

Featherstone Family Health Centre

Inspection report

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Date of inspection visit: 24 April 2018
Date of publication: 24/05/2018

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 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

We previously carried out an announced comprehensive inspection at Featherstone Family Health Centre on 16 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation identified in our previous inspection on 15 May 2017. We found some improvements had been made however, the practice remained rated as requires improvement for providing a safe service and requires improvement in well led.

This inspection was an announced comprehensive inspection carried out on to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation identified on 16 August 2017. The previous inspection reports can be found by selecting the 'all reports' link for Featherstone Family Health Centre on our website at

At this inspection, we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. 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:

- Implement a more systematic approach to documenting serial numbers for both paper and electronic prescriptions.
- Consider guidance to support receptionists in the recognition of patient symptoms that may require emergency services such as the 'red flag' sepsis symptoms.
- Consider further improvements in documenting the learning from incident reporting.
- Consider staff training in the Mental Capacity Act and training to improve the use of electronic care plan templates.
- Implement changes to the practice complaint response document.
- Complete staff vaccination records to ensure these are all maintained in line with current Public Health England guidance and are relevant to their role.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a CQC team Inspector and a GP specialist advisor.

Background to Featherstone Family Health Centre

Featherstone Family Health Centre is a well-established GP practice located in Featherstone, Wolverhampton. The practice is situated within an area where there are pockets of deprivation. The practice provides a service to a significant number of children and young adults. Their main population group are patients aged between 40 and 59. At the time of our inspection the practice had 4,700 patients. The practice premises are in a single storey building with good access for cars and with parking bays for patients with a physical disability. There is level access to the building for ease of access for wheelchairs and pushchairs and automated doors to the reception entrance.

The opening times at the practice are between 8am and 6.30pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. Extended hours are available on Monday evening between 6.30pm and 8.15pm. The practice does not provide an out-of-hours service to its own patients but patients are directed to the out of hours service, Northern Doctors Urgent Care/Southern Doctors Urgent Care when the practice is closed. Information is provided to patients about how to access out of hours care through the NHS 111 service.

The team of clinical staff at the practice is made up of three practice nurses (female), two healthcare assistants, two male GP Partners and two regular female locum GPs. The GPs provide the equivalent hours of two full time GPs. A practice manager, secretary/Information technology lead, commissioning administrator, senior receptionist and three receptionists provide management and administration support for the practice as well as a practice employed cleaner.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. Services provided at Featherstone Family Health Centre include the following clinics; family planning, new patient medical health checks, asthma, diabetic, baby vaccination and wellbeing screening clinics.

Featherstone Family Health Centre is an approved GP training practice for Registrars (qualified doctors who undertake additional specialist training to gain experience and higher qualification in General Practice and family medicine) and medical students.

Further details can be found by accessing the practice's website at www.featherstone.practiceuk.org.uk

Are services safe?

At our previous inspection on 16 August 2017, we rated the practice as requires improvement for providing safe services. This was because the registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Significant event reporting was inconsistently applied.
- Some staff had not been in receipt of regular fire safety training.
- There was no process or system in place to be assured that appropriate actions were taken in response to medicine safety and devise alerts.
- Patient monitoring of a specific high-risk medicine had taken place for most patients however, monitoring results had not been seen by a clinician prior to repeat prescribing.
- Medicine dosage instructions stated the dose and the frequency but needed a detailed and consistent formulation to be applied.
- Some staff had not received regular refresher training.
- They had not completed all appropriate recruitment checks prior to commencement of employment, including references and where appropriate disclosure and barring checks (criminal record checks).

The comprehensive inspection completed on 24 April 2018 findings demonstrated that significant improvements had been made. 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. Reports and learning from safeguarding incidents were available to staff. Clinical 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 majority of staff had been employed at the practice for many years. Most but not all staff had a documented immunisation and vaccination history within their personnel files. Clinical staff had all been in receipt of Hepatitis B immunity checks and most had a fully documented vaccination history. The practice manager assured us that all staff vaccination records would be completed and risk assessments undertaken should gaps in immunity be identified.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice did not hold two emergency medicines and one medicine used to assist in the event of an overdose of a medicine used in substance misuse. The provider considered the need for these medicines during the inspection and an order requested.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. We found there was no written guidance to assist reception staff in the recognition of symptoms that may require emergency services other than heart attack symptoms. However, the reception staff spoke with a GP if they were concerned about a patient and knew about national campaigns for example stroke and sepsis. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a system in place to manage test results.
- 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.
- There was no systematic approach in place for documenting prescription serial numbers.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice were aware of their higher antibiotic prescribing when compared to the local Clinical Commissioning Group (CCG) and were in the process of reviewing its antibiotic prescribing. They had taken action to support good antimicrobial stewardship in line with local and national guidance.

- 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

- 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.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice had improved significant event reporting. Further improvements were needed in the documentation of the actions and learning points from all incidents reported and discussed with staff at their monthly meetings.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(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

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice were in the process of embedding a newly introduced patient electronic system. The practice had identified areas for learning amongst the staff groups which they hoped would improve their efficiency and use of electronic care plan templates.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice provided 24 hour blood pressure monitoring and ambulatory electrocardiogram (ECG) monitoring equipment to improve treatment and to support patients' independence. An ambulatory ECG records the electrical activity of the heart whilst the patient completes their usual daily activities.
- 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.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated in line with current best practice guidelines.
- 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:

- 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%.
- 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.

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

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme. The practice was aware

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of this and continued to raise awareness within the practice notices boards and opportunistically during patient's consultations to improve screening rates further.

- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks, which had until recently included 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. For example flexible appointments were offered to bereaved relatives.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.

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 information on how they could access 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the Clinical Commissioning Group (CCG) average of, 86% and national average of, 84%.
- 94% 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 comparable to the CCG and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example, 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG and national averages.

- 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. For example, the practice had completed an audit of childhood asthma and identified areas for improvement which included the use of a children's asthma control questionnaire, a personalised management plan and increasing documentation as to whether tobacco was smoked in the home environment. The practice has planned to complete a second audit cycle. We saw from the two records reviewed that the practice nurse had documented that the patient/family were provided with a personalised asthma management plan.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given

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opportunities to develop. Some staff had completed specialist training and became aware that copies of this training should also be held at the practice to enable skillset management oversight.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff 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. Some nursing staff had yet to complete training in the Mental Capacity Act and informed us that this would be prioritised.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

The practice had achieved comparable satisfaction scores on consultations with GPs when compared with the local CCG and national averages. The nurses' results were higher than both the national and local CCG averages as were the reception staff results. For example:

- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids such as a hearing loop.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. They had identified a staff member as a carers champion and had a dedicated notice board for carers information.
- Where survey results are significantly better or worse than CQC or national averages draw attention to this and consider what impact, if any this should have on the rating given. Take into account whether the practice was aware of the data, any explanations they can provide and what action they have taken about the survey results.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them at home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Monday between 6.30pm and 8.15pm.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including 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

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.

Timely access to care and treatment

Patients were able/were not able to access care and treatment from the practice within an acceptable timescale for their needs.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment exceeded local and national averages. For example:

Are services responsive to people's needs?

- 82% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of, 58%.
- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of, 71%.
- 84% of patients said their last appointment was convenient compared with the CCG and the national average of, 81%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of, 73%.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. One of the two complaints we reviewed was ongoing. We found that the complaint response letter was not explicit in informing the complainant of the next steps they may choose to take following a complaint investigation and did not stipulate that the practice complaint leaflet was enclosed. The practice complaints leaflet provided patients with information on how to make a complaint and any next steps they may choose to take following a complaint investigation.

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.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care. They had an action plan in place that included a visual reminder of their vision and values for staff and patients.

- There was a clear vision and set of values. The practice manager advised that a visual aid to these would be posted within the practice. 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.

Culture

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

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

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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 all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted 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. These policies were in the process of transition between two electronic software systems however staff demonstrated that these were readily available.

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. Performance of employed clinical

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staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

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.
- 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 used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.