

# OHP-Reservoir Road Surgery

## Inspection report

192 Reservoir Road  
Erdington  
Birmingham  
West Midlands  
B23 6DJ  
Tel: 01214652950  
www.reservoirroadsurgery.co.uk

Date of inspection visit: 12 July 2018  
Date of publication: 16/08/2018

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

# Overall summary

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

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection at OHP-Reservoir Road Surgery on 12 July 2018. The practice last received a comprehensive inspection under the previous provider on 5 September 2017 and received an overall rating of good with requires improvement for providing effective services. We carried out this inspection to follow up progress made by the practice since our previous inspection in September 2017 and to ensure the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were being met.

The current provider of this practice registered with CQC in September 2017. This is the first inspection under the current registration.

At this inspection we found:

- The practice had effective systems to keep people safe and safeguarded from abuse.
- There were effective systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It delivered care and treatment according to evidence-based guidelines. Although there were some areas in need of improvement such as hypnotic prescribing.
- Patient outcomes were mostly in line with local and national averages and action was being taken to improve areas where they were not.

- The practice participated in improvement activity such as clinical audits however the impact of these was not always clearly demonstrated.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients feedback was mixed in relation to access to appointments. Changes made had yet to be evaluated for their effectiveness.
- The practice was aware of future challenges including succession planning and immediate leadership of the practice which they were starting to address.

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

- Review emergency equipment to ensure they are appropriately stored and sealed and fit for use and that there is appropriate signage for the location of oxygen.
- Review training needs of non-clinical staff so that they are better equipped to identify deteriorating or acutely unwell patients.
- Improve the uptake of health reviews for patients with a learning disability, outcomes for patients with poor mental health and in relation to hypnotic prescribing.
- Review and take action to improve the uptake of cervical screening.
- Review the use of clinical audit and consider how it may more effectively support service improvements.
- Improve the monitoring and supervision arrangements for the Ears, Nose and Throat service.
- Improve systems for obtaining patient feedback in order to identify areas for improvement and for evaluating service provision.

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

## Our inspection team

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

## Background to OHP-Reservoir Road Surgery

Reservoir Road Surgery is a member of Our Health Partnership (OHP), a partnership of approximately 40 practices across the West Midlands area. The practice registered with CQC under OHP as the provider organisation in September 2017.

The practice also sits within NHS Birmingham and Solihull Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice provides services to patients under a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

Reservoir Road Surgery is located in Stockland Green Primary Care Centre in Erdington, Birmingham. Stockland Green Primary Care Centre is a modern purpose built health centre. The practice shares the health centre with other health care providers including other GP practices and community health services. The practice's registered list size is approximately 12,300 patients. Based on data available from Public Health England, the practice is in an

area with higher than average levels of deprivation. The practice is ranked one out of ten by Public Health England based on indices of multiple deprivation scores (ten being the most affluent and one the most deprived). The practice has a younger population than the national average.

Practice staffing consists of three GP partners (all male), four salaried GPs (three female and one male), a team of four nurses including one Advanced Nurse Practitioner and two health care assistants. Other staff included a deputy practice manager and assistant practice manager supported by team of reception and administrative staff.

The practice is a training practice for qualified doctors training to become a GP.

The practice is open from 8am to 6.30pm on a Monday, Wednesday, Thursday and Friday; 8am to 8pm on a Tuesday and 8am to 12 noon on a Saturday. When the practice is closed services are provided by an out of hours provider (Birmingham and District General Practitioner Emergency Rooms).

OHP-Reservoir Road Surgery is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical Procedures and Treatment of disease, disorder or injury.

# 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. There was a clinical lead for safeguarding. Staff received up-to-date safeguarding and safety training appropriate to their role, this included additional training in relation to domestic violence. There were up to date safeguarding policies in place. Staff knew how to identify and report concerns.
- 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 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 premises appeared clean and tidy and well maintained. Infection control audits were undertaken and the practice scored well against these.
- 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. Staff rotas were in place for all staff groups to ensure enough staff were on duty. The practice did not currently have a practice manager and this role was being filled by the deputy practice manager in the interim.

- 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. However, we noticed that some of the equipment was not sealed to keep it free from dust or debris.
- 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 and had received training. Staff would notify the doctor if they had concerns about a patient but no specific guidance had been provided to assist reception staff to recognise those in need of urgent medical attention such as those with presumed sepsis.

## 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. Staff maintained systems to help minimise the risk of referrals being missed.

## 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. However, we noted that there was no specific signage for the location of oxygen to warn of risks.
- 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.
- We saw that staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance, with the exception of hypnotic prescribing. The practice had reviewed its antibiotic prescribing and taken action to

## Are services safe?

support good antimicrobial stewardship in line with local and national guidance. The practice antibiotic prescribing was comparable to local and national averages.

- The practice's hypnotic prescribing rate was higher than local and national averages which we discussed with the practice. The practice explained this was due to the high number of patients with poor mental health. The health center was located close to mental health inpatient and community services. However, the practice did not have a coordinated response to address the higher prescribing of hypnotics.

### Track record on safety

The practice had made improvements to safety systems and processes.

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

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- At our previous inspection there was limited evidence of learning shared with staff and for informing patients when things went wrong with care and treatment. Practice staff advised that these were discussed at practice meetings and also shared with other practices within the wider provider organisation through the new shared IT clinical governance systems. Significant events seen were discussed at nurses and doctors.
- 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.**

## Are services effective?

**At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing effective services. We found arrangements in respect of ensuring staff had appropriate training in areas such as information governance, fire safety, infection control and safeguarding were not adequate. Since the inspection in September 2017 the original provider had joined the Our Health Partnership (OHP) group. The registered provider is now Our Health Partnership.**

**These arrangements had significantly improved when we undertook this inspection on the 12 July 2018. We rated the practice and all of the population groups as good for providing effective services overall except for People experiencing poor mental health population group which we rated requires improvement.**

### 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 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 provider had introduced an IT governance system which enabled staff to easily access evidence based guidance such as those from the National Institute for Health and Care Excellence. They had also introduced inhouse protocols to support staff in delivering care and treatment.
- Nursing staff told us that they were encouraged to attend nurse forums and regular updates.

### 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 older patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice reviewed discharge letters received from hospital and any action required was followed up as appropriate.

### 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services as appropriate.
- People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term condition were in line with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. There were regular meetings with the health visiting team for follow up of concerns.

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

- The practice's uptake for cervical screening was 64%, which was below the 80% coverage target for the national screening programme. The CCG average was 68% and national average 72%. There was a system in place to follow up those who did not attend for cervical screening.

## Are services effective?

- The practice's uptake for breast cancer screening was 72%, this was above the CCG average and in line with the national average. This was also an improvement since the previous year where the practice achieved a 65% uptake rate.
- The practice's uptake for bowel cancer screening was 44%, the same as the CCG but below the national average. Practice staff told us that they had run a health awareness event last summer to try and promote national screening programmes and planned to repeat this again this year.
- 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 considered the needs of those whose circumstances may make them vulnerable. Staff worked with other services to support those needs.
- The practice held a register of patients living in vulnerable circumstances. Patients with specific needs were identified so staff were aware and of anything that needed to be followed up.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. Audits had been undertaken to identify and flag those requiring vaccinations.
- The practice had received training and was working in collaboration with other agencies to provide support and referral to patients at risk of domestic violence.

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

- The practice advised us that they had high prevalence of mental health and drug misuse in the area.
- The latest published Quality Outcome Framework (QOF) data for 2016/17 showed the practice as having significantly lower than CCG and national averages for patients with poor mental health who had a care plan in place in the preceding 12 months and for the recording of alcohol consumption. However, the practice demonstrated a steady improvement with mental health patient outcome data since 2015/16. Unpublished data from the practice for 2018/19 showed the practice was continuing to improve.

- The practice had improved working relationships with the mental health to discuss and share mental health registers so that they could identify who needed follow up. The practice had established biannual meetings with the mental health trust.
- There was a system for following up patients who failed to attend for administration of long term medication.
- 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. Patients with dementia were offered an annual health review.
- Practice data showed few patients with a learning disability had undergone an annual health check. The practice advised that these had previously been undertaken by a practice nurse who had since left the practice and that they needed to train someone else to undertake this role.

### Monitoring care and treatment

The practice had a programme of quality improvement activity to review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local improvement initiatives instigated through the CCG.

- Overall the practice's published 2016/17 QOF results and exception reporting were in line with CQC and national averages. However, there were some exceptions. We found significantly higher exception reporting rates for indicators relating to Asthma, Chronic Obstructive Pulmonary disease and Atrial Fibrillation. We discussed this with the practice who told us that they would send three letters with a minimum of four weeks apart before exception reporting. We looked at the most recent submission (unvalidated) for QOF (2017/18) and found exception reporting had reduced. For respiratory conditions some coding issues were identified where patients had been incorrectly exception reported.
- The practice participated in the CCG led Aspiring for Clinical Excellence programme to drive improvements in the practice. Priority areas included medicines management.
- The practice shared with us clinical audits that had been involved in. However, evidence of impact from these was limited.

### Effective staffing

## Are services effective?

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 maintained and monitored core training requirements of staff.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. For example, one member of the nursing team was currently being supported to develop as an advanced nurse practitioner.
- The practice provided staff with ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was an induction programme and a comprehensive locum folder in place to support new staff or those working on a temporary basis at the practice.
- One of the partners had historically provided an ENT (Ears, nose and throat service). They advised us that they attended related continuous professional development and undertaken internal audits but did not have any regular formal supervision for this. The provider discussed this with CCG who were reviewing the arrangements in place.

### Coordinating care and treatment

Staff worked 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 information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared

information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- 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 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. For example, undertaking prediabetic reviews.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through signposting to other relevant services and through health promotion events.
- The practice supported national priorities and initiatives to improve the population's health, for example, the practice provided in house smoking cessation services and counselling services.

### 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. Clinical staff we spoke with told us that they had received training in mental capacity act and would record any decision making.
- 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.
- Conversations with staff indicated that they understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- There was no new national GP patient survey data since our previous inspection in September 2017. The practice's GP patient survey results (published in July 2017) were in line with local and national averages for questions relating to kindness, respect and compassion.

### **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about 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, they made use of interpretation services. There was also a hearing loop for those with a hearing impairment.

- There was information and signposting to other services about a range of conditions on the practice website.
- The practice proactively identified carers and supported them. Since our previous inspection the practice had continued to increase the number of identified carers on their carers register. In September 2017 the practice had identified 134 patients as carers. At this inspection it had increased to 159 carers (approximately 1.3% of the practice list).
- There was support available to patients who had recently been bereaved.
- The practice's National GP patient survey results (published in July 2017) were in line and in some areas above 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 and had systems to help ensure patient confidentiality was maintained.

**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 requires improvement for providing responsive services . The practice was unable to demonstrate any impact following action previously taken to improve access.**

**National GP Patient Survey data relates to the original provider organisation. Since September 2017 the original provider had joined the Our Health Partnership (OHP) group. The registered provider is now Our Health Partnership.**

## Responding to and meeting people's needs

The practice organised and delivered 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 purpose built and 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 are more vulnerable or who have 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.
- There was a dedicated clinician who undertook weekly visits to local nursing homes for continuity of care.
- The practice offered home visits and urgent appointments for older patients with enhanced needs.
- The practice participated in the ambulance triage system to help reduce the burden on secondary care and support patients where appropriate in the primary care setting.
- Electronic Prescription Service was offered to avoid the need to attend the practice to collect repeat prescriptions.

### 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.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice provided weekly insulin initiation clinics with support from specialist nurses from secondary care.
- The practice provided various inhouse services to support the diagnosis and monitoring of long term conditions. This included a phlebotomy service which ran four sessions per week.

### 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.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.
- Children with asthma were given priority for reviews during school holidays

### 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, the practice offered extended opening hours for patients who worked or had other commitments during usual working hours.
- The practice offered online access for appointments and repeat prescriptions for convenience.
- The practice offered services including minor surgery service and travel vaccinations that were available on the NHS.
- The practice made use of text messaging to communicate with patients.

### People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances. There was a system to highlight patients in vulnerable circumstances so that staff were aware and could offer some flexibility with appointments.
- There was a dedicated telephone line for patients identified as frail.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice worked in collaboration with local support services for those at risk of domestic violence.

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. They were working to improve joint working arrangements with the mental health trust.
- The practice undertook regular face to face review with this group of patients. This included visits to patients within the care home setting.

## Timely access to care and treatment

The practice had taken action to improve patient access to care and treatment within an acceptable timescale for their needs. However, the impact of this had not been evaluated and there was no new patient survey data since our previous inspection.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw no backlogs in the processing of patient information.
- Patients with the most urgent needs had their care and treatment prioritised.

- The practice's GP patient survey results (published in July 2017) which related to the previous provider showed mixed responses in relation to questions about access to care and treatment. Patients' responses to questions about the ease of getting through to someone at their GP surgery and overall experience of making an appointment were below local and national averages. At our previous inspection in September 2017 the practice had recently changed their telephone system and had put in place additional morning appointments and telephone triage appointments after morning surgery. They had also participated in the NHS England Time to Care programme. However, in the absence of any new patient survey or evaluation of changes made the impact of these was still unknown. In addition, the practice told us that they had introduced sit and wait clinics to help improve access.

## 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 acted on those to improve the quality of care.
- Complaints were shared with the wider provider organisation who reviewed any trends.

**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.

- The practice had joined Our Health Partnership to support the longer-term sustainability of the practice and to provide governance support.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice was starting to explore possibilities for succession planning as some of the partners were looking towards retirement.
- The practice was also currently without a practice manager and had interim arrangements until an appropriate manager could be recruited.
- Leaders at all levels were visible and approachable.

## Vision and strategy

The practice had a vision for the service which it shared with us to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and plans to achieve priorities. The practice aligned its future vision and strategy with that of Our Health Partnership and those of local priorities.
- The practice planned its services to meet the needs of the practice population.
- The practice was aware of challenges including the limitations of the premises and opportunities for expanding.
- The practice charter was displayed on the practice website which set out the rights and responsibilities of their patients.

## Culture

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

- The practice focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff stated they felt respected, supported and valued.
- Staff we spoke with found partners approachable. They felt able to raise any issues or concerns they might have.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals and 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. Staff were encouraged to take breaks away from their desks and to speak up if they needed to.
- The practice promoted equality and diversity. Staff we spoke with told us they 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.

- There were structures, processes and systems to support good governance in place. This included joint working arrangements to support co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regular staff meetings took place within the different staff groups however, not all staff felt involved

## 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.
- The practice had carried out a number of clinical audits but these did not always clearly demonstrate impact on the quality of care and outcomes for patients.
- The practice had plans in place so that staff knew what to do in the event of a major incident.

# Are services well-led?

## Appropriate and accurate information

The practice acted on appropriate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant staff meetings.
- The practice used information to monitor performance and the delivery of quality care. There were plans to address identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. A shared IT clinical governance system had been introduced by the provider organisation to support member practice's. This included the sharing of evidence-based guidance, safety alerts, incidents and complaints.
- 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. Practice staff undertook information governance training.

## 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.

- The practice gained feedback from patients predominantly through the patient participation group (PPG) which met on a quarterly basis. The latest PPG minutes seen showed access had been discussed but no specific actions identified.
- Staff also provided feedback through staff meetings and we saw evidence of improvements made as a result of staff feedback.

## Continuous improvement and innovation

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

- The practice had participated in an NHS England led course to help support leadership in the practice. Staff we spoke with told us that this had resulted in improved communication between teams.
- The practice was a training practice for qualified doctors training to be GPs.
- There was a programme of clinical audit but impact of these was not always clearly demonstrated.

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