Lynwood Medical Centre

Inspection report

2A-6 Lynwood Drive
Romford
Essex
RM5 3QL
Tel: 017098208669

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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. (This is the practice first inspection following a change of registration.)

The key questions at this inspection 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 Lynwood Medical Centre on 10 October 2018. The inspection was planned to check whether the provider continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 had systems in place to keep patients safe and safeguarded from abuse.

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.

Staff had received the appropriate training for their roles.

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

The areas where the provider should

- Have a system in place to provide assurances of the clinical practice of the advanced nurse practitioners.

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

Older people	**Good**
People with long-term conditions	**Requires improvement**
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.

Background to Lynwood Medical Centre

Dr Gurmeet Singh is the registered provider. Who is registered with the Care Quality Commission (the Commission) to provide the regulated activities of: diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services; surgical procedures and family planning.

The practice operates from a detached house at:-

Lynwood Medical Centre

2A-6 Lynwood DriveRomfordEssexRM5 3QL

Lynwood Medical Centre provides a service for 12,000 patients as part of the personal medical services (PMS) contract with NHS Havering Clinical Commissioning Group (CCG) on behalf of NHS England.

Lynwood Medical Centre catchment area is classed as within the sixth less deprived areas in England. (1 = Most deprived 10= Least deprived). The practice population is similar to that of others in the area and the Havering CCG, over 50% of the practice population are registered as having a long-standing health condition.

The practice team at the surgery is made up of the provider and eight salaried GPs (three male and six female). They are supported by a advanced nurse practitioner, a nurse, practice manager and administration/reception staff. The practice nurse and advanced nurse practitioner work part-time.

The practice opening hours are Monday to Friday 8am to 12:30pm and 2pm to 6:30pm. With the exception of Thursday when it is open until 8.30pm.

When the practice is closed for medical attention that cannot wait until the surgery is open patients could contact the GP access service on 020 3770 1888 Monday to Friday between 2pm and 9pm and weekends and bank holidays between 9am and 5pm. Out of these hours patients were advised to contact NHS 111.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. 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 member of administration staff designated to follow up when children did not attend appointments liaised with the health visitor, however this information was not automatically shared with the GP responsible for safeguarding children.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, the service did not have a child oximeter, this monitors a child's oxygen levels and heart rate. At the time of the inspection the provider agreed to review whether a pulse child pulse oximeter was appropriate.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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 and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

- 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.

Good

Are services safe?

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

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services, with the exception of people with a long-term condition 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. Examples seen were sepsis, dementia, hypertension, chronic obstructive lung disease and palliative care.
- 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 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 because:

- The practice provided support to six residential and nursing homes, over 200 patients. The GP provided a weekly ward round to five of the care homes and had regular contact with the sixth. A dedicated administrator supported the GP, for 24 hours a week. The practice had a dedicated telephone and fax line for the service and the administrator responded promptly to any medicine or visit requests, new registration, or nurse specialist tissue viability requests.
- The allocation of an administration staff to support the GPs work in the care homes, enabled a prompt registration of new patients and response to patients with palliative care in the homes. For example, for medicines and equipment.
- The practice carried out a survey to review patients end of life care and the prevention of unnecessary A&E visits and hospital admissions. This demonstrated most patients had a 'Do not resuscitate' order in place and a end of life care plan in place both enabling a dignified death. In addition, the use of rescue pack of medicines, for patients known to be prone to infective exacerbations, had helped prevent hospital admissions.
- 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 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:

This population group was rated requires improvement for effective because:

- 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. However, for patients with diabetes they had to attend the practice twice, once for their footcare and one for their review. The staff agreed this may have affected the number of completed reviews.
- The practice's performance on quality indicators for long term conditions was below local and national averages for two areas regarding diabetes. However, the practice had recognised that improvement was required and offered both extended hours and Saturday appointments. In addition, reminded people by texts about their appointment. The most recent published data demonstrated for April 2017 to March 2018 continued to show that further improvements were required.
- 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.
- Adults with newly diagnosed cardiovascular disease were offered 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.

Good

Are services effective?

- 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)

Families, children and young people:
This population group was rated good for effective because:

- Childhood immunisation uptake rates were slightly below the national target percentage of 90%. (Between 87% and 88%). One immunisation uptake rate for one-year old children was above the national target at 96.8%. The practice nurse explained that the practice had opened on Saturday mornings to improve the children's immunisation uptake.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):
This population group was rated good for effective because:

- The practice's uptake for cervical screening was 71.3% which was below the 80% coverage target for the national screening programme but comparable to the CCG and national average.
- The practice's uptake for breast and bowel cancer screening was comparable with 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 40-74. 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:
This population group was rated good for effective because:

- 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 allocation of an administration staff to support the GPs work in the care homes, enabled a prompt response to patients who required palliative care in the homes. For example, to medicines and equipment.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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 41 patients on the register identified as having a learning disability.
- The practice operated a gold card scheme. It was a clinical decision by the GP to allocate gold cards to patients. Patient mostly had a vulnerability, for example children on the child protection register, people with a learning disability, homeless, those with a cancer diagnosis, or asylum seekers. The scheme provided patients who were vulnerable a priority appointment to ensure their needs were met. On the day of the inspection the practice had 29 patients on the scheme.

People experiencing poor mental health (including people with dementia):
This population group was rated good for effective because:

- 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.
- For patients experiencing poor mental health who were in crisis, the practice referred patients to the mental health team making a direct and immediate referral.
- 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 148 people with dementia identified on the register.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was above average the local and national averages. For example, 100% of patients with

schizophrenia, bipolar affective disorder and other psychoses alcohol consumption had been recorded in the preceding 12 months between 1 April 2016 and 31 March 2017.

Monitoring care and treatment

- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.
- The overall QOF and exception results were mostly in line with the national averages. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- Where the practice had identified an issue they had responded. For example, the practice was aware that their exception reporting for asthma and chronic obstructive pulmonary disease (COPD) had been higher, in response they had recruited an advanced nurse practitioner to carry out COPD reviews. Unpublished data provided by the practice showed the exception reporting for 2017 to 2018 for asthma had reduced to 0% and 2% for COPD.
- 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.
- The practice had carried out four clinical audits in since 2016, two were two cycle audits. All demonstrated quality improvement activity.

Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, and revalidation. However, the practice did not mentor or appraise the advanced nurse practitioner. They explained this was because they worked at other practices where they were appraised.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating 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 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 used patient special notes to share information with the out of hours service and the nursing homes.
- 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.

Good

Are services effective?

Helping patients to live healthier lives

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice had referred patients for exercise.
- 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.

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

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

- The practices GP patient survey results were below local and national averages for questions relating to whether a healthcare professional was good at listening to them. The provider explained that partners had retired, and they had become an individual provider. This meant there had been a period where they had introduced new salaried doctors and used locum doctors, which had been unsettling for the patients whom had known the previous partners for many years. The practice had monitored this in their own patient survey and they and the patient participation group felt that improvements were being made. In addition, during the inspection we were provided with examples of where the GPs had shown compassion to patients who were homeless or asylum seekers.
- 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.
- Staff helped patients and their carers find further information and access community services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. The practice felt this was due to the retirement partner GPs and the introduction of new GPs.

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. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice carried out occasional Saturday morning clinics to meet patient needs.
- 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 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 because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.
- The practice offered a service to five older peoples residential and nursing homes. The service had a dedicated member of staff and a dedicated telephone and fax line. The GPs carried out weekly visits where they assessed all of the patients. This gave the patients a consistent and prompt approach to treatment and care.

People with long-term conditions:

This population group was rated good for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had a responsive approach to enabling patients to receive their medicines. For example, a patient forgot their long-term medicines whilst travelling. The practice administrator promptly responded by enabling the patient to obtain the prescription from a pharmacy at the railway station.

Families, children and young people:

This population group was rated good for responsive because:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had carried out immunisation clinics on Saturday's to increase uptake.

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

This population group was rated good for responsive because:

- 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 in a evening.
- The practice occasionally offered a Saturday service for patients to walk into without an appointment for their health check and review. This was especially helpful to working age people.

Good

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- The practice operated a gold card scheme. The GP allocated gold cards to patients who were vulnerable, for example those with a learning disability, homeless, those with a cancer diagnosis, and asylum seekers. The patient was given a card, an alert was put on the system and patients were always seen as a priority and offered a same day appointment, prompt repeat prescriptions and responses to blood results. The scheme prevented the patients from explaining to receptionists why they needed to be prioritised.
- The practice surveyed the 29 patients who had a gold card in October 2018. The survey demonstrated patients found it easier to make an appointment by telephone, the attitude of all of the staff had improved and that patients were more likely to contact the surgery rather than the emergency services. For example, 57 hospital contacts were prevented due to the scheme.
- The manager of a home for people with a profound learning disability explained the gold card allocated to their patients had removed a stress trigger that would sometimes make their customers fearful of a visit to the doctor.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. For example, the practice had supported a homeless person. They had looked after their belongings, gained the support of other agencies that had enable them to return to their previous home and friends in the North of England.
- The provider had supported two refugee's families to settle in the area. Alongside health care they had provided quarterly meetings with the family to discuss needs and any concerns and language issues.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice would offer longer patients to patients with poor mental health.
- Timely access to care and treatment
- 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 practices GP patient survey results were slightly below local and national averages for questions relating to access to care and treatment. However, the provider explained that the partners had retired, and the practice had become an individual provider. This meant new salaried doctors and used locum doctors had been introduced to the practice, which had been unsettling for the patients whom had known the previous partners for many years. The had monitored this in their own patient survey and felt that improvements were being made.

Listening and learning from concerns and complaints

- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

- Leaders had the capacity and skills to deliver 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.
- Vision and strategy
- 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Most staff 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.
- 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 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.

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.
- Practice leaders had oversight of 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 considered and understood the impact on the quality of care of service changes or developments.

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.

Good

Are services well-led?

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There were evidence of 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 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.