Mile Oak Medical Centre

Quality Report

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Date of inspection visit: 20 March 2018
Date of publication: 24/05/2018

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 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

Key findings

Contents

Letter from the Chief Inspector of General Practice

Mile Oak Medical Centre was previously inspected on 21 July 2015 and was rated as good overall and for safe, effective, caring, responsive and well-led services.

At this inspection on 20 March 2018 the practice is rated as good overall.

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

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 warmth, compassion, kindness, dignity and respect.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and phone consultation services were available. Urgent appointments for those with enhanced needs were also provided the same day.
- There was an active patient participation group in place. The practice had made improvements to services as a result of feedback from patients
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice worked closely with other services in order to provide and improve care for their patient populations.
- Staff were positive about working in the practice and were involved in planning and decision making.

Summary of findings

- Patient survey results were positive and higher than average in a number of areas.

The area where the provider should make improvement is:

- Review the systems for submitting data for the national childhood vaccination programme.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Mile Oak Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector and a GP specialist adviser.

Background to Mile Oak Medical Centre

Mile Oak Medical Centre is situated in Portslade, on the outskirts of the city of Brighton and Hove, East Sussex and operates from:

Chalky Rd

Portslade

Brighton

BN41 2WF

The practice provides services for approximately 8,100 patients living within the local area. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard.) The practice population has a slightly higher than average number of patients under the age of 18 and a higher percentage of patients with health related problems in daily life. The practice has more patients in employment or full-time education and lower levels of unemployment. Around 93% of patients registered at the practice are of white British ethnicity. The practice has registered a number of Syrian refugees.

Mile Oak Medical Centre is purpose built and shares its premises with a pharmacy. Separate organisations providing midwifery, health visiting, a chronic fatigue service, audiology, podiatry, musculoskeletal, dermatology and stoma clinics rent rooms in the same premises.

As well as a team of four GP partners and three salaried GPs (six female and one male), the practice also employs an advanced nurse practitioner, three practice nurses, a health care assistant and a pharmacy technician. There is a business manager, an organisation manager and a team of receptionists, administrative and housekeeping staff.

The practice is a training practice for post qualifying doctors.

Mile Oak Medical Centre is open between 8am to 6pm on weekdays, apart from Thursdays when the surgery is open from 8am to 8pm. After 6pm the phones are answered by an out of hours provider (IC24). The practice offers a triage system where patients are given an initial phone appointment with a GP who will then allocate a face to face appointment with the most appropriate clinician as necessary. Same day and pre-bookable appointments with GPs and nurses are also available.

The practice offers a shared out of hours service on rotation with two other practices in the locality. This service operates from 6.30pm to 9pm on weekdays, from 8am to 2pm on Saturdays and from 9am to 12pm every other Sunday.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning and surgical procedures.

Good

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 had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance. There was a safeguarding referral template to help guide staff through the process.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff told us that they knew their patients and all felt involved in protecting patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff employed by the practice. (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).
- 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 the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate 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 an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- 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. There was a documented approach to the management of test results.
- 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.

Good

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. 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 practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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.

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 and policy 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. Significant events were discussed in the weekly clinical meetings and there was a system to identify patterns of events.
- 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, there had been an incorrect change to a patient's medicines . As a result the practice discussed the event and put actions in place to make sure there would not be a repeat occurrence.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

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:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice pharmacy technician 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.

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 for an acute exacerbation of asthma.

Families, children and young people:

- The practice results for childhood immunisations showed that three of the four targets were carried out in line with the national childhood vaccination programme. The target for children aged two with pneumococcal conjugate booster was below target at 65%. The practice told us that they had not submitted their results in time for them to be included in the published data and provided us with data to show the rates for all vaccines given were in line with the target percentage of 90% or above. However, this data was unverified by CQC.
- 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.

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

- The practice's uptake for cervical screening was 74%, which was comparable to the 80% coverage target for the national screening programme. The practice had taken measures to monitor and improve these figures.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Good

Are services effective?

(for example, treatment is effective)

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 results for caring for patients experiencing poor mental health (including people with dementia) was above the national averages.
- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is above the national average of 91%.
- 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.

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 an audit of patients prescribed a specific medicine for whom a more appropriate alternative was available showed improvements on the second and third cycles. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published QOF results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 97%. The overall exception reporting rate was 9% compared with a national average of 10%. (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.)

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 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 audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, 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

Good

Are services effective?

(for example, treatment is effective)

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.

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.

Good

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/did not treat 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.
- On the day of inspection we observed that patients were greeted warmly at reception and often by name.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they found staff to be polite, friendly and courteous. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 267 surveys that were sent out, 97 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 84%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 99% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

The practice told us they were proud of their patient satisfaction scores and had worked hard to listen to their patients so that they could meet their needs effectively.

Involvement in decisions about care and treatment

Staff helped patients to 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):

- Staff had recently attended a communication workshop.
- Interpreter services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. A hearing loop was available at reception.
- 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. They had invited a representative from a local carers' charity to speak to staff about ways to identify carers and the support available. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 189 patients as carers (2% of the practice list).

- There was a lead GP and lead nurse for carers, who were able to guide staff in identifying appropriate support.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call 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.

Good

Are services caring?

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 above local and national averages:

- 93% 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 84% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Good

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.

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. The practice was a centre of excellence for their clinical operating system which meant that templates designed and piloted by the practice were rolled out to other practices nationally.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there was a wheelchair available for use in the waiting room and a lift for patient use.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice employed a pharmacy technician to manage medicines requests and help with patient queries about their medicines.
- The practice offered a text service to remind patients they had an appointment.

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.
- The practice ran seasonal flu vaccination clinics.
- One of the practice nurses visited housebound patients at home to conduct their annual review and/or flu and shingle vaccinations.
- The practice had built up good working relationships with the local care homes they provided a service to.

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. A medicines review by the pharmacy technician was available when appropriate. 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.
- The advanced nurse practitioner was the clinical lead for patients with diabetes.

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 and 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 and the practice aimed to see children of school age before school where possible.
- Families were registered with the same GP, where appropriate, to promote continuity of care.
- Clinicians met with the onsite health visitors monthly.
- The practice had a system to identify when children under 17 years were at risk of diabetes.
- There were twice weekly, nurse led, young people's drop in clinics which provided sexual health and lifestyle advice.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered phone consultations to patients who were unable to attend the practice during normal working hours.

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.
- Clinicians had received training to recognise the signs of domestic abuse and to ask about this issue in an open but sensitive manner.

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.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Patients newly prescribed antidepressants were offered a follow up phone call by their GP to review.

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.

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. Of the 267 surveys that were sent out, 97 were returned. This represented about 1% of the practice population.

- 89% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 81% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.
- 78% 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 - 83%; national average - 76%.
- 83% of patients who responded described their experience of making an appointment as good; CCG - 78%; national average - 73%.

The practice told us they had worked hard to achieve these positive results as historically patients had given feedback about lengthy waiting times for a routine consultation. Their response had been to redesign the system so that almost all patients received an initial phone appointment with their GP which was followed by a face to face appointment if necessary. The results were that the number of patients seen increased by 25% and patients were more likely to be seen by their own GP. Some patients were more appropriately referred for consultation with a nurse, which made more effective use of resources. Clinicians reported that they were able to prepare for each consultation more effectively as the details taken during the phone consultation meant they could allocate suitable time slots and prepare relevant investigation forms and equipment.

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 practice encouraged patient feedback and there was a comment form available at reception along with a display board 'You Said so We Did' which outlined changes that had taken place as a result of patient feedback. For example, changes to the number of appointments that were bookable online.
- The complaint policy and procedures were in line with recognised guidance. We reviewed 13 complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

received in the last year and found that they were satisfactorily handled in a timely way. The practice learned lessons from individual concerns and complaints For example, a patient who complained that they had not received an answerphone message received an apology. The practice changed its policy so that details were given directly to patients rather than by answerphone message. The practice also undertook an analysis of trends in complaints.

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 and all of the population groups 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, capability and integrity 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.
- 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.
- The GP partners and management team attended annual away days to look at sustainability including succession planning and different ways of working.

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.
- The practice vision was to give fair and appropriate care to all. This was displayed in reception along with the practice values. 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 and told us they made a good team.
- Staff told us they felt the practice culture was friendly, open and approachable which made the practice a nice place to work.
- 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.
- The practice held a monthly meeting for all staff and encouraged attendance at practice clubs such as lunch club, slimming club and table tennis so that staff could get together to offload and relax.
- There was a strong emphasis on the safety and wellbeing of all staff and the opportunity for staff referral for counselling if needed.
- 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

Are services well-led?

Good

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

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice 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 clarity around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- 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. The practice conducted annual surveys of both staff and patients to help them identify areas for improvement. For example, staff had suggested ways to improve confidentiality at the reception desk which were adopted by the practice.
- There was an active patient participation group which was known as MOPs (Mile Oak Patients). MOPs had been involved in collecting data for the annual patient survey. This had resulted in a reorganisation of the waiting room to improve the safety and aesthetics for patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

Good

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

There were no evidence of systems and processes for learning, continuous improvement and innovation.

- The practice told us they were open to change and there was a focus on continuous learning and improvement at all levels. For example, there had been pilots to test workflow redirection, patients' online access, extended hours access and the efficacy of community navigators which had resulted in some improvements. There was an ongoing pilot looking at ways to increase workflow efficiency.
- Staff were encouraged to contribute suggestions for quality improvement ranging from clinical audits to suggestions to improve workflow.
- The practice told us there were plans to form a federation of GPs with other practices in the local area. They currently worked in a cluster of five practices with whom they shared learning and resources.
- The practice was a centre of excellence for their clinical operating system which meant that templates designed and piloted by the practice were rolled out to other practices nationally.
- 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.
- The practice told us they were looking to expand their patient numbers by around 1,000 to 2,000 in the future as there were plans to build new houses in the locality.