

Dr Sharma and Partners

Inspection report

119 Seabourne Road
Bexhill On Sea
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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 06 September 2016 – 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

We carried out an announced comprehensive inspection at Dr Sharma and partners on 15 May 2018 as part of our inspection programme.

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.

- There was an active patient participation group in place who felt listened to and valued.
- Staff were positive about working in the practice and felt valued and supported in their roles.
- 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 to:

Review and improve recording and management of staff records including the recording of verbal references, monitoring of staff medical indemnity cover and recording and management of training records.

Carry out training on the identification of red flag signs of sepsis with non-clinical staff.

Monitor the security of blank printer prescriptions in consultation rooms.

Complete an updated fire risk assessment record, carry out any actions identified and carry out, record and action a separate general health and safety risk assessment.

Continue to monitor and improve patient satisfaction.

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 and a practice manager specialist adviser.

Background to Dr Sharma and Partners

Dr Sharma and Partners offers general medical services to the people of Bexhill On Sea. There are approximately 8,600 registered patients who are seen across two locations, Pebsham surgery and a branch surgery at Sea Road. All of the patient registrations are held at Pebsham Surgery and patients can be seen at either site. A similar number of patients are seen at each site throughout the year and the majority of staff work across both sites.

Dr Sharma and partners is run by three partner GPs (two male and one female) and two other GPs are joining as salaried GPs in the near future. The practice is also supported by an advanced nurse practitioner, four practice nurses, two paramedic practitioners, two health care assistants, two clinical pharmacists and a team of receptionists, administrative staff and a practice manager. The practice is a training practice for GP registrars (qualified doctors who are undergoing further specialist GP training) and also a training practice for nursing students. The practice runs a number of services for its patients including spirometry, ECGs, blood pressure checks, blood tests including warfarin testing, asthma clinics, child immunisations, cervical cytology screening, diabetes clinics, some contraceptive services, new patient checks, dressings, general nursing services and travel health clinics. The practice also carries out minor surgical procedures on the premises.

Additionally the practice accepts referrals from other local practices for microsuction services, dermatology services, a contraceptive implant service and travel immunisations. It also participates in the local memory assessment services.

Services are provided at:

Pebsham Surgery

119 Seabourne Road,

Bexhill On Sea,

East Sussex,

TN40 2SD

and

Sea Road Surgery

39/41 Sea Road,

Bexhill On Sea,

East Sussex,

TN40 1JJ

Reception is open Monday to Friday 8am to 6pm at Pebsham Surgery and 8.20am to 5.30pm at Sea Road

Surgery. Both surgeries are closed between 1pm and 2pm during which time the duty doctor can be contacted in an emergency. Both surgeries can be contacted for emergencies until 6.30pm.

When the practice is closed outside these times patients are advised to access the 111 service who will direct their call to the most appropriate service.

The practice population has higher number of patients aged 60 years and older than the national and local averages. There is a higher than average number of patients with a long standing health condition. The percentage of registered children suffering deprivation is

just above average for England and the number of registered older people suffering deprivation is lower than average for England. Overall the deprivation score is similar to the average for England.

The practice is registered to provide the following regulated activities:

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder and 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. 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 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. However the practice had employed several (mostly locum) clinical staff whom they knew well and the partners had taken up references verbally, but had not recorded that they had taken up the references. All other pre-employment checks including DBS checks had been recorded.

One member of clinical staff had what they thought was adequate medical indemnity cover, but on investigation on the day we were concerned it may not be adequate for their role. The practice immediately arranged cover on the day with a recognised organisation and we saw email evidence of this. We were told that another member of clinical staff had applied to join the practice's group policy and it was thought that this had occurred, however their name had not been added. The practice applied on the day for their name to be added. We were subsequently shown evidence that they had been added to the policy.

- 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. Non clinical staff had a list of symptoms that would prompt them to inform a clinician urgently. However they did not specifically relate them to a diagnosis of 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, administered or supplied medicines to patients and gave advice on medicines in line with

Are services safe?

current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had systems for the safe storage of prescriptions in to the practice and tracking of blank prescriptions through the practice. Consulting rooms containing blank printer prescriptions were not always locked when unoccupied. However they were not easily accessible to the public and rarely unoccupied (the surgery was closed at lunchtime), The practice have now changed their policy so that all printer prescriptions must be locked in a drawer when the room is unoccupied.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues. However the fire risk assessment had identified a possible issue at one of the surgeries, which the practice were not in a position to resolve themselves. They had arranged for an external specialist to carry out a further

risk assessment and advise them on the matter. There was no separate health and safety risk assessment although subjects were covered in other risk assessments.

- 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

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.

Are services effective?

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

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.
- 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:

This population group was rated good for effective.

- 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.
- The practice had employed two clinical pharmacists to carry out comprehensive medicine reviews in the frail elderly. This process often led to a decrease and simplification of medicines prescribed and lessened the risk of side effects and interactions between medicines.
- Carers of patients in this population group were identified and signposted to carer support where appropriate.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- The practice employed two paramedic practitioners who undertook urgent and proactive home visits. One of the clinical pharmacists employed by the practice helped to review patients' medicines in care homes.

People with long-term conditions:

This population group was rated good for effective.

- 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.
- There was a GP and a nurse lead for each chronic disease area.
- 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 with long-term conditions.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of statins for secondary prevention, 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice screened patients with long term conditions for irregular heart rhythms using a portable device that recorded heart activity during day to day activities.
- The practice opportunistically screened patients with long term conditions for irregular heart rhythms using a portable device.

Families, children and young people:

This population group was rated good for effective.

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Uptake rates for the vaccines given were above the target percentage of 90% or above. Three of the four indicators were above the 95% World Health Organisation target of 95%.

Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice followed failed attendance of all children's appointments in primary or secondary care.
- Children were always offered same day appointments and appointments were offered outside school hours.
- The practice worked closely with children's services.

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

This population group was rated good for effective.

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme. The England average was 72%.
- The practice actively promoted screening and uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to advise 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.
- The practice offered on-line access to appointments and email contact.

People whose circumstances make them vulnerable:

This population group was rated good for effective.

- 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 undertook advanced care planning for vulnerable patients including patients receiving palliative care and those at high risk of hospital admission.
- The practice held monthly multi-disciplinary palliative care meetings. A board behind reception informed all staff of who was on the register for palliative care.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had a high prevalence of patients with learning disabilities and were undertaking a pilot project with the clinical commissioning group (CCG) involving a learning disability clinical pharmacist.
- Clinicians attended 'best interest' meetings where appropriate.
- The practice had a dedicated phone line for contact by health professionals.

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

This population group was rated good for effective.

- 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.
- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months.
- 91% 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 comparable to the national average.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- One of the GPs was designated a GP with a Special Interest in dementia. They had shared their learning with all practice staff.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.

Are services effective?

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice had a number of patients with mental health problems and dementia in care homes and they worked closely with staff at the homes.
- The practice offered annual health checks to patients with a learning disability.

The practice had a high number of patients with dementia (2.4% of the practice population) and told us that face to face reviews were a priority. They were aware that the percentage of face to face reviews were lower than they would like, but were comparable to other practices. They told us that they had resolved their medical recruitment issues which had contributed to this and were starting dedicated dementia review clinics. The practice had close ties with the local memory assessment service. It was also noted that the percentage of patients with a specific irregular heart rhythm taking blood thinning medicine was lower than the national average. It was also noted that the percentage of patients with a specific irregular heart rhythm taking blood thinning medicine was lower than the national average. The practice had provided CQC with possible explanations for this (please refer to the evidence table).

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. For example the practice had carried out seven clinical audits in the last two years.

- 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.

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. On the day of inspection not all evidence of staff training was readily available and was difficult to access. Evidence of training that we did not see on the day, was however subsequently sent to us. 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 induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by assigning a GP to each surgery and reviewing and discussing cases and records at the end of the surgery or if necessary during surgery.
- 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 people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and childrens' services.
- 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.

Are services effective?

- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through referral to lifestyle improvement services and the year of care scheme for patients with diabetes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

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

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.etailed findings narrative goes here...

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

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 if required.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers and supported them.

The practice was aware of some lower than average GP survey results but their had been significant changes to their clinical team since the last survey (January to March 2017). The partnership had changed with a decrease in the number of partner GPs and the recruitment of two additional salaried GPs, but they had recruited new paramedic and nursing colleagues and tried to maintain continuity of care with the locums that they had used. Staff told us of a much more open and supportive ethos. Written feedback that we saw from patients and local care homes was exceptionally positive about the care received and all 31 comment cards were also positive about the care received.

Staff also volunteered that they were receiving very positive feedback about the current GPs and other clinicians.

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.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided disabled access with automatic sliding doors, a designated parking space and a lift.
- 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:

This population group was rated good for responsive.

- All patients had a named GP.
- Patients were supported by the practice team 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.

People with long-term conditions:

This population group was rated good for responsive.

- 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 monthly multi-disciplinary team meetings which included the community matron and pro-active care practitioner to identify those who may benefit from additional support in the community.

Families, children and young people:

This population group was rated good for responsive.

- 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 were offered a same day appointment when necessary.

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

This population group was rated good for responsive.

- 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, staff were encouraged to offer the earlier morning and later afternoon appointments to patients of working age. Telephone consultations were available to those unable to attend the surgery.

People whose circumstances make them vulnerable:

This population group was rated good for responsive.

- 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.
- Patients in vulnerable groups were offered longer appointments and home visits.

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

This population group was rated good for responsive.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

- The practice hosted, and a GP worked in, the local memory assessment service.
- The practice hosted a local counselling service.

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.

The practice was aware of some lower than average GP survey results but the practice had undergone significant changes to their clinical team since the last survey (January to March 2017). The partnership had changed with a decrease in the number of partner GPs and the recruitment of two additional salaried GPs, but they had recruited new paramedic and nursing colleagues and tried to maintain continuity of care by using the same locums where possible. Staff told us of a much more open and supportive ethos. Written feedback that we saw from patients and local care homes was exceptionally positive about the care received and all 31 comment cards were also positive about the care received.

The practice had stopped providing extended hours services as the number of GPs had decreased and they felt

they would be unable to provide the same quality of service if hours were extended. When the new GPs commence permanent employment, they are considering reviewing the situation.

The decreased number of GPs available and the need to use locum GPs also had an effect on whether patients could see a clinician of choice. It was hoped this situation would improve when the new GPs start.

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. For example a system was set up for a code to be placed on the patients record if an email referral had been made. Additionally if a clinician is asked about the status of a referral, they can send a task via computer to administration staff to check on the status of a referral with the hospital.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- One GP partner had completed a higher qualification in Healthcare Leadership.
- Partners held leadership roles within local healthcare bodies.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social 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 had put in place processes to allow them to act on behaviour and performance inconsistent with the vision and values if required.

- 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. All staff described the open door policy of the leadership, they told us that if they had training needs they could discuss them with management and often have them agreed. They did not have to wait for their annual appraisal.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- One of the GPs provided clinical mentorship and pastoral care to the allied health professionals working within the surgery.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- 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.

Are services well-led?

Practice leaders had established policies and procedures. However the recording and management of staff records, specifically the recording of verbal references, monitoring of staff medical indemnity cover and recording and management of staff training records needed review.

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 was closely monitored and discussed through face to face discussions and during appraisals. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice 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 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 an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.