

Grays Inn Medical Practice

Inspection report

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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.

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/focused inspection at Grays Inn Medical Practice on 16 October 2018. This inspection was undertaken as part of our inspection programme.

The previously registered and inspected service at this location, also known as Grays Inn Medical Practice, ceased providing services in March 2018.

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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a clear management structure in place and staff had lead roles in practice service delivery. The practice team worked well together and practice governance processes were comprehensive.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had undergone a change of leadership within the previous twelve months and had not yet developed a programme of quality improvement activity to ensure that care and treatment was delivered according to evidence-based guidelines.
- There was a clear vision and leaders were able to describe a set of guiding principles around which it structured its services. The practice had a realistic strategy and supporting business plans to achieve priorities.

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

- Ensure that fire risk assessments are carried out at suitable intervals
- Continue to ensure systems in place to monitor the health of all patients prescribed high-risk medicines are consistently followed.
- Put a system in place to maintain a record of all patient safety alerts received and the actions taken as a result.
- Ensure that plans to develop a programme of quality improvement activity are followed through.
- Continue to review uptake rates for public health screening programmes with a view to bringing about further improvements.

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	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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Grays Inn Medical Practice

The registered provider of the service is Dr Pezhman Nouraei-Fard. The address of the registered provider is 77 Gray's Inn Road, London, WC1X 8TS. The practice, which was previously registered as a partnership, registered as a sole provider in March 2018, to provide the regulated activities of diagnostic and screening services, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS primary medical services through a General Medical Services contract to approximately 6,000 patients. The practice is part of the NHS Camden Commissioning Group (CCG) which is made up of 35 general practices.

The practice team consists of a lead GP and nine salaried GPs, all of whom work part time. Four of the GPs, including the lead GP are male and six are female. The clinical team is completed by a practice nurse who works part time and two healthcare assistants, one of whom works full-time and the other, part-time. There is a practice manager who also carries out this role at another practice owned by the lead GP and eleven administrative and reception staff.

The patient profile for the practice indicates a population of more working age people and families with children than the national average and a lower proportion of older people in the area compared with the national average. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest.

The practice's opening hours are 8.00am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. It closes at 1.00pm on Wednesday. Appointments are available throughout the day. The telephone line opens at 9.00am.

The practice has opted out of providing an out-of-hours service. When closed, calls are forwarded to the local out-of-hours service provider. Information regarding this is given on the practice website and the practice leaflet, together with details of the NHS 111 service and information regarding two nearby walk in centres, which all patients registered at the practice may use.

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 were 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 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.
- 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. However, the practice had no protocol in place to check appointments had been given and attended for those patients referred urgently using the two-week-wait rule. Staff told us they would put this in place following our inspection and we received evidence showing this had been done the day after the inspection.

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.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- The practice had processes in place to ensure safe prescribing of high risk medicines. Patients prescribed with a blood-thinning medicine were monitored at a local anti-coagulation clinic and were provided with a 'yellow book' which was updated after every blood test and reviewed by GPs. However, we found that details of blood test results were not always scanned into the patient record. We discussed this concern with the practice and the day after the inspection, we were provided with an updated protocol which included a step to ensure that when patient's presented details of their most recent blood test results, these were scanned into the clinical record system on arrival. We were also

Are services safe?

told that all patients prescribed with blood-thinning medicine had been contacted and asked to attend urgent appointments where additional health checks could be undertaken. The revised protocol also included a process to audit prescribing of all high-risk medicines, including the blood thinning medicine every month. We were told that details of the protocol had been passed to all clinical and non-clinical staff and that the matter would be discussed in detail at the next clinical meeting.

- At the time of the inspection, the practice had recently finalised the recruitment of a full-time prescribing pharmacist, part of whose role was to undertake medicine reviews for patients with long term conditions.

Track record on safety

The practice had a good 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.

- 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 had a system in place to record and learn from significant events but there was no process in place to carry out regular reviews of recorded incidents so that trends could be identified. We pointed this out to the practice and the next day, we were provided with an updated Significant Event Policy which included a step to carry out quarterly audits of significant events.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, we noted that the practice did not maintain a continuous log to record the details of all alerts received or the actions taken. The practice told us this would be prioritised as an action point.

Please refer to the evidence tables for further information.

Are services effective?

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 advised patients what to do if their condition got worse and where to seek further help and support.
- A significant number of the practice population worked in the local area but were resident elsewhere, sometimes considerable distances away from the practice. The practice ensured that these patients were aware that home visits would not be possible and had provided information about how to access emergency care when visiting the practice was not an option.

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.
- 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:

- 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.
- 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.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line and national averages for most clinical indicators. Data published in 2016/2017 showed that 66% of patients diagnosed with diabetes had well-controlled blood sugar levels. Clinicians had reviewed the records of all patients on the diabetes register and identified any patients whose records indicated they were most at risk, for instance because their blood sugar levels were not well controlled. A named member of the administration team had been given responsibility for ensuring that all patients on the diabetes register were invited for regular health reviews. Unvalidated data for 2017/2018 showed that the percentage of patients with well controlled blood sugar levels had increased by 6% and was now 72%, although this was still below the CCG average of 78% and the national average which was 79%.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above for some immunisations. However, we saw the actions the practice was taking to increase uptake. Patient records we viewed demonstrated that the low uptake was largely to do with parental choice. The practice was ensuring that all children with outstanding immunisations had a note on their electronic record which alerted a clinician to speak to them about vaccines. The practice nurse told us they had dedicated time where they were continuing to liaise with families to increase the uptake.

Are services effective?

- 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):

- The practice's uptake for cervical screening was 56%, which was the same as the local CCG uptake rate but below the 80% coverage target for the national screening programme. The practice told us that many patients registered at the practice did not live in the area and engaged with the screening programme in the areas where they lived. We were also told that patients who wished to participate in the screening programme could attend appointments at two other practices with were managed by the lead GP. The practice told us that appointments were available at different times throughout the week and that a female sample-taker was always available at appointments. Eligible patients who failed to respond to written invitations were contacted by further letters and by telephone and non-attenders were flagged on the patient's record so that the screening test could be discussed opportunistically. Unvalidated data for 2017/2018 indicated that the uptake rate for 2017/2018 had increased by 12% to 68%.
- The practice's uptake for breast and bowel cancer screening was in line with local CCG averages but below the national average. The practice was aware that uptake rates were below the national average and a named member of staff had been given the responsibility to contact non-attenders to inform them about the programme and encourage participation.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- 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.
- 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.
- 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 offered annual health checks to patients with a learning disability.
- The practice had recognised that QOF outcomes for mental health and dementia indicators in 2016/2017, were lower than CCG and national averages. We were told that the practice had improved the patient recall system by nominating separate administrative leads for each clinical indicator and had re-employed a nurse who had significance experience of supporting patients with mental health conditions. Unvalidated data for 2017/2018 showed that the percentage of patients with mental health conditions with documented care plans in place had increased from 78% to 91%, whilst the percentage of patients diagnosed with dementia who had had a face to face review had increased from 78% to 92%.

Monitoring care and treatment

The practice leadership had changed within the previous twelve months and the new leadership team had not yet developed a programme of quality improvement activity although it had taken part in CCG-led prescribing audits and could demonstrate a lower than average antibiotic prescribing. We discussed this with the practice and were

Are services effective?

told that the practice was looking at areas of clinical practice where audits would be most useful in improving outcomes and ensuring the effectiveness and appropriateness of the care provided.

- QOF results were generally in line with CQC and national averages. Where results were lower than average, for instance some mental health clinical indicators, we saw evidence of actions taken by the practice and found that these had brought about improvements.
- The practice used information about care and treatment to make improvements.
- Patient chronic disease registers had recently been reviewed to ensure these were accurate and patients previously not identified were added appropriately.

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. 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, coaching and mentoring, clinical supervision and revalidation.
- 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 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.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

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

Are services effective?

- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. 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.
- The practice was aware that a significant number of the local daytime population worked in the area but lived elsewhere and had a policy of allowing people to register without reference to a catchment area. This meant that people who worked in the area were usually able to access GP appointments with less disruption to their working day.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours or who were unsure if their condition required a personal visit.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, for instance, patients who were unable to access consulting rooms on the upper floors were seen on the ground floor.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. However, home visits were not available to people who worked in the area but lived elsewhere and this was explained to patients before they registered at the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- At the time of the inspection, the practice had recently finalised the recruitment of a prescribing pharmacist, part of whose responsibilities was to undertake medicine reviews for patients with long-term conditions or whose conditions involved complex treatments.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations were available during every GP session and video appointments were available by arrangement.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had a significant number of patients whose first language was Bengali. The practice had arranged for a Bengali interpreter to attend at the practice two

Are services responsive to people's needs?

mornings every week. The interpreter who had a valid DBS check in place, was available to interpret conversations and translate correspondence on an ad-hoc basis.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice signposted patients experiencing poor mental health towards counselling services and local support organizations.

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's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

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.

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

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

- There was a clear vision and leaders were able to describe a set of guiding principles around which it structured its services. 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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 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. We noted that the practice was in the process of reviewing all practice policies and protocols at the time of this inspection and had prioritised policies relating to the safe treatment of patients.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- The practice leadership had changed within the previous twelve months and had not yet developed a quality improvement programme. At the time of the inspection, the practice was reviewing several areas of clinical practice to identify specific areas where clinical audits could be used to review the effectiveness and quality of care provided. However, the practice had participated in CCG initiated prescribing audits as well as audits of how care was provided to people approaching the end of life.
- 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

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 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.