

The Koh Practice

Quality Report

The Health Centre
Victoria Road
Hartlepool
TS26 8DB
Tel: 01429 273191
Website: drskohandtrory.co.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 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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 2 December 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

As part of our inspection process, we also look at the quality of care for specific population groups. 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 The Koh Practice on 16 November 2017. This was as part of our inspection programme and also to follow up on outstanding issues from the previous inspection.

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.
- 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 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.
- Action had been taken in regard to outstanding issues from the previous inspection. This included the management of vaccines and improvement to governance of the practice.
- The practice had very good patient satisfaction survey results.

Summary of findings

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

- Introduce a patient participation group.
- Complete an annual infection and prevention control audit and provide additional training for the infection control lead.

- Maintain more detail records for incident reporting.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Introduce a patient participation group.
- Complete an annual infection and prevention control audit and provide additional training for the infection control lead.
- Maintain more detail records for incident reporting.

The Koh 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 The Koh Practice

The Koh Practice, The Health Centre, Victoria Road, Hartlepool, TS26 8DB. The practice is situated on the close to Hartlepool town centre, close to local bus routes. It is situated in a health centre used by a further two practices. Parking is available next to the practice, which is metered parking. There is disabled access.
www.drskohandtrory.co.uk

The practice provides service under a general medical services (GMS) contract to the practice population of 5451 covering patients of all ages and population groups.

The practice has two GP partners and a salaried GP, two practice nurses and two health care assistants/ phlebotomists. There is a practice manager supported by a team of reception and administration staff.

The practice scored three on the deprivation measurement score, the score goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater needs for health services.

At the time of the inspection The Koh Practice was situated in temporary accommodation within the Health Centre. This was due to extensive building work and refurbishment with the health centre. The Koh Practice are due to move to their permanent accommodation in April 2018.

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 patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. 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.
- 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 (DBS
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control, although an annual audit had not been conducted. The practice was in temporary accommodation while renovations were completed. The practice manager had contacted the local CCG infection and prevention control lead to conduct a full audit of the renovated premises when they move back in early 2018. They were also to arrange additional training for their own infection and prevention control lead.
- 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. There was soon to be a nurse vacancy and recruitment for this post was underway.
- There was an effective induction system for temporary staff. More role specific induction was being developed.
- 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, for example, sepsis. Flow charts produced by Sepsis UK for different patient age groups were available.
- 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.

- 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.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The

Are services safe?

practice had audited antimicrobial prescribing for example the use of antibiotics for the treatment of urinary tract infections. There was evidence of actions taken to support good antimicrobial stewardship.

- The practice followed the up to date local guidelines with regard to antibiotic use and was discussed regularly with the practice pharmacist. It is also available in the Locum GP Handbook.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- At the previous inspection it was identified that the storage and recording the vaccines was not robust enough. The practice took immediate action to address this with the purchase of data loggers, further staff training, recording of temperatures and implementation of a stock checking log. At this inspection we found that vaccines were being stored correctly and appropriate records were in place.

Track record on safety

The practice had a good safety record.

- 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 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 and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. It was clear that action was taken to address incidents, however these were not always clearly recorded, along with the outcomes and an annual review to identify trends or themes. We did however evidence in the clinical meeting minutes that appropriate actions had been taken.
- 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, a patient suffered a fracture due to a trip incident within the practice. Appropriate action was taken by the practice and the required notifications were completed. The practice reviewed the layout of their consultation rooms and put a system in place to ensure that couch stool were put into the upright position when not in use.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

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 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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The number of patients receiving antibacterial prescription items prescribed per Specific Therapeutic Group was comparable to other practices within the local CCG area.
- The number of patients receiving prescribed antibiotic items that are Cephalosporin's or Quinolones was comparable with the local CCG and England averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw that the practice could refer patients for support and assessment to maintain their independence.
- 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. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were not formally invited for a health check; however the practice was reviewing this. The practice had 534 patients aged 75 and over. In the past 12 months 470 had been reviewed by a clinician. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.

- The practice worked with other health care professionals such as the district nursing team and McMillan team for appropriate care planning for older patients.

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.
- Figures from the last published quality and outcomes framework were below local and national figures. For example;

The percentage of patients with diabetes, on the register, in whom the last blood

pressure reading (measured in the preceding 12 months (01/04/2015 to 31/03/2016) was

140/80 mmHg or less was 69%, compared with the local average of 80% and national

average of 77%. We saw more up to date data which showed an improvement to this

figure.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) was 91% which was comparable the local average of 92% and the national average of 90%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 76%, which was slightly below the 80% coverage target for the national screening programme.
- 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.

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.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption, practice 95%; CCG 93%; national 89%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation, practice 98%; CCG 96%; national 95%.

Monitoring care and treatment

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

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% 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.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiative. For example, an audit had been completed on patient who were received B12 injections with no diagnosis of pernicious anaemia. The conclusion of the audit showed that patient would benefit from oral medication, which was less invasive. Also it was identified that there would be a reduction in the need to have an appointments for an injection to be administered.

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 on-going 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

Are services effective?

(for example, treatment is effective)

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, 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, tackling obesity.
- The practice had a seasonal newsletter which provided patients with additional health care advice. Examples in the Autumn/Christmas newsletter included, information about the use of antibiotics and reminders that good advice was available from pharmacies. Also information about Christmas overindulgence of food and alcohol.

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.

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 33 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.
- We also received nine questionnaires that had been completed on the day of the inspection. These were again positive about the service provided.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 241 surveys were sent out and 108 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% 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%.
- 93% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 97% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.

- 99% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 98% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 98% 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%.
- 98% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; 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 (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients 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 patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 116 patients as carers (2% of the practice list).

- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

Are services caring?

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.

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:

- 98% 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 87% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.

- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 92%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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 across all population groups.

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. (For example online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients 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.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Multi agency working for example palliative care meetings with the McMillan team and district nursing team. These meetings allow for timely decisions and interventions such as end of life pathway and planning for anticipatory drugs.
- The practice worked with Hartlepool and Stockton Health Care Co-ordinators that identifies elderly, frail patients and provided support for these patients to remain at home for as long as possible.

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 Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- As part of the local Federation Hartlepool and Stockton Health the practice were able to offer patients appointments at weekends and evenings.

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.
- Learning disability health checks are carried out.
- Staff gave good examples of how they supported patients who were vulnerable. This included a patient who had a learning disability and diabetes. Staff had

Are services responsive to people's needs?

(for example, to feedback?)

taken extra steps that ensured this patient had their three monthly reviews and had made arrangements for their medication to be delivered to them on a weekly basis.

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.
- Regular referrals were made to the memory clinic for dementia screening.
- Patients with dementia were discussed at the palliative care meetings.

Timely access to the service

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.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 241 surveys were sent out and 108 were returned. This represented about 2% of the practice population.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 94% of patients who responded said they could get through easily to the practice by phone; CCG - 67%; national average - 71%.
- 92% 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 - 85%; national average - 84%.
- 96% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 93% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 75% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; 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.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed the complaints 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.

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 providing a well-led service.

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. An example included future recruitment of clinical staff.
- 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.
- At the time of inspection there was no clear written succession plan. This was discussed with one of the GP's and the practice manager. They acknowledged that this was an area that needed development and would be addressing in the near future.

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. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 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.
- Clinical staff, including nurses, 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working

Are services well-led?

Good 

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

arrangements and shared services promoted interactive and co-ordinated person-centred care. Since the last inspection, practice meetings had been introduced which were thought to be beneficial to all.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders 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 MHRA 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 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 were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was no patient participation group but this was to be addressed once the practice relocated to their permanent practice. It was however clear that the practice did engage with their patients, listened to them and made changes as a result of suggestions.
- 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 and practice staff had continued to deliver a good service despite the on-going building and renovations work. Disruptions to patients had been assessed and kept at a minimum.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Good 

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

- 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.