

Hamd Medical Practice

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating April 2016 – Good)

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 Hamd Medical Practice on 20 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Although performance was below local and national averages in some areas such as childhood immunisation and cervical cancer screening, the practice was able to demonstrate how they had worked to improve these areas. This was supported by unverified data provided during our inspection which confirmed that uptake in these areas were meeting the required standards and targets.
- The practice proactively identified patients with commonly undiagnosed conditions and patients at risk of developing long term conditions such as diabetes. We saw how through systematic identification and monitoring, pre-diabetic patients were identified and referred to prevention programmes to help in

preventing the development of diabetes. Furthermore, the practice was able to provide examples of how this approach led to a reduction in patients HbA1c (blood sugar) levels.

- Staff involved and treated patients with compassion, kindness, dignity and respect. Patient feedback was mostly positive with regards to care and treatment overall.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment, in addition to some questions regarding kindness, respect and compassion. The practice provided evidence of an action plan which outlined areas that the practice was working on to improve, however the evidence provided failed to demonstrate if satisfaction rates had improved.
- The practice provided staff with ongoing support. Staff training and learning was tested in a creative and engaging way during practice learning sessions. Staff stated they felt respected, supported and valued. They were proud to work in the practice. We saw that the practice reflected on things that went well and positive performance was celebrated through initiatives such as 'employee of the month'.

The areas where the provider should make improvements are:

- Continue with efforts to improve uptake rates with regards to childhood immunisation and cervical screening.
- Focus on improving satisfaction rates in response to the below average results of the national GP patient survey.
- Continue to identify and capture carers to ensure they are offered support where needed.

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 and a second CQC inspector.

Background to Hamd Medical Practice

Hamd Medical Practice is situated in a purpose-built health centre; on the first floor of the Washwood Heath Health Wellbeing Centre, in Birmingham. Public Health England data ranks the levels of deprivation in the area as one out of 10, with 10 being the least and one being the most deprived. Hamd Medical Practice provides services to approximately 6,070 patients.

The service is registered to provide the regulated activities of Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and the Treatment of disease, disorder or injury at Hamd Medical Practice, Washwood Heath Primary Care Centre, 4 Clodeshall Road, Birmingham, B8 3SW. Our inspection was based at this location address.

The practice is led by a male GP partner (also the Registered Manager) and one female GP partner. The clinical team includes a team of three long-term sessional locum GPs, two are female and one is male. There is also a practice nurse and two healthcare assistants (all female).

The practice team includes a practice manager and a team of six administrative staff who cover admin and reception duties. The practice is also supported by a business manager who is contracted to support the practice with operational and finance management.

The practice is open for appointments between 8am and 6.30pm Monday to Friday, extended hours operate until 7.30pm Monday to Wednesday and there are also appointments available to registered patients through the Washwood Heath Hub which rotates across four local practices. These appointments are available until 8pm on weekdays and on some weekends from 9am through to early afternoon. When the practice is closed patients are automatically diverted to the GP out of hours service provided by the Badger Out of Hours Group. Patients can also access advice through the NHS 111 service.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- Staff we spoke with knew how to identify and report concerns. All staff had received up-to-date safeguarding and safety training appropriate to their role.
- The practice learned from safeguarding incidents and learning was shared with staff. 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. This included carrying out Disclosure and Barring Service (DBS) checks for staff, including those who chaperoned. 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 who chaperoned were also trained for this role.
- There was an effective system to manage infection prevention and control. Arrangements for managing waste and clinical specimens kept people safe.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Risks to patients

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

- There was an effective induction system for temporary and permanent staff which was tailored to their role.
- The practice operated effective arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. When there were changes to services or staff the practice assessed and monitored the impact on safety.
- 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.

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

- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with current national guidance. We saw evidence to support this across a range of prescribing areas, including the prescribing of antibiotic and anticoagulant medicines.
- The practice acted to support good antimicrobial stewardship in line with local and national guidance. Antibiotic prescribing data between July 2017 and June 2018 was comparable with other practices.
- The practice had reliable systems in place for appropriate and safe handling of medicines.
- 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 and there were effective protocols for verifying the identity of patients during remote consultations.
- We saw that there were appropriate systems in place for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment.

Track record on safety

Evidence viewed as part of our inspection, demonstrated that the practice had a good track record on safety. We saw that the practice monitored and reviewed safety using information from a variety of sources and a range of comprehensive risk assessments was evidenced to demonstrate how risk in relation to safety issues, were mitigated and managed where needed.

Lessons learned and improvements made

The practice learned and improved when things went wrong.

Are services safe?

- There were adequate systems for reviewing and investigating 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.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

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.
- Patients with different care needs received structured annual reviews to check their health and medicines needs were being met.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- 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:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs; including a review of medication. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- 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:

- Staff who were responsible for reviews of patients with long term conditions had received specific training. Patients with long-term conditions had a structured annual review which included a review of their medicines.
- We saw that clinicians worked with other health and care professionals to deliver a coordinated package of care for patients with complex needs.

- Adults with newly diagnosed conditions, such as cardiovascular disease were offered appropriate medicines 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. Furthermore, evidence provided during our inspection demonstrated that these patients were regularly reviewed and monitored.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions including diabetes, chronic obstructive pulmonary disease (COPD) and hypertension.
- We saw examples of how the practice had focussed on their pre-diabetic patients. The practices pre-diabetic patients were offered annual health checks and following their HbA1c (blood sugar level) checks, were offered three and six-monthly reviews to suit their health needs. Pre-diabetic patients were referred to the NHS national diabetes prevention programme (NHS DPP) for healthy lifestyle education and advice. The practice was able to demonstrate how this work had led to improved outcomes for some of these patients, including reductions in HbA1c levels.
- The practice's performance on quality indicators for long term conditions was comparable with local and national averages. Unverified data on how the practice was currently driving was provided on the day of our inspection, this demonstrated that the practice consistently met targets across areas of diabetes and hypertension care.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. However, during our inspection, members of the management team explained how the team worked together to take an opportunistic approach in encouraging childhood immunisation uptake for their practice population. More recent (unverified) data provided by the practice highlighted that childhood immunisation uptakes were at 90% and boosters were at 81%.
- The practice ensured that call, recall and DNA's (failure to attend appointments) were followed up and escalated appropriately. The practice educated their

Are services effective?

families, children and young population groups on the importance of childhood immunisation. Staff used every opportunity to promote the service when engaging with their families, children and young population groups.

- The practice sent congratulation letters to new mothers registered with the practice, this process initiated the baby registration, health check-up and immunisation process. The baby registration process was also monitored every three and six months by members of the healthcare team.

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

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme.
- Members of the management team explained how the team worked together to take an opportunistic approach in encouraging screening uptake for their practice population. Staff used every opportunity to promote the service and to educate patients on cervical screening when engaging with their eligible population groups. We noted that written information was provided in various formats and languages to meet the needs of the practice's diverse population.
- The practice provided unverified data at the time of our inspection, this data highlighted that their cervical screening update had increased to 80%.
- The practice ensured that call, recall and DNA's (failure to attend appointments) were followed up and escalated appropriately. In addition, we saw evidence of the nurse's failsafe records to ensure that they received a screening result for every sample submitted to the lab.
- The practice's uptake for breast and bowel cancer screening comparable with the local and 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:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances such as 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.

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.
- 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's performance on quality indicators for mental health was comparable with local and national averages. Unverified data on how the practice was currently driving was provided on the day of our inspection, this demonstrated that the practice consistently met targets across areas of mental health and dementia care.
- 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice was actively involved in quality improvement activity and used information about care and treatment to make improvements. We saw examples of this through improved cervical screening and childhood immunisation rates. The practice's overall QOF exception reporting was in line with the local and national averages.

Are services effective?

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, coaching and mentoring, clinical supervision and revalidation. Staff training and learning was tested in a creative and engaging way during practice learning sessions.
- 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.
- 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 sent letters of condolences to support recently bereaved patients, they were also signposted to support services such as Cruse Bereavement Care.

Areas of the practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. We saw that a previous in-house survey was conducted and shared with the practice's Patient Participation Group (PPG) in February 2018. These results indicated that 50 responses were received and the results highlighted positive satisfaction rates regarding care and treatment.

The practice provided evidence of an action plan which outlined areas that the practice was working on to improve access and patient satisfaction with regards to the national GP patient survey. At the time of our inspection however the practice did not provide evidence to demonstrate or support if satisfaction rates had improved, some of this work was ongoing at the point of our inspection.

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.

The practice identified carers and supported them. However, on further discussion, the practice team acknowledged this as an ongoing area for further improvement in terms of identifying carers. Staff helped patients and their carers find further information and access community and advocacy services.

The practice's GP patient survey results were comparable 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, good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs, for example:

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided 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 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.

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.
- 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 recognised that their diabetes prevalence was high in comparison to the CCG and

national averages. To help the team to meet the needs of their diabetic patient group, the GPs had been trained to undertake the initiation of injectable and oral therapies; for instance, insulin and GLP-1 inhibitors. Furthermore, the practice recognised the need to take a proactive approach in this area and had focussed on their pre-diabetic patients also.

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.
- Extended access appointments were available at the practice on evenings, Monday to Wednesday and additional appointments were also available on evenings and weekends in conjunction with four local practices through the Washwood Heath Hub.

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Vulnerable patients were given the option of double appointments at flexible times to suit their needs.

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.

Are services responsive to people's needs?

- Patients experiencing poor mental health and patients with dementia were given the option of double appointments at flexible times to suit their needs. Patients who failed to attend were proactively followed up by a phone call from a GP.

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 below local and national averages for questions relating to access to care and treatment. The practice provided evidence of an action plan which outlines areas that the practice was working on in order to improve access and patient satisfaction. For example, to allow patients further access to bookable appointments and to reduce sit and wait times, the practice stopped operating a sit and wait service from April 2018. This service ran successfully for over a year, however members of the management team explained that they had started to receive verbal feedback from patients indicating that they preferred to pre-book their urgent and routine appointments. Therefore, a decision was made to improve satisfaction with regards to access

and appointment waiting times and the sit and wait clinics stopped. The period in which they were operational also formed the period the national GP patient survey represented.

The sit and wait clinics were replaced with telephone triage, this involved a GP being allocated to manage the telephone triage service each day and ensure that patients were directed to the most appropriate route of care such as, a face to face appointment with a GP, nurse or Healthcare Assistant. Patients could also be advised over the telephone and directed to other options such as pharmacy care.

Although we saw evidence to demonstrate that the practice had reviewed and formed an action plan to improve in response to the national GP patient survey, at the time of our inspection the practice did not provide evidence to demonstrate if the areas they had worked on in relation to access, had improved satisfaction rates.

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 were visible in the practice; staff conversations highlighted confidence in their team and there was a theme in positive staff feedback presented on our inspection outlining the positive relationships between staff and teams.
- Practice leaders used ongoing performance reports, as well as the findings from the previous CQC inspection to improve their services.
- 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.

- The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.
- Conversations with staff demonstrated that their values and approach aligned with this vision and feedback from patients during our inspection was also reflective of quality care which involved them as patients.

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. We saw that the practice reflected on things that went well and positive performance was celebrated through initiatives such as 'employee of the month'.
- 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. Evidence of incidents, complaints, meetings, presentations and appraisals supported how learning was shared and filtered across to staff in all areas of the practice.

- Staff we spoke with told us they could 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 needed. 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.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

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. We saw evidence to demonstrate that the team followed good practice principles to help continually drive and embed improvements.
- 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. Policies were well organised, easy to access and were part of a systematic review process.
- There was a programme of practice meetings which were supported by formal agendas, with minutes and documented actions.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Risk assessments were formalised and continually reviewed.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- 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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was 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 and external reviews of incidents and complaints. Learning was shared and used to make improvements and we saw examples of clinical audits that had a positive impact on quality of care and outcomes for patients.
- 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.