous rating September 2017 – Requires Improvement).

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? - Good

We carried out an announced comprehensive inspection at Danbury Medical Centre on 30 October 2018 and followed up on breaches of regulations found during the previous inspection.

At this inspection we found:

- There was a clear leadership structure and staff felt supported by management. The practice ensured that communication across the practice sites was clear and defined.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- There were 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. Incidents were routinely reviewed and analysed to ensure occurrences were not repeated.
- The practice audited and reviewed the effectiveness and appropriateness of the care it provided. Audits showed this was to ensure care and treatment was provided according to evidence-based guidelines.
- The Danbury location dispensed medicines to patients. The arrangements for managing medicines, including emergency medicines and vaccines kept patients safe.
- We reviewed recruitment procedures undertaken prior to employment and found staff files viewed were complete and accurate.
- Information about services and how to complain was available. Improvements were made to the quality of care from the systems in place to learn from the lessons gained from concerns and complaints. These were shared with staff and stakeholders.
- We observed the two locations we inspected to be tidy and generally clean.
- Patients we spoke with said they did not always find it easy to make an appointment with a named GP however, there was continuity of care, and urgent appointments were available the same day.
- Patient satisfaction in the national GP patient survey was low in several areas. The practice carried out their own survey using questions from the national survey to understand whether changes being made were having a positive effect.
- We were told staff treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Increase existing efforts to identify patients that are carers to ensure they are provided the support needed to maintain their health and caring role.
- Continue to monitor patients with diabetes and hypertension to ensure that appropriate reviews are undertaken and performance in this area is maintained.
- Continue to monitor and improve patient satisfaction as identified in the national GP patient survey published in August 2018.

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

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

Population group ratings

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

Our inspection team

Our inspection team was led (CQC by a Care Quality Commission) lead inspector**.** The team included a GP specialist adviser, and a second inspector attended in a shadowing capacity.

Background to Danbury Medical Centre

The practice is comprised of the Danbury location and two branch sites, Mountbatten House surgery, in North Springfield, and Moulsham Lodge Surgery Chelmsford. The Practice provides primary care services to approximately 25,304 patients in the Danbury and Chelmsford surrounding areas of Essex. The Practice can offer a dispensing service to patients who live more than one mile (1.6km) from their nearest pharmacy. We inspected the Danbury, and Moulsham Lodge locations on the day of inspection. All sites are registered for the following regulated activities:

- Treatment of disease, disorder or injury.
- Surgical procedures.
- Family planning.
- Diagnostic and screening procedures.
- Maternity and midwifery services.

The practice has seven female and five male GPS. They also have regular locum GPs to support the clinical team. There is a managing partner, a business manager, two practice managers, a reception manager, and a team of administrative staff and receptionists across the three locations. A team of six dispensers is supported by a dispensary manager. There is one clinical prescribing pharmacist, two nurse practitioners, nine practice nurses, one health practitioner, and three healthcare assistants.

The practice holds a General Medical Services contract. The practice is a training practice and has four GP registrars (doctors training to become GPs) active at the time of our inspection. The practice is also a research Practice and was participating with research studies at the time of our inspection.

Appointments can be booked in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available to book in advance. Patients can be seen at any of the practice sites. Telephone triage is undertaken by GPs.

Danbury Practice

Monday 08:00 - 20:00

Tuesday 08:00 - 18:30

Wednesday 08:00 - 18:30

Thursday 08:00 - 18:30

Friday 07:00 - 18:30

Weekend closed

Mountbatten House surgery

Monday 08:00 - 18:30

Tuesday 08:00 - 18:30

Wednesday 08:00 - 18:30

Thursday 08:00 - 18:30

Friday 08:00 - 18:30

Weekend closed

Moulsham Lodge

Monday 08:00 - 12:30 13:30 - 18:30

Tuesday 08:00 - 12:30 13:30 - 18:30

Wednesday 08:00 - 12:30 13:30 - 20:30

Thursday 08:00 - 12:30 13:30 - 18:30

Friday 08:00 - 12:30 13:30 - 18:30

Weekend closed

When the practice locations are closed patients can use the out of hour's service provided by Care UK. Patients can also access advice via the NHS 111 service.

The most recent data available from Public Health England showed the practice has a lower percentage of patients aged 0 to 9 and 20 to 44 compared with the national average. Income deprivation affecting children is 8%, which is lower than the CCG average of 14% and the national average of 20%. Income deprivation affecting older people is 7%, which is lower than the CCG average of 12% and national average of 16%. Life expectancy for patients at the practice is 82 years for males and 85 years for females; this is above the national expectancy of 79 years and 83 years respectively.

Good

Are services safe?

What we found at our previous inspection in September 2017.

The practice was rated as requires improvement for providing safe services. This was in respect of not actively monitoring trends in significant events and some medical and emergency equipment found was found to be out of date.

What we found at this inspection 30 October 2018.

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. Training records showed staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was 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 worked 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.
- There was an effective process to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

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

Information to deliver safe care and treatment

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

- The care records seen showed sufficient information needed to support clinicians provide safe care and treatment.
- The practice had systems to share information with staff and other agencies 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 to manage and store medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Clinical and emergency equipment were in date and checked on a regular basis.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed and audited its antibiotic prescribing to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately.
- Patients were involved in their regular medicine reviews.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

Good

Are services safe?

The practice had a good track record on safety.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Clinical 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 in clinical and management meetings. Themes were identified and actions taken to improve safety.
- We found 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.

Good

Are services effective?

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

Effective needs assessment, care and treatment

The practice had a process to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed patient needs and delivered care and treatment in line with current legislation. Standards and guidance were followed along with clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This comprised their clinical, mental and physical care and wellbeing.
- 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.
- Telephone access for ordering medication for those identified as housebound was available using an appropriate patient recognition procedure.
- An effective working relationship with the wider community multidisciplinary team was seen in team meeting minutes.
- The practice nurse and health care assistant provided home visits for chronic disease management.
- There was a daily communication and discussion with the district nurse team to review specific patients and actively work towards reducing the number of patient admissions.
- The practice followed up on older patients discharged from hospital. They 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.
- GPs told us about the befriending scheme available developed in conjunction with PPG group.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The specialist advanced nurse practitioner and nursing team were trained in reviewing and treating long-term conditions.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Records showed adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- There was an in-house phlebotomy, electro cardiology ECGs), and 24-hour BP machines services available.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. They showed how NHS health checks recognised early identification of chronic diseases.
- Performance of the practices quality indicators for long term conditions was below local and national averages for diabetes, chronic obstructive pulmonary disease, and hypertension. We asked the practice about the negative and significantly negative quality performance areas. We were shown the actions they had taken and looked at data from April to September 2018 and found they were on track to achieve their expected target for these indicators by the end of March 2019.

Families, children and young people:

- Childhood immunisation uptake rates were above with the target percentage of 90% with all three indicators we checked showing 96%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Good

Are services effective?

- There were regular safeguarding meetings that included the midwife and health visitor.
- A weekly midwife clinic provided local access to for maternity patients.
- The practice provided care for health promotion campaigns, for example, nasal flu, and rotavirus.
- Clinics for contraception, coil and implant fitting, sexual health consultations, cervical cytology, and chlamydia screening were available.
- There was on-line appointment booking, summary patient record access, and repeat prescription ordering.
- Flexible appointments to fit around school times for families with school age children.

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

- The practice's uptake for cervical screening was 74%, which was comparable with local and national practices.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- A daily minor ailment clinic led by a nurse practitioner.
- Same day urgent triage.
- Telephone consultations.
- Appointments can be booked early morning and evening.
- On-line appointment booking and repeat prescription ordering.
- Access to their on-line summary patient record.
- In house physiotherapy, gynaecology clinic, optometrist, ultrasound, mental health support, and private employment medicals service.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Learning disability (LD) lead within the practice, annual LD checks.
- Named point of contact in dispensary for ordering of medication for learning disability homes.
- Bereavement support.
- On site counsellor.

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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice performance on quality indicators for mental health for the year 2017/18 was comparable with local and national averages. This was an improvement from the data published for 2016/17.
- Regular contact with a community psychiatric nurse (CPN).
- GP follow up with a face to face or telephone appointment.
- Access to confidential self-referral for cognitive behavioral therapy (CBT).
- Signposting to Single point of access and referral to local support agencies.
- Same day urgent triage.
- Dementia care plans.
- Practice staff were Dementia Friends.
- Availability of an in-house counsellor.
- All seriously ill patients discussed during monthly clinical Journal Club.

Good

Are services effective?

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- Patient records seen were accurate and reflective of their care and treatment.
- We spoke with the practice in respect of quality performance data that showed a negative or significantly negative variation for long-term conditions. We therefore looked at data for the period 2017/18 and data available for April 2018 to September 2018 and found that improvements had been made.
- The long-term conditions where data was not comparable with local and national averages were diabetes, and hypertension.

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 train and develop.
- The practice provided staff with ongoing support. There was an induction programme 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.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

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 assessment, planning and the delivery of care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 end of life care was delivered in a coordinated way and considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Good

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and screening for serious illness.

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 decide.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

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 treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were comparable with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their 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.
- 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 carers and supported them however, the number of carers identified was low in comparison with the practice population.
- The practice patient survey results were comparable with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

What we found at our previous inspection in September 2017.

The practice was rated as requires improvement for providing responsive services. This was in respect of not actively sharing lessons learnt from complaints with other staff or stakeholders. The national GP patient satisfaction survey showed access to appointments and phone access to be a concern.

What we found at this inspection 30 October 2018.

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice reviewed and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP, nurse, paramedic and pharmacist 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 were more vulnerable or who have complex needs. They supported them to access services both in 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 provided dispensary services for people who needed additional support with their medicines, for example, weekly or monthly blister packs, large print or braille labels.

The practice reviewed their own patient satisfaction survey to assess improvements requirements to meet patient needs.

- The ability to pre-book appointments were changed to two weeks in advance to reduce the high level of DNA's.
- The number of online appointments was increased.
- Telephone call volumes were audited to identify peak times. The practice increased the number of reception staff during these times.
- A full-time paramedic and clinical pharmacist was appointed to assist two GPs in the delivery of the telephone triage and advice clinical hub.
- The nurse hours were increased and were upskilled to perform chronic disease.

We rated all of the population groups as requires improvement for providing responsive services due to low patient satisfaction as highlighted in the national GP patient survey, published in August 2018. This data affects all the population groups.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GP and practice nurse, and paramedic, also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was an arrangement with a local pharmacy for medicines delivery to housebound patients.

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 stop shop appointments, and consultation times were flexible to meet each patient's specific needs.
- 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. Records confirmed this.

Requires improvement

Are services responsive to people's needs?

- Parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

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

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had 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, however felt access via the telephone could be difficult.
- The practice national GP patient survey results published in August 2018 were varied. They were comparable or above local and national averages for questions relating to care and treatment, however satisfaction was lower for access to appointments, overall experience of their practice, and contacting the practice by phone. The practice had recognised this as a concern and had trained their reception staff in care navigation. They had also developed and employed a multidisciplinary team of clinicians to work in a hub office to triage and deal with the patients navigated to them by the receptionists. The hub had not been in operation for long enough to show any improvement in their GP survey data.

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 in the waiting rooms and on their website. 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 reviewed and analysed complains to learn monitor any trends. They acted because of this analysis to improve their quality of care.

Please refer to the evidence tables for further information.

Good

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 and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff told us the partners were approachable and always took time to listen. Staff commented they were a close-knit team that, worked well together, and felt supported by the management and clinical teams.
- Staff felt informed of any changes and involved in the development of the practice.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the local population.
- The practice monitored its progress against the delivery of their vision for the future.
- The practice was a training and research centre for primary care.

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.
- They focused on the needs of their patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so at the meetings they attended. They had confidence any concerns raised or suggestions made would be addressed.
- There were processes to provide all staff with the training and development they need. This included appraisals and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. For example, a safeguarding lead, and an infection control lead. 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.

Good

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. We saw these were well documented and managed to ensure positive patient outcomes and safety.
- The practice had recognised that the national GP patient survey, published in July 2017, reflected some low areas of patient satisfaction in relation to the appointment system and getting through to the practice by phone. We acknowledge the improvements they had put in place, but they had not yet been reflected in the survey data published in August 2018. Therefore further time was required to see if the improvements made were reflected in patient satisfaction data.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to improve care and treatment 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 when making changes or developing their service.

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 and discussed at practice meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- 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.
- A GP at the practice worked closely with the local clinical commissioning group (CCG) to understand local area population needs.

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. They were forward thinking and were keen to upskill existing staff where possible. Staff reported that training and development was encouraged.
- The practice was a training organisation and had four GP registrars (doctors training to become GPs) working at the time of our inspection. We spoke with one of the registrars who told us the support provided was excellent and enjoyed working at the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews, of incidents and complaints to learn and make improvements. Learning was shared both internally and externally with stakeholders.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice participated in research, they chose research topics to monitor and improve their patients care and treatment.
- The practice restructured the availability of pre-bookable appointments from four to two weeks in advance from learning in their own patient survey. They also increased the online appointments available.
- Telephone call volumes were audited and the practice increased the number of reception staff during peak times.
- A full-time clinical pharmacist was appointed to undertake face to face patient medication reviews,

monitor poly pharmacy, and ensure hospital discharge summaries were actioned appropriately. This improved access to medication reviews and allowed GPs to focus on delivering acute and chronic care.

- The nurse hours were increased and nurses were upskilled to perform chronic disease management. To improve the management of QOF indicators and the quality of care for patients.

Please refer to the evidence tables for further information.