LPS - The Surgery

Inspection report

75-77 Cotterills Lane
Alum Rock
Birmingham
West Midlands
B8 3RZ
Tel: 01213275111
www.cotterillslanesurgery.nhs.uk

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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. (Previous inspection January 2017 – Good overall, with requires improvement rating for providing Effective services)

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

We carried out an announced comprehensive inspection at LPS The Surgery, also known as Cotterills Lane Surgery on 24 April 2018. This inspection was in response to previous comprehensive inspection at the practice in January 2017, where breaches of the Health and Social Care Act 2008 were identified. You can read the report from our last comprehensive inspection on 25 January 2017; by selecting the 'all reports' link for LPS – The Surgery on our website at www.cqc.org.uk.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- In order to manage recalls and screening with a transient population, the practice continued to monitor patients that were registered at the practice, to ensure patients that were no longer living within the local area were removed from the practice list..
- 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.
- The practice had achieved higher than average results for several aspects of care from the 2017 National GP Patient survey.
- The practice had a large number of Romanian patients on the practice list. To support this group of patients, the practice had organised interpreters four afternoons a week to aid patients during consultations.
- The practice had tried to set up a virtual patient participation group (PPG), however this had been unsuccessful. The practice continued to try and encourage patients to join the patient participation group and we saw evidence to support this.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients commented positively on the care received by the practice.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- 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:

- Continue to encourage patients to attend screening programmes.
- Review and improve the process to increase interest in patient participation group.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to LPS - The Surgery

LPS – the Surgery, also known as Cotterills Lane Surgery is located in Alum Rock, Birmingham. The practice has 2865 patients registered and a higher proportion of patients who are children and young people with 33% of the population being under the age of 18 years in comparison to the national average of 21%. The practice has a transient patient population with large numbers of refugees and Romanian patients who often live in the area for a short while before moving away.

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people with health issues including chronic disease management and end of life care.

The practice is located in a purpose built building and is in an area with high levels of social and economic deprivation, compared to England as a whole. The practice deprivation level is ranked as one out of 10, with 10 being the least deprived. Many of the people in the practice area are from Black and Minority Ethnic (BME) groups, with 71.8% of the practice population being within this group.

The practice team consists of three GP partners (one male, two female). Two of the GP partners (1male and 1 female) are full time and the third GP partner supports the practice when required. There is also a practice nurse, a practice manager, assistant practice manager and a team of administrative and reception staff.

The practice is open between 8.30am and 6pm Mondays to Fridays except for Thursday afternoons when the practice closes at 1pm. Emergency appointments are available daily and telephone consultations are also available for those who need advice. Home visits are available to those patients who are unable to attend the practice. When the practice is closed the out of hours service is provided by Badger (out of hours service provider) and the NHS 111 service.

Good

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. Reports and 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 (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, harassment, 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 system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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.
- 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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed 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. The practice were lower for antibiotic prescribing than local and national averages. The practice provided evidence of discussions they had held with secondary care concerning their low prescribing rate and the recommendations received. The practice demonstrated they had followed all the recommendations to ensure no patients were at risk.
- 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.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive 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 of safety that led to safety improvements.

Lessons learned and improvements made

Good

Are services safe?

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

At our previous inspection on 25 January 2017, we rated the practice requires improvement for providing effective services as the practice continued to be an outlier for QOF (or other national) clinical targets in diabetes, mental health, hypertension and cervical screening.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 24 April 2018. The details of these can be found by selecting the 'all reports' link for LPS – The Surgery on our website at www.cqc.org.uk.

At this inspection we found that the improvements the practice had made were sustained and we rated the practice and all of the population groups as good for providing effective services, except families, children and young people which we continued to rate as requires improvement.

(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 wellbeing service to support patients' independence within the community.
- Staff used appropriate tools to assess the level of pain in patients.
- 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.
- 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. Over a 12 month period the practice had undertaken 220 health checks. This represented 87% of the practice population within this age group.
- 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.
- Older vulnerable patients were consulted on being referred to the Wellbeing service for general assessments of their health and wellbeing and to be offered the appropriate support in the community. Data provided by the practice showed that since November 2016 when the practice commenced referrals to the service, 314 patients had been offered a referral and 59 patients had been referred.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Data provided by the practice showed 99% of patients on the diabetic register had received a flu vaccination.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice also monitored patients with frequent requests for inhalers to ensure they were being assessed and reviewed appropriately.
- Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD) and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake

rates for the vaccines were below the target percentage of 90%. The practice was aware of the low targets and had joined the local GP immunisation scheme to encourage patients to attend appointments. The practice attributed the low results to the transient population and language barriers of the patients that were registered with them. To try and improve the targets the practice had Romanian interpreters four afternoons a week at the surgery to speak to the large population of Romanian patients and advise them on the benefits of the immunisation scheme.

- 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.
- During the measles outbreak, one of the reception staff raised concerns about the suitability of the MMR vaccine due to its composition and whether patients with certain religious beliefs could take it. The GPs and practice manager sourced information to confirm the vaccines were suitable for use and also discussed this with local religious leaders.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 42.9%, which was below the 80% coverage target for the national screening programme. The practice were aware of the low score and had carried out work within the practice to encourage patients to attend for screening. Unverified QOF data for 2017/18 provided by the practice showed the practice had achieved 87%.
- The practices' uptake for breast and bowel cancer screening were below the national average. The practice had liaised with the breast and bowel screening co-ordinators to try and improve uptake. The practice had requested for letters to be sent out in various languages to encourage patients to attend and followed up on all patients that did not attend their appointments.
- 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. Data provided by the practice showed 72 patients had received a health check in the past 12 months.

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. Data provided by the practice showed the practice had five patients on the learning disability register over the age of 18 years and all of them had received a health check and medication review in the past 12 months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.
- 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 and the practice sent a dementia pack to the patients and their carers.

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. We reviewed two audits that had been completed in the past 12 months and found evidence of improvements. For example: The practice had carried out an audit on patients aged 18 years and over who were on antipsychotic medicines to ensure they had received the appropriate monitoring. The first audit identified 14 patients and all were invited for a review. The second audit showed all patients had attended for reviews and blood tests. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked with the clinical commissioning group pharmacist in medicines optimisation projects.

The most recent published QOF results for 2016/17 showed the practice had a number of clinical indicators with high exception reporting rates. 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). For example:

The practice were aware of these results and attributed the high exception rates to the low number of elderly patients registered at the practice with 6.3% of the practice population being aged 65 years and over in comparison to the CCG average of 13.7% and the national average of 17.2%. The practice told us they only exception reported a patient after three invitations have been sent and patients consistently do not attend appointments. Data provided by the practice showed significant improvement in the exception reporting rates for 2017/18. For example: Chronic obstructive pulmonary disease exception reporting rate was 10%.

- 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. For example, the GPs supported drug misuse clinics held at the practice three times a week for both the practice's registered patients and other local GP patients and carried out three monthly reviews of patients to ensure they were receiving the appropriate care.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for

Good

Are services effective?

people. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- The practice had been situated within the area of a measles epidemic in recent months and additional clinics had been held to vaccinate patients who were at risk.

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.

Good

Are services caring?

We rated the practice as good for providing caring services.

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.
- Results from the 2017 National GP Patient survey showed 91% say the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG and national average of 82%.

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 ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Results from the 2017 National GP Patient survey showed 99% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 87% and the national average of 86%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- 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.

Good

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 had organised interpreters four afternoons a week to support the Romanian patients registered at the practice with accessing services. Information posters were also on display in the waiting room in Urdu and Romanian.
- 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.

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.
- Older patients were able to order repeat prescriptions via the telephone. The practice offered an electronic prescription service which enabled prescriptions to be sent electronically from the GP practice to a patients chosen pharmacy for patient convenience.

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 community spirometry team held clinics at the practice on an ad-hoc basis to reduce patients having to access services at the hospital.
- The practice held regular meetings with the local community nursing teams to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life were coordinated with other services.

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 12 were offered a same day appointment when necessary.
- Regular meetings were held with the health visitor to discuss patients at risk and we saw minutes from those meetings.
- The practice offered various clinics for this population group including antenatal, postnatal and baby clinics. A Romanian interpreter was available at the practice each Wednesday afternoon to coordinate with the midwife and baby clinics to offer support to patients within this group.
- The practice was participating in the vitamin supply service and offered vitamin drops for children under five years of age and pregnant women.
- Baby changing facilities were not available at the premises, however staff told us a room if available would be offered for patients to use.

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. The practice did not offerextended opening hours. Previously they had this option for patients, but found there was minimal uptake for this service.

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice website gave patients access to online services, including appointment bookings and ordering of repeat medicines.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including 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 had installed a hearing loop to support patients with hearing difficulties. Alerts were added to patients' records to advise staff if patients required support. Sign language support was offered through the interpreting service for patients.

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.
- Drug misuse clinics were held three times a week by support workers. The GPs carried out quarterly reviews and did substitute medicine prescribing for patients registered at the practice and also for patients registered with other local GPs. Data provided by the practice showed they are currently supporting 41 patients at the drug misuse clinics.
- Staff told us that they would offer extended appointments to patients with poor mental health if needed and appointments would be organised for the end of the GP sessions to alleviate stress of having to wait.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable 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.
- Patients reported that the appointment system was easy to use. Due to the high numbers of patients who had not attended appointments, the practice had reviewed their current system and now offered book on the day appointments only. This had resulted in a reduction of wasted appointments and increased appointment availability. Patients who required prebookable appointments were able to discuss their individual needs with the managers and GPs.
- Results from the 2017 national GP patient survey showed 91% of patients found it easy to get through to the surgery by phone. This was higher than the CCG average of 59% and the national average of 71%. Also 87% of patients described their experience of making an appointment as good, compared to the CCG average of 66% and the national average of 73%.

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 also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

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 quality, sustainable care.

- The GPs were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them; however feedback from staff showed the future plans for the practice were not always shared with 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 strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a business plan in place to achieve priorities, which was reviewed regularly.
- 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 priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of 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.
- 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.
- Clinical staff were considered valued members of the practice team. They were given protected 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and managers.

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 including in respect of safeguarding and infection prevention and control.
- Practice managers had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Good

Are services well-led?

- 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 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 was 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.
- 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 effective 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 endeavoured to involve patients, the public, staff and external partners to support quality sustainable services; however they had some difficulty in engaging patients support in service improvements.

- Patients', staff and external partners' views and concerns were encouraged and acted on to improve services and culture. The practice had tried various ways to encourage patients to join the patient participation group, but had had difficulty in sustaining an active group. Currently the practice had recruited a patient as the chair of the PPG who was planning on supporting and working with the practice to encourage more patients to join within the local community.
- The service was transparent, collaborative and open with stakeholders about performance. The practice had joined with other local practices to form a GP transformational group to discuss new approaches to patient care. The group met on a quarterly basis.

Continuous improvement and innovation

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

- 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.
- Planned audit schedule for improvement in the care of patients and monitor quality of services provided.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. This included taking part in the GP immunisation scheme to encourage patients to attend for immunisations. Since the previous inspection in January 2017 the practice had seen an increase in the uptake of immunisations.

Please refer to the Evidence Tables for further information.