

Jubilee Medical Centre

Quality 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 service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 28 October 2014– Good overall)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Jubilee Medical Centre on 23 March 2018 as part of our routine inspection programme.

At this inspection we found:

- The number of patients on the practice list had increased by approximately 1,000 patients since our last inspection in 2014. The practice recognised the challenges they faced from patient needs and were in the process of reviewing and embedding their values and systems to try to meet these demands. The practice had reviewed the staff skill mix to make better use of GP time and had taken on additional staff, including a pharmacy team.
- The practice had increased the remit of the pharmacy team over the past four years to cover all medication reviews, prescription signing and dealing with medication changes identified in secondary care letters. Pharmacists also offered advice on medication optimisation following chronic disease reviews. We saw evidence from 2014-2018 of the effectiveness of this, for example, demonstrating better blood sugar control for diabetic patients
- The practice had also sought innovative ways to improve patient access to services. For example, by the use of e consult. Results from the national GP patient survey from July 2017 showed that patients' satisfaction with the service and how they could access care and treatment was higher compared to local and national averages. Patients were able to access care and treatment from the practice on the same day that they requested it.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. We saw evidence that the practice learnt from incidents and adapted systems to improve when necessary.

Summary of findings

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, not all staff had received regular formal appraisals of their work, as there had been an increase in new staff employed and existing staff were being trained up for other roles, which took time. Although formal appraisals had not been carried out for all staff, there was evidence of informal reviews with some staff including regular review of development needs and opportunities. The practice recognised this as one of their areas for development and had plans in place.
- Care Quality Commission (CQC) comment cards and GP national patient survey data reviewed indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported and valued by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice recognised that they had previously had a high rate of dermatology referrals. The practice had purchased a dermatoscope and trained a GP in the use this so that other clinicians could seek timely advice in house. We saw audit results that this had reduced unnecessary dermatology referrals.
- The practice recognised that their practice population had a higher than average depression prevalence (14% compared to a national average of 9%). The practice informed us that they had initiated a local psychiatry collaborative pilot with the community mental health team which had reduced referrals to secondary care by 50%.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Jubilee Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Jubilee Medical Centre

Jubilee Medical Centre is located in the Croxteth area of Liverpool which is one of the most deprived areas of the country. There were approximately 8,700 patients registered at the practice at the time of our inspection.

The practice has four GP partners, four salaried GPs, two advanced nurse practitioners and one trainee advanced nurse practitioner; two practice nurses, a health care assistant, practice manager, assistant practice managers,

and reception and administration staff. The practice is a training practice and had a GP registrar and a foundation year two doctor. The practice also had a long term locum GP.

The practice is open 8am to 6.30pm Monday to Friday and offers extended morning and evening opening hours for GP, advanced nurse practitioner, practice nurse and pharmacist appointments. Patients who contact the practice for routine matters before 3pm are offered a same day consultation. Patients who need to speak to a GP urgently are able to consult with a GP invariably within one hour, on the same day, provided they contact the surgery during opening hours.

Patients accessed the Out-of-Hours GP service by calling NHS 111.

Jubilee Medical Centre has a General Medical Services contract (GMS). The practice is part of NHS Liverpool Clinical Commissioning Group (CCG).

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All staff received up-to-date safeguarding and safety training appropriate to their role.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 acted as chaperones were trained for the role and had received a DBS check.
- The practice was clean and tidy. The practice had recently received an external infection control audit from the local infection and prevention control team and had scored 95% compliance. Action plans were in place to address any shortfalls where appropriate.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.

- 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, for example, sepsis. On the day of our inspection, the practice had calmly dealt with a medical emergency. Any emergency was logged as a significant event and discussed to see whether any improvement could be made in their response. Practice staff had specific roles for when an emergency occurred to ensure an efficient coordinated response.
- The practice had worked with fire safety officers to implement a set of measures to improve fire safety for the premises.
- 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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. There were systems to check medical emergency equipment. However, we did find one pack of needles out of date which the practice removed immediately. The practice assured us post inspection that the needles had not been used in any procedure.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice worked with the local medicines management team.

Are services safe?

- The practice used pharmacists and had increased the remit of their role over the past four years to cover all medication reviews, prescription signing and dealing with medication changes advised in secondary care letters.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Staff could record details of incidents on the computer system which had specific types of incident recording templates to utilise to make it easier for staff and to review any trends. Leaders and managers supported them when they did so.
- There were 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.
- There was a system for receiving and acting on safety alerts. The practice kept a log of alerts and the actions taken. The practice computer system could be used to effectively link information from alerts to specific folders so that all information relevant to a particular topic could be found by staff in one place.

Are services effective?

(for example, treatment is effective)

Our findings

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

Once patients were registered with the practice, the healthcare assistant or practice nurse carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. The patient was referred to the GP when necessary.

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. Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice recognised that they had previously had a high rate of dermatology referrals.

The practice had set up a clinic and purchased a dermascope to facilitate this. This had reduced the number of patients referred for dermatology reasons.

Older people:

- Patients aged over 75 had a named GP and were offered an annual health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice identified those patients who were elderly and frail and practice pharmacists conducted annual medication reviews for these patients.

People with long-term conditions:

- Patients with long-term conditions received any relevant blood tests prior to a structured 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.

- Practice pharmacists held clinics for those patients who had poorly controlled conditions, for example, diabetes. Audit results from 2014-2018 demonstrated better control for these patients as a result. The practice carried out a survey to gain insight into patient satisfaction levels with the service provided by the pharmacy team which ranged from very good to outstanding.
- The practice had previously been part of diabetes project in the area to improve the outcomes of any medical interventions. The practice had also been involved in a screening project for the early detection of lung cancer.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- A sexual health clinic in the area had closed and the practice recognised the inconvenience of travelling outside of area to be seen and had set up their own sexual health clinic. This had reduced the number of patient referrals for gynaecology. We saw data comparing referral rates on a monthly basis between 2016/2017 and 2017/2018 which demonstrated an overall decrease.
- The practice used an alert system on the computer which alerted any prescriber if a medicine was potentially harmful in pregnancy or if a patient was of childbearing age and not taking contraception.

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

- 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.

Are services effective?

(for example, treatment is effective)

- The practice held monthly multi-disciplinary meetings to identify the care needs of patients.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (national average 83%).
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months (national average 90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94%; CCG 90%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 97%; CCG 96%; national 95%).
- The practice met with psychiatry colleagues each month to ensure that patients experiencing poor mental health were offered effective treatment with improved continuity of care. As a result of this work referrals to secondary care had been reduced.

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. Quality improvement work included the use of audits. For example, a contraceptive pill audit had resulted in a new guidance for the practice and repeat prescription protocol.

The practice participated in the Quality and Outcomes Framework system (QOF). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The most recent published Quality Outcome Framework (QOF) 2016 results were 100% of the total number of points available. The overall exception reporting rate for clinical indicators was 11% compared with a national average of

10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) This practice was not an outlier for any QOF (or other national) clinical targets.

Effective staffing

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 their careers. For example, two members of administration staff were being trained as GP Assistants to provide support to the on call GP each day, including advanced information gathering from patients to support prioritising requests and helping with tasks such as coding incoming urgent documents. This work was closely supervised by the GP on call.

The practice had radically changed systems within the practice to cope with patient needs and had recently taken on seven new members of staff who were receiving induction training. The practice was also completing the training of all administration staff to help with new systems. New coding systems were being introduced and staff were receiving one to one support from GPs and staff involved welcomed the individual mentoring. However, some administration staff had not received formal annual appraisals for some time due to the major restructuring of the workforce but the practice was aware of this and appraisal systems were under review.

Coordinating care and treatment

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

- Appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Consent forms were available for minor surgery.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The majority of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. However, there were some negative comments: two comments mentioned difficulty with receiving medication, two about waiting times for appointments and one patient was dissatisfied with their clinical treatment. Results of the NHS Friends and Family Test figures from the previous 12 months from 646 responses showed: 570 patients were extremely likely and 51 likely to recommend the service; eight were neither likely or unlikely, seven unlikely and ten extremely unlikely to recommend the service.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. From 361 surveys sent out, 108 were returned. This represented about 1% of the practice population. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% of patients who responded said the GP gave them enough time (CCG average 89%; national average 86%).
- 100% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 96%; national average 95%).
- 97% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 88%; national average 86%).

- 95% of patients who responded said they found the receptionists at the practice helpful (CCG average 88%; national average 87%).
- 99% of patients who responded described their overall experience of this surgery as good (CCG average 89%; national average 85%).
- 96% of patients who responded would recommend this surgery to someone new to the area (CCG average 80%; national average 77%).

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. The practice web site could be translated into other languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them and there was also information available on the practice website.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Information for help was also available on the practice website.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments (compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%).

Are services caring?

- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 84%; national average 82%).
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 92%; national average 90%).
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%; national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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. For example, the practice had tried to improve access to GPs by using e-consult, which is an email system for GP advice. The practice had also updated its telephone systems.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

People with long-term conditions:

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people:

- The practice worked with midwives to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had additional early morning and evening appointments available for patients who could not attend during normal working hours.

People whose circumstances make them vulnerable:

- The practice had a register of patients with learning difficulties and these patients were offered longer appointments.
- The practice had a register of patients with a safeguarding need, and identified how they required extra support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. The practice held vouchers for local foodbanks.
- Reception staff were trained as care navigators to help support patients to access other organisations.

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations
- Staff had received training about dementia and were aware of the patients that needed additional support.
- The practice recognised that their practice population had a higher than average depression prevalence (14% compared to a national average of 9%). The practice informed us that they had initiated a local psychiatry collaborative pilot with the community mental health team which had reduced referrals to secondary care by 50%.

Timely access to the service

Are services responsive to people's needs?

(for example, to feedback?)

Patients were able to access care and treatment from the practice on the same day that they requested it.

The practice was open between 8am to 6.30pm Monday to Friday. In addition there were early morning and evening appointments available. The practice monitored patient satisfaction with appointment access and were aware of the increase of the number of patients they had and the increase in demand. The practice had invested in technology and had: Installed a new telephone system to manage calls; revised the appointment system to improve continuity of care; installed e-consult, which is an email system for GP advice and used text messaging appointment reminder services.

Results from the national GP patient survey from July 2017 showed that patients' satisfaction with how they could access care and treatment was in line with or higher compared with local and national averages.

- 91% of patients said they could get through easily to the practice by phone (CCG average 75%, national average of 71%).

- 94% of patients described their experience of making an appointment as good (CCG average 77%, national average of 73%).
- 93% of patients who responded said their last appointment was convenient (CCG average 83%, national average 81%).
- 64% of patients who responded said they don't normally have to wait too long to be seen (CCG average 60%, national average 58%).

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.

- Clear information about how to make a complaint or raise concerns was available for patients.
- All complaints were recorded.
- Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The number of patients on the practice list had increased by almost 1,000 patients since our last inspection in 2014. The practice recognised the challenges they faced by patient needs and had reviewed their values and systems to try to meet these demands. The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. Their overall mission was to transform lives in the Croxteth area. The practice used acronyms to help staff remember the mission statement and values. Their mission statement was ALIVE which stood for access, links to the community, innovation, valued and empowering everyone. Their values were BRILL which stood for best quality, respect, integrity, listening and learning. Staff were aware of and understood the vision, values and strategy and their role in achieving them. The practice had a professional development plan for 2016-2018.

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. Staff we spoke with were well motivated and told us they appreciated the thanks they received from GPs and managers for their work.
- The practice focused on the needs of patients.
- 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 some of the staff with the development they needed. The practice was aware due to the changes in staffing that some formal appraisals were overdue. However, the staff we spoke with appreciated the new close mentoring systems in place and felt they learnt more from this system.
- Since the last inspection in 2015, the practice had completed building works to include a large shared work area for all staff to help with effective communication and shared learning.
- There was a strong emphasis on the safety and well-being of all staff. Regular team away days were organised and staff we spoke with valued these.
- The practice held regular clinical meetings to reinforce a learning culture, enabling peer review of cases, shared learning and hearing from invited speakers.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective 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.

Are services well-led?

Good 

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

- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA 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 business contingency plans and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice had struggled to keep a Patient Participation Group (PPG) but recognised this as an area for improvement. The practice sought patient feedback by a variety of other means such as having an in-house patient survey and utilising the Friends and Family test.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice had been a training practice since 2016 for GP registrars and foundation year 2 doctors; and adopted some of the trainees' improvement ideas. For example, the initiation of the psychiatry collaboration pilot.
- 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.