

# Alfred Squire Road Health Centre

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

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

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at Alfred Squire Road Health Centre on 5 July 2018 as part of our inspection programme.

## **At this inspection we found:**

- The practice had systems to manage risk so that safety incidents were less likely to happen. However there was a lack of recorded information to demonstrate that when incidents did happen, the practice shared learning with staff to ensure any improvements made would be sustained.
- 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 patients with compassion, kindness, dignity and respect.

- Patients found the appointment system was not easy to use and reported that they were not always able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff reported improved communication with professionals across the organisation since joining The Royal Wolverhampton NHS Trust, vertical integration project.

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

- Review the arrangements for sharing learning with staff following significant events.
- Review the arrangements for checking medicine expiry dates for named patient medicines.
- Ensure the minutes of meetings are sufficiently detailed to show that any changes made following significant events are appropriate and prevent further occurrences.
- Ensure staff follow the practice's procedures for the appropriate handling of patient specimens.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

## Population group ratings

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

## Our inspection team

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

## Background to Alfred Squire Road Health Centre

The Royal Wolverhampton NHS Trust (RWT) has been the registered provider for Alfred Squire Road Health Centre since 1 June 2016. The practice became part of RWT through a model of care called vertical integration. The model of care allows the practice to formally pool its resources and become a single organisation with RWT. For example, all staff were transferred to RWT and are salaried employees of the Trust. Vertical integration aims to improve care co-ordination between primary and secondary care.

Alfred Squire Road Surgery is a well-established GP practice situated at the health centre in a residential area of Wolverhampton. The ethnicity of most patients (82%) at the practice are white and the practice is in the fourth most deprived decile in the city. This may mean that there is an increased demand on the services provided.

At the time of our inspection, the practice had 8,400 patients. The practice premises have been extended and comprises of a single-storey building. Parking spaces for patients with a physical disability are located at the side of the premises. The building has level access for wheelchairs and pushchairs and automated doors to the reception entrance.

The practice does not provide an out-of-hours service to its own patients but patients are directed to the out of hours service, Vocare via the NHS 111 service. The practice provides services to patients of all ages based on a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. Services provided at the practice include the following clinics; minor surgery, diabetic, hypertension (high blood pressure), immunisation and smoking cessation clinics.

The team of clinical staff at Alfred Squire Road Health Centre is made up of seven GPs (three female, four male). The GPs work a total of 39 sessions between them. Other clinical staff include an advanced nurse practitioner, four practice nurses, a trainee nursing assistant, two healthcare assistants and one clinical pharmacist. A practice manager, secretaries, clerical, administration, reception staff and an administration apprentice support the practice. There is a total of 29 staff working at the practice either full or part time hours.

Additional information about the practice is available on their website:<http://www.drparkesandpartners.nhs.uk>

# 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. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The provider recruitment procedures were used to recruit new staff for the practice. A
- There were some systems in place to manage infection prevention and control, however these were not fully implemented. For example, we saw that staff had not used appropriate procedures when handling patient specimens.
- 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.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in

need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Receptionists had been trained to recognise symptoms of severe infections and alerted medical staff immediately when concerns were identified.

- 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 systems for the handling of medicines.

- The systems for managing and storing medicines, equipment and vaccines were mostly monitored to minimise risks. Records showed that there had not been any cold chain breaches for vaccines. However we found two medicines in one of the fridges were outside of their expiry date. The medicine was appropriately disposed of at the time of the inspection.
- We found that medical gases were appropriately stored. We found that the practice stocked all of the recommended emergency medicines except one. The lead GP requested the medicine from the hospital and this was available onsite at the time of the inspection.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. This included regular reviews and assessments for patients on high risk medicines.

## Are services safe?

- The practice had an effective system in place to ensure that repeat prescriptions were not issued when a medicine review was overdue.
- All changes to patient medicines were checked by a GP before the prescription was issued to the patient.

### Track record on safety

The practice had a good track record on safety.

- Comprehensive risk assessments had been completed in relation to safety issues. This ensured risks were monitored and safety improvements put in place to minimise the risk.
- 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. However, we found that there was a lack of recorded information to fully demonstrate the learning was shared with staff to prevent or minimise the risk of the event re-occurring.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Alerts were discussed at practice and Trust directorate monthly meetings. There were systems in place to ensure action plans were developed, implemented and monitored.

**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.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used the Electronic Frailty Index (eFI) tool to identify patients who were frail.
- Staff used appropriate tools to assess the level of pain in patients. The practice could demonstrate that pain management plans were discussed and put in place for individual patients.
- Patients had access to ambulatory blood pressure monitors to use at home, which supported timely diagnosis and treatment.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice's clinical pharmacist ensured medicine optimisation was completed for patients prescribed four or more long-term medicines.
- As part of The Royal Wolverhampton NHS Trust, the practice had set up a home visiting service. The service was staffed by independent prescribing advanced nurse practitioners.
- 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.

#### Older people:

- Older patients who were 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 followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice worked with other professionals and referred patients to the community rapid access team to support the avoidance of admission to hospital.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan.

#### 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 practice monitored its performance through the Quality Outcomes Framework (QOF) and through their clinical and Public Health data checks and monitoring. The practice's performance on quality indicators for long term conditions was in line with local and national averages.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. The practice demonstrated their awareness of the specific areas of higher exception reporting. The practice action plan included how they planned to improve for example, outcomes for patients with hypertension (high blood pressure), diabetes and the patient uptake of cervical cytology and cancer screening.

## Are services effective?

- Patients with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

### Families, children and young people:

- The practice performance for childhood immunisation uptake rates were above the World Health Organisation (WHO) target percentage of 95% for all age groups and childhood vaccines.
- 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 arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had responded to recent Medicines & Healthcare products Regulatory Agency (MHRA) guidance on the risks of women of childbearing age taking a specific medicine. The practice had written to all women of childbearing age who were prescribed the medicine. The letter advised patients of the concerns of taking this medicine and the action they should take if they are planning a pregnancy or become pregnant.

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

- The practice's uptake for cervical screening was 72%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had put systems in place to support improvements. Staff ensured women were sent a written invitation, and up to three written reminders if needed. Women who did not attend their appointment were identified on their record so that the screening test could be discussed and offered opportunistically. The practice results for cervical screening were comparable to the local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine and offered the vaccine yearly to students. For example before attending university for the first time, to protect them from the risk of meningitis or septicaemia.
- The practice provided sexual health advice and contraceptive services, such as contraceptive implants and coils, to their own patients.

- The practice uptake for breast and bowel cancer screening was in line with the local CCG average.
- The practice offered late evening clinics weekly, appointments at weekends and telephone consultation appointments were offered to patients for ease of access.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.
- 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 experiencing poor mental health, severe mental illness and personality disorder. The practice ensured patients had access to health checks, obesity, diabetes, heart disease, cancer and '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's performance on quality indicators for mental health was above average compared to 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 provided.



## Are services effective?

- The practice used information about care and treatment to make improvements. The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 96%. (QOF is a system intended to improve the quality of general practice and reward good practice). The overall exception reporting rate was 8.9% compared with a national average of 5.7%. 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). We saw that the exception rates were higher in some of the clinical domains compared to the CCG and national averages. The practice was aware of areas which required improvement within QOF (or other national) clinical targets for example, diabetes. The GPs, advanced nurse practitioner, practice nurse and healthcare assistants had lead roles in chronic disease management. Some of the nursing staff had completed advanced courses in the treatment of patients with diabetes. Clinical meetings were held to discuss the management of these patients.
- The local CCG benchmarked the practice against other practices in the locality. Areas identified as good practice was shared with other practices and areas requiring improvement were discussed. The GPs attended regular peer review meetings to review and discuss the clinical management of medical conditions and share good practice.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. Activity undertaken included clinical audits linked to NICE best practice guidelines, medicine management and clinical conditions.
- 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.
- 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.
- The practice had recently recruited an advanced nurse practitioner. The practice had put appropriate arrangements in place to support a newly recruited advanced nurse practitioner. We discussed whether the qualifications of the advanced nurse practitioner were sufficient and suitable for the role within a GP practice. The practitioner was a prescriber. The provider with the involvement of the practice had developed a training programme based on national competency assessment frameworks to enhance the practitioners skills and support them to develop their competencies. The advanced nurse practitioner also had a mentor and supervisor to support them.
- Non-medical prescribers received supervision and mentor support to monitor their prescribing practices.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- Records we looked at showed that all appropriate staff, including those in the wider organisation, 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 and when coordinating healthcare for care home residents. They

### Effective staffing

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



## Are services effective?

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 had 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.

### 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 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 national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

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

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

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

# Are services caring?

## **We rated the practice as good for caring.**

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above the local and national averages for questions related to kindness, respect and compassion.

### **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.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them to ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The number of carers on the practice register was 93, which represented just over 1% of the practice list. The practice suggested that patients in the practice demographic did not always recognise themselves as carers for family members and acknowledged that work was needed to improve the practice carer register.
- The practice's GP patient survey results were above the 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.**

# 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 and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- 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 were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients had the choice of a male or female GP.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to the practice. The practice worked with advanced nurse practitioners to provide a shared home visiting service.

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:

- 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 we looked at confirmed this.
- All 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 and pre-booked appointments on Saturday and Sunday and bank holidays between the hours of 8am and 2pm.

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.
- The practice offered annual health checks for patients with a learning disability.

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

- The practice held a register of patients experiencing poor mental and or dementia.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All patients experiencing poor mental health (including people with dementia) had a care plan completed.
- The practice ensured patients experiencing poor mental health (including people with dementia) had care reviews and worked closely with the community mental health team to ensure appropriate and timely management. Patients who failed to attend appointments were proactively followed up by a phone call from a GP or the practice nurse.
- The practice ensured patients who experienced poor mental health and dementia had access to extended appointments. Patients who failed to attend were proactively followed up.

# Are services responsive to people's needs?

## 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 July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. Two hundred and forty surveys were sent out and 123 were returned. This represented about 3% of the practice population. This was supported by observations on the day of inspection and completed comment cards.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients told us the appointment system was easy to use and cancellations were minimal and managed appropriately. However, they told us they experienced delays when waiting to be seen at appointments. The GP national patients survey also showed that patients were less positive about their experience of accessing the practice by telephone. The practice had discussed this and put plans in place to improve the patient experience

- Patients with the most urgent needs had their care and treatment prioritised.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint received about staff attitude was risk assessed. Discussions were held with staff and customer care training received.

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

# Are services well-led?

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

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges 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 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 were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region.

## 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.
- 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 were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- 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.

- The provider, The Royal Wolverhampton NHS Trust (RWT) worked with the practice to ensure that there was an organisational structure in place with clear lines of accountability and responsibility. The systems of accountability to support good governance and management were accessible to staff. For example, policies, procedures and protocols were available via the specific practice name on the providers electronic shared drive.
- RWT Primary Care Services management structure included a Deputy Chief Operating Officer. The Group Manager, Head of Nursing and Divisional Medical Director report directly to the Deputy Chief Operating Officer. Alfred Squire Road Health Centre links to this management structure in the following way:
  - The Primary Care Directorate Team, practice managers and non-clinical staff reported to the Group Manager.
  - The Senior Matron and nursing workforce reported to the Head of Nursing.
  - The Clinical Director, practice directors, clinical leads and salaried GPs reported to the Divisional Medical Director.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

## Are services well-led?

- 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 at both a practice and wider organisation level. This included in respect of safeguarding and infection prevention and control.
- Clinical staff with extended roles such as the advanced nurse practitioner and practice nurse were in receipt of competency reviews in the form of appraisals, one to one observation and both verbal and written feedback.
- 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.

### Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care 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 performance information, which was reported and monitored, and management and staff were held to account.

### 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.

### 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.
- 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. 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.