

Dr MSN Ahmed & Dr MB Ahmed

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 previous inspection, carried out on 13 April 2016 rated the practice as good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr MSN Ahmed & Dr MB Ahmed on 19 April 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.
- They ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients told us they 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 improvement at all levels of the organisation.

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

- Ensure all staff are receiving immunisations in line with Department of Health Guidelines
- Ensure that Medicines and Health Regulatory Agency (MHRA) and National Institute for Health and Care Excellence (NICE) alerts are discussed at regular team meetings.
- Take action to ensure that missed children's appointments are appropriately coded on the computer system and monitored.
- Continue to improve the identification of carers to enable this group of patients to access the care and support they require.
- Review the low screening uptake for breast, bowel and cervical cancer and how targeting of patients can be improved.

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

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 CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Dr MSN Ahmed & Dr MB Ahmed

The practice is situated in a three storey Victorian house within a highly deprived inner city area of Huddersfield. The practice is also known as Bradford Road Medical Centre.

There is a branch surgery at Brook Street Medical Centre, Thornton Lodge, Huddersfield, HD1 3JW which was also visited as part of the inspection.

Patients are able to access appointments at either site.

There are currently 5,080 patients on their practice list. Website: .

The practice has a high proportion of patients from a mainly South Asian ethnicity, which comprise 89% of the practice population. This compares with a local average of 22% and a national average of 16%. Both GPs and many reception staff are fluent in the main community language of Punjabi.

The practice provides Personal Medical Services (PMS) commissioned by the NHS Greater Huddersfield Clinical Commissioning Group (CCG) area.

Regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures

- Maternity and midwifery services
- Family planning
- Diagnostic and screening procedures

There are two male partners and a female advanced nurse practitioner. There is one female practice nurse and a female healthcare assistant. There is a practice manager and an administrative and reception team. All staff work across both the main surgery and the branch at Brook Street.

The practice is open from 8am to 6.30pm Monday to Friday.

There are clinics with a GP or the advanced nurse practitioner throughout the day. There are extended hours available for pre-booking by patients with a GP on Tuesday 5.30 to 7.45pm (Bradford Road) and Wednesday 5.30 to 7.45pm (Brook Street).

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

When we returned for this inspection, we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

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 and these were discussed at staff meetings.
- We saw that MHRA & NICE alerts were acted upon, but were not routinely discussed at team meetings. Following our feedback the practice told us they would adopt this approach.
- Staff who acted as chaperones were trained for their role and had received a 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, harassment, 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 and an up to date audit was in place.
- The practice had systems and processes to ensure that facilities and equipment were safe, in good working order and maintained regularly.
- 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; this was supported by alerts on the computer systems if 'red flag' symptoms were suspected.
- When there were changes to services or staff the practice assessed and monitored the impact on safety and discussed these with their patient participation members.
- Staff records showed immunisation for Hepatitis B. However the practice should ensure all staff are receiving immunisations that are appropriate to their role, in line with Department of Health recommendations; for example routine immunisations: tetanus, polio, diphtheria, measles, mumps and rubella (MMR).

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 developed an effective system to ensure that all referrals and test results were reviewed and not missed.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, 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.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- 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 of safety that led to safety improvements.
- Staff were encouraged to raise any areas of concern relating to safety.

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. They told us that they felt supported to do so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action. We saw evidence that when necessary they would liaise with stakeholders such as the CCG to improve safety.
- 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 good for providing effective services overall and across all population groups.

(Please note: Any Quality Outcomes Framework (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

The practice had systems and processes in place to keep clinicians up to date with current evidence-based practice. We saw that the provider had assessed patient 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. All practice staff were aware of the benefits of social prescribing and had numerous links to community groups and support networks.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Clinical templates were used where appropriate to support decision making and ensure best practice guidance was followed.

Older people:

- To provide quality and continuity of care for patients, the practice made use of specific templates on the computer system called Epacc, which allowed all the community teams to see patient entries. This was particularly useful in housebound and palliative care/end of life patients and helped the wider community MDT (Multi Disciplinary Team) to come together to manage a patient holistically.
- Older patients who were 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 who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 years were invited for a health check.

- 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.

People with long-term conditions:

- Diabetes was quite prevalent in the practice population, currently at 11%. The practice had a pre-diabetes protocol to identify patients at risk of developing diabetes. These patients, as well as patients with a diagnosis of diabetes, had regular recalls in place. The practice regularly reviewed coding by running the GRASP (data quality reporting and case finding tool) and actively signposted diabetic patients to other services like DAFNE, (DAFNE stands for Dose Adjustment For Normal Eating and is a way of managing Type 1 diabetes for adults and provides the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin) podiatry, Weight Watchers, PALS, Diabetic Retinal Screening, PEARS (Primary Care Eye Assessment and Referral Scheme) scheme for eyes and the diabetic specialist nurses.
- As the practice was approaching Ramadan at the time of our visit, they were actively educating patients about the impact on diabetic patients.
- 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.
- Patients tended not to respond to written invitations so the receptionists phoned the patients to book them in to the appropriate appointment and the nursing team provided them with leaflets promoting self-care during the appointments, reinforcing health promotion ideals.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

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

- The practice's uptake for cervical screening was 57%, which was lower than the 80% coverage target for the national screening programme.
- The practice's uptake for breast screening was lower than the local CCG average and national averages. For example, the uptake for breast screening in the last 36 months was 52% (CCG 61% and national 70%).
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Vulnerable patients including housebound persons could opt for pharmacy managed prescriptions where their nominated pharmacy could manage their medications rather than them having to come to the surgery themselves.

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 people experiencing poor mental health failed to attend for their appointments or collect their prescriptions the practice would contact them.
- 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.
- In 2016/ 2017 we saw that 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. CCG average 86%, national average 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was higher to the local average of 90% and national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

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. A number of audits had been undertaken including circumcisions, conjunctivitis and HRT (hormone replacement therapy) audit. This activity had resulted in changes to clinical management and medicines for individuals, in line with guidance.

Where appropriate, clinicians took part in local and national improvement initiatives including CCG activity.

Are services effective?

- QOF results from 2016/ 2017 were 99% of the total number of points available compared with the CCG average of 95% and national average of 96%. The overall exception reporting rate was 5% which was lower than the CCG average of 9% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- Unverified data for 2017/2018 showed that the practice was on track to achieve all QOF points in the public health domains for example cervical screening, and 100% of the available points in the clinical domains such as diabetes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had a wide range of knowledge and skills appropriate to 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. Clinical and managerial staff regularly attended CCG update meetings.
- The practice understood the learning needs of staff and provided regular protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, regular staff meetings and support for revalidation.
- The practice were aware of the need to include the requirements of the Care Certificate when training health care assistants.
- 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.
- Care was co-ordinated between services and patients, who received 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 co-ordinated 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.
- The practice supported local and national priorities and initiatives to improve the population's health, for example stop smoking campaigns and tackling obesity.
- The practice noticeboards were utilised to promote health awareness and education for example patient displays at the time of our visit were focused on diabetes and Ramadan.
- The practice was an outlier in terms of breast, bowel or cervical cancer screening but was aware of this and was considering whether a review of the current invitation letter to patients could help improve screening rates. The practice told us that the letters sent to patients were written in English which may be a barrier for patients whose first language is not English to understanding the need for the appointment and why it is being offered. The

practice was going to try and improve the uptake of the screening programme by using information in different languages.

Consent to care and treatment

Are services effective?

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

- The practice had developed protocols and procedures to ensure that consent for the circumcision procedure had been given by both parents (unless it was proven that a parent had sole control and responsibility for the child).
- The consent form contained a statement which both parents had to sign to declare that they had parental responsibility and the procedure was only carried out when there were no disagreements or disputes.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had received training on the Mental Capacity Act and the ones we spoke with understood their responsibilities.
- 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 providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The Friends and Family test is a survey which asks patients if they would recommend NHS services to other people based on the quality of the care they have received. Recent results showed that 89% of patients said that they would recommend the service to their friends and family.
- 100% of the 72 CQC patient comment cards we received on the day of inspection were positive about the service. Staff were described as caring and polite. Patients said they felt listened to. Patients also said that receptionists at the surgery were very reassuring and empathetic.

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 were kind and respectful and communicated with people in a way that they could understand. The staff team were reflective of the population it served and were able to converse in several languages which included those widely used by the patients.
- We saw that several information leaflets were available in languages, which befitted their patient population, other than English.
- 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 identified carers and supported them. Less than 1% of the practice population had been identified as carers. We saw that a regularly updated carer's board was in place and alerts were placed on the patient record. The practice told us they were aware that some older patients lived in extended families where, due to their culture, family members did not see themselves as carers. Practice staff informed us they continued to identify patients who may be a carer and supported them accordingly.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. 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.
- We spoke with six patients on the day of inspection who told us their dignity and privacy was respected.

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 individual and cultural needs and preferences.

- The practice understood the health and social needs of its population and tailored services in response to those needs.
- Telephone triage and consultations were available which supported patients who were unable to attend the practice during normal working hours and assisted those with the most urgent need to access appointments.
- 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 were more vulnerable or who had 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, in order to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Health checks were offered to patients over 75 years of age.

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. Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Diabetes checks were offered during Ramadan.

Families, children and young people:

- Additional nurse appointments were available until 7:15pm on a Monday.
- 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.

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.
- Those patients who had registered their mobile telephone numbers were sent text messages to remind them of their appointments. Patients would also be contacted by telephone.

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

- Priority appointments would be allocated when necessary to those experiencing poor mental health.

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to care and treatment

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

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. We saw that when language was a barrier staff would assist patients with this.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and an analysis of trends and discussed these at staff meetings. 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, challenges and priorities relating to the quality and future of services.
- 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 provider was aware of the need to plan for the future leadership of the practice and develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice discussed all aspects of practice development with the CCG regularly.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The practice planned its services to meet the needs of the practice population.
- As part of the NHSE 5 year forward view the practice had carried out an impact analysis of the practice.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and felt the service provided was excellent.
- Leaders and managers acted on any behaviour and performance which was inconsistent with the vision and values of the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of staff and patients.
- The practice actively promoted equality and diversity.

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 joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear and knowledgeable regarding their roles and responsibilities including in respect of safeguarding and infection prevention and control.
- Children who failed to be presented for appointments were not appropriately coded on the computer system and monitored at the time of our visit. Following our feedback the practice told us they would address this.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw that policies and procedures were regularly reviewed and available to staff.

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?

- The practice had processes to manage current and future performance. The provider was aware of the need to audit the performance of clinical staff. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality and follow best practice guidance.
- The practice had plans in place and had trained staff for major incidents. We saw that following an incident the business continuity plan had been reviewed and updated.
- 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. Issues and changes were discussed regularly with staff.
- Quality, 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. Staff were allocated specific roles to ensure quality was maintained.
- 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 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw evidence that changes were made to services as a result of patient feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- The PPG met to discuss home visits and communicating that home visits were available to patients if required.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement.
- The patients told us of a number of improvements which had been made by the practice.
- The practice benchmarked their performance against other similar practices and used the knowledge of their peers to improve services where possible.
- The practice was in the process of developing a social media channel in order to deliver effective care, for example WhatsApp and Skype.

Please refer to the Evidence Tables for further information.