Coulby Medical Practice

Quality Report

Cropton Way,
Coulby Newham,
Middlesbrough,
Cleveland,
TS8 0TL
Tel: 01642 746800
Website: https://coulbynewham.gpsurgery.net

Date of inspection visit: 1 November 2017
Date of publication: 13/12/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

Detailed findings from this inspection

Our inspection team 3

Background to Coulby Medical Practice 3

Detailed findings 4

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection August 2015– Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Coulby Medical Practice on 1 November 2017. This was as part of our inspection programme.

At this inspection we found:

- The practice had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice implemented service developments using input from clinicians to understand their impact on the quality of care.
- The information used to monitor performance and the delivery of care was accurate and useful. There were plans to address any identified weakness.

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

Coulby Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.**The team included a GP specialist adviser, and a second CQC inspector.

Background to Coulby Medical Practice

Coulby Medical Practice, Middlesbrough, TS8 0TL, is situated on a housing estate on the outskirts of Middlesbrough and provides services under a General Medical Services (GMS) contract with NHS England, Durham, Darlington And Tees Area Team to the practice population of 8268, covering patients of all ages. The proportion of the practice population in the 65 years and over age group is slightly higher than the England average. The practice population in the under 18 age group is slightly higher than the England average. The practice scored five on the deprivation measurement scale which goes from one to ten, one being the lowest decile. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is slightly higher than the England average, the practice is 25.3 and the England average is 23.6. The practice has four GP partners, three female and one male and a salaried female GP. There are two part time practice managers who job share, three part-time nurse practitioners, two practice nurses, one health care assistant and a phlebotomist. The practice has an administration manager, a reception manager and a team of secretarial, administration and reception staff. When the practice is closed patients use the NHS 111 service to contact the OOHs provider. The Out of Hours service is provided by ELM Alliance Limited as part of a GP federation. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website. The practice is open between 8.30am to 6.00pm Monday to Friday, telephone lines are available from 8.00am. Appointments are from 9.00am to 5.30pm daily. The practice website can be accessed at https://coulbynewham.gpsurgery.net/

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. There was a safeguarding lead, and a safeguarding deputy and staff were aware of this.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Clinical staff acted as chaperones, were trained for the role and had received a DBS check. The GPs and nurse practitioner were trained to safeguarding children level three.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required.
- There was an effective system to manage infection prevention and control (IPC). There was a team approach to this, with each member of the team having oversight of a different element of IPC responsibility. There were action plans in place which were updated annually.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. This included current ongoing monitoring and auditing of the imminent need for extra clinical and non-clinical staff.
- There was an effective induction system for temporary staff (including locums) tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections i.e. sepsis. There was a system in the electronic records to alert clinicians to possible sepsis when they entered abnormal temperature and pulse recordings into the notes.
- When there were changes to services or staff the practice assessed and monitored the impact on safety, prioritising care at the point of greatest need.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice met quarterly with clinicians from community teams. These clinicians included health visitors, school nurses and midwives. They used a working document to share information and deliver high quality care to their patients.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice kept prescription stationery securely and monitored its use.

Good

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and there was evidence of actions taken to reduce it. For example, there were posters and leaflets available to educate patients about appropriate use of antibiotic prescribing. A blood test (CRP screening) was used to differentiate between respiratory infections that needed antibiotics, and those that did not.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice involved patients in regular reviews of their medicines. A practice pharmacist was involved in weekly telephone and face-to-face discussions with patients about their medications.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when the practice received a discharge letter from A&E advising that a young child had been treated for a medication overdose, all of the information needed was missing from a free text box. This prompted the practice to investigate further, concerned there may be a safeguarding issue. The incident turned out to be a domestic medication error and there was no harm inflicted. At this point, the practice made the hospital aware that the free text boxes were never visible to GP practices and this led to a change in practice.
- There was a system for recording and acting on safety alerts. The practice learned from external safety events and patient safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had just begun to launch an MJog messaging service which allowed simple two-way text messaging, where patients could respond to carefully targeted reminders and requests to support a variety of chronic diseases. Outgoing communications and responses could be automatically recorded back into the computerised patient record.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Older people:

- We saw evidence that anticipatory and end of life care were prioritised, with effective and well-established Gold Standard Framework planning meetings covering both cancer and non-cancer conditions.
- A home visiting service, supported by an advanced nurse practitioner, was available for housebound patients, including older people. Emergency admissions had reduced as a result.
- Patients aged over 75 were not routinely invited for a health check but were monitored in other ways such as chronic disease management checks, health heart checks, and annual medication reviews.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long-term conditions:

- Two of the GPs had undertaken 12 months additional training in palliative care via a local university. The practice team had identified that this had improved their links with the palliative care and district nursing teams locally.
- 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 people with long term conditions had received specific training.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79%, which was comparable with the local CCG and national averages of 78%.

Families, children and young people:

- The practice held a quarterly 'child in need' meeting with the local health visiting team. This allowed the sharing of information regarding children subject to a child protection plan, those with physical health problems, and families in need of extra support.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. From the 2015/2016 data used by the Care Quality Commission, uptake rates for the vaccines given were below the target percentage of 90% in two out of four indicators. However, on the day of inspection, the practice was able to provide more recent data indicating a 90% target had been achieved in recent months.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medication. Such patients were encouraged to self-refer to the midwife clinic weekly via an 'early bird' booking. Health assessments and checks were routinely obtained and a GP review took place, where required.

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

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

Good

Are services effective?

(for example, treatment is effective)

- The practice indicator rate for patients attending for cervical screening within the target period was 77%, which is higher than the CCG and national averages of 73%.

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 GPs had undertaken additional training in palliative care.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- The practice had good links with the affective disorders team and patients could access this support via a 'single point access' system which the GPs made patients aware of.
- One patient who we surveyed on the day of inspection told us that they had received significant positive care and treatment with their mental health from a GP at the practice.
- < > < >
  The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 91%; CCG 93%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 93%; CCG 96%; national 95%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was 4% compared with a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, the practice pharmacist had liaised with the GPs to ensure that the best practice guidelines for managing Phenylketonuria (a metabolic disorder requiring strict dietary control) were being followed. Prescribable food lists were made accessible to clinicians treating those patients.
- The practice was actively involved in quality improvement activity. Two complete cycle audits had been undertaken in the previous 12 months. For example, one of these audits looked at the care of patients with moderate to severe chronic kidney disease (CKD). Conclusions and reflections in the second part of the cycle demonstrated that care for this group of patients had improved and there had been a better adoption of clinical guidelines and structured recall for patients' annual reviews.
- Clinicians took part in local and national improvement initiatives through their links with the CCG, medical school and the federation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. This was underpinned by the practice's whistleblowing policy.

Good

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

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

- All appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 267 surveys were sent out and 117 were returned. This represented 1.5% of the practice population. The practice was at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 87%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- 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. A monthly practice newsletter kept patients and carers up to date with the latest services and resources.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers (2% of the practice list).

- The practice routinely reminded patients to register as a carer, gave out carers packs, and signposted patients to a (local call number) carers' helpline.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services caring?

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

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, 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 improved services in response to those needs.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate.
- The practice made reasonable adjustments when people found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Although it did not offer extended hours, it promoted the service provided by the federation (ELM Alliance) for evening appointments
- The practice had an efficient system for the online booking of appointments which was well utilised by patients.
- Patients were unhappy with the access to the practice via telephone, but the provider was working hard to improve the technology and increase access.
- The practice was mid-launch of a two-way text messaging facility to offer health promotion opportunities to patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or at an adult social care service.
- The named GPs for the care homes ensured they rotated arund those locations every six months in order to provide a wide range of care and special interest, and to get to know all their patients.
- 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 also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- 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:

- From the sample of documented examples we reviewed 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.
- Baby changing and breast feeding facilities were available and the practice was an accredited breast feeding friendly premises.
- Family Planning trained practice nurses and GPs provided a range of contraceptive services.

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

- The needs of these populations 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, where a working person could only attend the practice in their lunch break, an appointment slot would be created for them.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal hours.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with a learning disability were able to book an appointment with a GP in advance, even though there was a same-day appointment system in place at the practice.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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 dementia.
- There was a structured approach for dementia care facilitated by shared care prescribing with specialist teams and annual reviews offered to patients plus carers/families either within the practice or at home.
- The practice had good working relationships with the community psychiatric nurse who provided Cognitive Behavioural Therapy within the practice premises. There were also good links with the local affective disorders team.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was accessible via the practice website.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages (with the exception of telephone access which was below averages). This was supported by observations on the day of inspection and completed comment cards. 267 surveys were sent out and 117 were returned. This represented 1.5% of the practice population.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 30% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average - 71%. The practice was aware of the difficulties with telephone access and had plans to update the system. This was scheduled to be completed a few weeks after our inspection.
- 84% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 83% of patients who responded said their last appointment was convenient; CCG - 83%; national average - 81%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG - 64%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Staff treated patients who made complaints compassionately, however, information about how to make a complaint or raise concerns was not easily visible in the waiting area.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed all eight complaints, with two complaints analysed in depth and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a clinician and a non-clinical staff member brought about a change in practice procedures for obtaining blood samples, following a comment made by a patient. They raised this with managers who supported the staff in improving procedures, referring to the most recent guidelines, and engaged in training updates.

Are services well-led?

Good

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

Our findings

We rated the practice as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. It had a supporting practice development plan to achieve priorities.
- Staff were aware of and understood the vision and values and their role in achieving them.

Culture

The practice had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- Staff felt able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had had an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.

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.
- The practice had processes to manage performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

Are services well-led?

Good

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

- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff 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 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.

- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice taught medical students from Newcastle University. Staff training was all up-to-date. 'Time out' sessions and clinical meetings were utilised for teaching and learning purposes.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews. 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.