

# The Foreland Medical Centre

## Quality Report

188 Walmer Road,  
London W11 4EP

Tel: 0207 7272 604

Website: [www.forelandmedicalcentre.co.uk](http://www.forelandmedicalcentre.co.uk)

Date of inspection visit: 20 March 2018

Date of publication: 31/05/2018

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	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The six population groups and what we found	3

### Detailed findings from this inspection

Our inspection team	4
Background to The Foreland Medical Centre	4
Why we carried out this inspection	4
Detailed findings	5

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Foreland Medical Centre on 8 October 2015. The practice was rated requires improvement in Safe, however the overall rating for the practice was good as these were the ratings for the effective, caring, responsive and well-led domains. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for The Foreland Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 20 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in October 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

- The practice had some 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. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- The practice should ensure they have processes in place to demonstrate that all clinicians were aware of the latest clinical guidance.
- Continue to implement processes to improve the uptake rates for the children's vaccinations.
- Implement a system to ensure staff had read, understood and complied with the policies and procedures.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b>	
<b>People with long term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

# The Foreland Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector who was accompanied by a GP specialist adviser.

### Background to The Foreland Medical Centre

The Foreland Medical Centre, 188 Walmer Road, London, [www.forelandmedical.co.uk](http://www.forelandmedical.co.uk) provides primary medical services through a General Medical Services (GMS) contract within the London Borough of Kensington and Chelsea. The services are provided from a single location to around 4000 patients. There are higher than average rates of deprivation within the catchment area compared to CCG and National averages. Twenty one per cent of residents have a long term limiting illness compared to 12.3% in Kensington and Chelsea and 14.1% in London.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. When we inspected this practice on 8 October 2015 the practice was rated as requires improvement in Safe. We served requirement notices for regulation 12 (Safe Care) HSCA 2008. The full comprehensive report can be found by selecting the 'all reports' link for The Foreland Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this inspection on 20 March 2018 to check that action had been taken to comply with legal requirements.

# Are services safe?

## Our findings

At our previous inspection on 8 October 2015, we rated the practice as requires improvement for providing safe services as we found there were no records to confirm the practice carried out fire drills, there was no emergency pull cord in the disabled toilet, prescriptions ready for printing were left in printers in unlocked treatment rooms which could compromise security and Disclosure and Barring Service checks for some staff were not specific to the practice.

We issued a requirement notice in respect of these issues and found these arrangements had improved when we undertook this inspection on 20 March 2018.

### Safety systems and processes

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

- There were 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.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At our last inspection in October 2015 we found DBS checks for some staff were not specific to the practice. At this inspection we saw 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role, clinicians were trained

were trained to level 3 and administrative staff were trained to level 1. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was a system to manage infection prevention and control. The lead GP was the infection control lead. We were told the practice carried out annual infection control audits and saw the last one was carried out in December 2017.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### 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.
- There was an effective induction system for temporary staff tailored to their role.
- 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, however we saw the practice did not have clear protocols linked to NICE guidelines and could not demonstrate that all clinicians were aware of the latest guidance, for example, in relation to sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- 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.

# Are services safe?

## Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and equipment minimised risks. At our last inspection in October 2015 we found prescriptions ready for printing were left in printers in unlocked treatment rooms. At this inspection we saw the practice kept prescription stationery securely and monitored its use. However we found some uncollected prescriptions were more than 12 months old. The practice immediately carried out an audit of these prescriptions and provided evidence to confirm no patients had been put at risk. Since the inspection we, have received information that a new procedure for checking uncollected prescriptions has been implemented.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

At the last inspection in October 2015 we found there were no records to confirm the practice carried out fire drills and there was no emergency pull cord in the disabled toilet. At this inspection we saw evidence to confirm weekly fire alarm testing was taking place and there had been two fire drill carried out in the last twelve months. There was a fire risk assessment in place and fire extinguishers were serviced annually.

There were risk assessments in relation to other safety issues. For example, portable appliance testing (PAT) and calibration of all medical equipment.

## 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.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection in October 2015, we rated the practice as Good.**

**At this inspection we have rated the practice, and all of the population groups, as good for providing effective care.**

### Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice.

- Patients' needs were fully assessed and the most vulnerable patients had appropriate care plans in place which included their clinical needs and their mental and physical wellbeing. We saw these plans were regularly reviewed. However, we found that not all clinicians were using NICE recommended care plans.
- 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 are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. The practice also took part in the 'my care my way' programme, which was a collaborative way of working with GP surgeries, local hospitals and community and social care services to support patients holistically.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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:

- 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.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children over 12 months were 72% which were below the target percentage of 90% which the practice was aware of. They said they were implementing new processes to improve their uptake.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The latest published data shows the practice's uptake for cervical screening was 60%, which was below the 80% coverage target for the national screening programme. The practice felt this was due to the culture of the local population, but were continuing to review and implement processes to improve their performance. However, since their inspection they have sent unpublished data to confirm they are now performing at 90.
- 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. Although we saw that some palliative patients did not have care plans in place, we saw they were discussed in the MDT meetings.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

# Are services effective?

## (for example, treatment is effective)

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average.
- 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 91%; CCG 91; national 91%).

### Monitoring care and treatment

The practice had undertaken quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had carried out an audit to ensure that all patients who were taking warfarin had regular INR checks that were recorded in the notes or the yellow personal record books. In the audit carried out in March 2017 they found twelve out of thirteen patients had a blood test recorded in the last three months. The practice then reviewed and updated their warfarin protocol to ensure patient safety, which was distributed to all staff and then discussed in a practice meeting. On second audit they found all 23 patients on warfarin had up to date blood tests.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95% The overall exception reporting rate was 4% compared with a 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.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 health.



# Are services effective?

(for example, treatment is effective)

- 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 and 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.

# Are services caring?

## Our findings

**At our previous inspection in October 2015, we rated the practice as Good.**

**At this inspection we have 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.
- All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and eighty five surveys were sent out and 95 were returned. This represented about 2.5% of the practice population.

The practice was below average for its satisfaction scores on consultations with GPs. However, they were above average for the nurse. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 79% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.

- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 86%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 86%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 87%; national average - 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. Reception staff encouraged patients to let them know if they were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (1.9% of the practice list).

- There were information leaflets in the waiting room advising carers of various services that supported carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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.

## Are services caring?

Results from the national GP patient survey showed patients responded relatively positively to questions about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages and some were below:

- 84% 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 87% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 84%; national average - 90%.

- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Had they done anything about the lower scores for GP's- were they aware?

### 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

**At our previous inspection on October 2015, we rated the practice as Good.**

**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 was one of the closest to the Grenfell fire and immediately opened for twenty four hours for the three consecutive days following the incident, where they treated local people, firemen and police. Further, the GPs from the practice were involved in setting up processes for screening people affected at a local centre.
- The practice improved services where possible in response to unmet needs. For example, they had rolled out the 'My Care My Way' program to enable them to provide personal support to anyone over the age of eighteen who were affected by the Grenfell incident.
- 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:

- 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.

#### 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.

#### 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 16 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and access to weekend appointments at the hub.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. They were coded on appropriate registers. Pop up alerts were placed on all computer notes to alert all members of staff to vulnerable patients to allow them to meet their specific additional needs such as double appointments. Patients with learning disabilities were invited annually for a specific review.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had signed up to the shared care mental health OOH Initiative which meant they worked closely with the Community Mental Health Area Teams to facilitate the discharge of stable patients to primary care.

### 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 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.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 89% of patients who responded said they could get through easily to the practice by phone; CCG – 84%; national average - 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.

- 83% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 88% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 71% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; 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.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed them and found they were satisfactorily handled in a timely way.
- 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.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on October 2015, we rated the practice as Good.**

**We rated the practice, and all of the population groups, as good for providing well-led services across all population groups.**

### Leadership capacity and capability

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

- The leadership team 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values and the practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance that was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, 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 all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were set out, understood and effective. However, we found that formal notes of actions and decisions made at meetings were not always taken. 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

# Are services well-led?

Good 

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

- The practice had a number of policies and procedures to govern activity but there was no system in place to review these and no assurance staff had read, understood and complied with the policies.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. However, practice leaders did not have oversight of MHRA alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice 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.
- 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 submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had an active PPG, and they showed us evidence to demonstrate how they gathered patient's views through internal surveys and had made changes as a result of feedback from patients, such as extended opening hours
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. Staff attended quarterly 'we learn' sessions facilitated by the CCG.
- 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.