Conway Medical Centre

Inspection report

51-53
Conway Place
Leeds
LS8 5DE
Tel: 0113 3918100

Date of inspection visit: 10/07/2018
Date of publication: 10/08/2018

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

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection programme, we carried out an announced comprehensive inspection at Conway Medical Centre on 10 July 2018.

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.
- Patients reported that they were able to access care when they needed it.
- The practice was fully aware of the areas in which they needed to improve, which included utilising the recall system and coding patients accurately. The practice had replaced many of the previous paper based systems with electronic processes in order to address this.
- We were informed that many of their patients did not have English as a first language and there was extensive use of translation and interpretation services for many patient consultations. This supported patients to understand and be involved in decisions about their care and treatment.
- There was a focus on continuous learning and improvement. The practice had developed a diabetic foot screening protocol which had been presented locally with a view to being adopted by other practices.
- The practice engaged with other local providers of health and social care to respond to patients' needs. For example, a project to improve coordination of services for patients who resided in the Chapeltown and Harehills areas of Leeds.

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

- Review and improve the recording of management meetings.
- To promote and increase patient uptake of cervical, bowel and breast cancer screening.
- Improve the care and treatment provided to patients diagnosed with diabetes.
- Review and improve the levels of patient satisfaction.

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

Please refer to the detailed report and the evidence table for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and a shadow nurse specialist advisor.

Background to Conway Medical Centre

Conway Medical Centre is the provider of the practice which is located at 51-53 Conway Place, Leeds LS8 5DE. The practice premises are owned by the GP partners and are located within the Harehills area of South East Leeds.

The National General Practice Profile shows the level of deprivation within the practice demographics being rated as one. (This is based on a scale of one to ten, with one representing the highest level of deprivation and ten the lowest.) The ethnicity of the practice patient population is majority of Asian origin, with a small number of white British and an increasing number who are of Eastern European origin. The locality in which the practice is based as the largest ethnic population in Leeds. The practice informed us that there are over 30 different languages spoken by patients and over 60% of patients are unable to speak, read or write English.

There are some variables to the practice patient profile compared to national figures. For example:

- There are higher numbers of patients who are in the birth to 44 years age range, with lower numbers of patients aged 50 years and older.
- 61% of patients have a long-standing health condition, compared to 54% nationally.
- 10% of patients are unemployed, compared to 4% nationally.

The provider is contracted to provide Personal Medical Services to a registered population of approximately 2,693 patients. The current provider has seen an increase of over 400 new patients since April 2017.

The provider is registered with the Care Quality Commission to provide the following regulated activities: diagnostic and screening procedures; treatment of disease, disorder or injury and maternity and midwifery services.

The practice clinical team is made up of two GP partners (one male, one female) and one practice nurse. They are supported by a practice manager and a small team of administration and reception staff. The practice has access to a locality healthcare assistant and health trainer.

Some of the practice staff can speak additional languages which befit the practice population, such as Hindi, Punjabi, Urdu and Polish.

Opening times for Conway Medical Practice are 8.30am to 6pm Monday to Friday, with the exception of Monday when they are open until 7.45pm.

Routine and urgent appointments are available, along with telephone consultations as appropriate. When the practice is closed out-of-hours serviced are provided by Local Care Direct, which can be accessed by calling the NHS 111 service.

We saw that the ratings from the previous inspection (relating to the previous provider) were displayed in the practice. The practice does not have their own website.

Good

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. Learning from safeguarding incidents were available to staff.
- All staff who acted in the capacity of a chaperone had been trained and had received a Disclosure and Barring Service (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, 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 (IPC). An IPC audit had been undertaken by the Leeds Community Healthcare Trust IPC team in April 2018. They had identified several areas where the practice was partially compliant. It was acknowledged that at the time of the initial IPC audit there had been refurbishment works being undertaken in the practice which could have impacted on the audit results, such as higher than usual dust levels. A repeated audit showed there had been improvements and action had been taken by the practice. At the time of the inspection the practice was clean and tidy and a complete refurbishment had been completed.
- 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.
- 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.
- 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We were informed that community staff, not employed by the practice, were unable to commit to regular multidisciplinary meetings. However, we were assured that information was shared with other healthcare professionals and patients' records updated with relevant information.
- 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.
- Medicines were prescribed, administered or supplied to patients in line with current national guidance. The practice had reviewed its antibiotic prescribing and had taken action to support good antimicrobial management in line with local and national guidance.

Good

Are services safe?

Quarterly antibiotic prescribing audits were undertaken. We saw evidence that the practice was performing better than some local practices regarding appropriate antibiotic prescribing.

- There was a patient-centred approach regarding how their health and prescribed medicines were reviewed and monitored.
- Those patients who were prescribed high risk medicines received regular reviews in line with national guidance.

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 safety using information from a range of sources.
- There was a system in place to manage patient safety alerts. These were cascaded to staff, discussed in clinical meetings and actioned as appropriate. We saw the practice had taken action in response to Medicines and Healthcare products Regulatory Agency (MHRA) drug safety alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for reporting and recording any areas of concerns. Staff were encouraged to raise concerns, report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and had taken action, when appropriate, to improve safety in the practice.
- The local Clinical Commissioning Group (CCG) supported the practice to positively report any incidents to share learning across the Leeds areas.

Please refer to the evidence table for further information.

Good

Are services effective?

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

Any Quality and Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice. All of the 2016/17 data relates to the previous provider of the practice. As yet unverified and unpublished QOF data relating to this provider for 2017/18 has been included as appropriate.

Effective needs assessment, care and treatment

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

- We were informed of the difficulties the provider had encountered since they took over the practice in April 2017, which had impacted on some of their 2017/18 QOF achievements. They were fully aware of the lower than average results relating to the previous provider. They had reviewed the processes which had been in place for recalling patients for reviews of their health, care and treatment. As a result, a new more effective recall system was in operation. We were informed that this had improved timely care and treatment for patients but was not yet fully reflected in the mostly recently submitted QOF data. They informed us they were continually looking at ways to improve in this area.
- The practice was proactive in engaging with patients to encourage and support them to attend for reviews of their care needs and treatment. However, we were informed of the challenges faced by the practice in relation to their patient population group. These included the issues of culture, how patients accessed healthcare services in their country of origin and a lack of understanding of the English language. Many patients required interpretation/translation services at the time of consultation.
- Patients' immediate and ongoing needs, including their physical and mental wellbeing, were fully assessed by clinicians. Care and treatment were delivered in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols. There was no evidence of discrimination when clinicians made care and treatment decisions.
- Clinical templates were used, where appropriate, to support decision making and ensure best practice guidance was followed.
- Practice staff were aware of social prescribing and signposted patients to other avenues of support as appropriate or if their condition should deteriorate.

Older people:

- An appropriate tool was used to identify patients aged 65 years and over who were living with moderate or severe frailty. Those identified as being frail received a holistic review of their care and treatment needs.
- The practice followed up on older patients discharged from hospital. They ensured that patients' 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.
- Patients were routinely asked whether they had any concerns regarding their memory. Any early identification of possible memory problems or dementia were managed appropriately.
- Seasonal influenza and shingles vaccinations were offered.

People with long-term conditions:

- Patients with long-term conditions had one structured annual review to check their physical health and mental wellbeing needs were being met. There was also a review of the patient's medication to ensure they were receiving optimal treatment.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Adult patients with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients with suspected hypertension were offered ambulatory blood pressure monitoring and those with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- 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.
- 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 access to a respiratory nurse specialist who regularly attended the practice to support reviews of care and treatment of patients.

Good

Are services effective?

Families, children and young people:

- Under the previous provider, childhood immunisation uptake rates for 2016/2017 were below the target percentage of 90% or above. Unverified and unpublished data showed the practice was performing in line with the previous uptake rates. The practice offered opportunistic immunisation. They were also involved in a local university research project to identify the causes of low uptake and how it could be improved.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Antenatal and postnatal care was provided by midwifery services, in conjunction with the GPs.
- The clinicians liaised with the health visiting team. Children and families who needed additional support were referred to other appropriate services.
- Chlamydia screening was offered to all patients under 25 years.

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

- Within the preceding 12 months, the practice had increased the uptake for cervical screening from 59% to 62%. We were informed of the difficulties the practice encountered in patients attending for cancer screening due, in the main, to their cultural background. The practice proactively supported patients to attend and multi-lingual staff explained the screening process.
- The practice participated in the national meningitis and hepatitis vaccination programme. They also offered measles, mumps and rubella vaccinations for those patients who were not immunised.
- 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 with a learning disability. Longer appointments were allocated to enable annual reviews to be completed. We saw that for 2017/2018 the practice had achieved the maximum points available for this indicator.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- Patients who had complex mental health needs or dementia had their care reviewed in a face-to-face consultation with a clinician.
- Patients had access to health checks and interventions for obesity, diabetes, heart disease, cancer and access to 'stop smoking' and physical activity services.
- 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.
- 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.
- Those patients who were on long-term or high-risk medication were reviewed in line with guidance.
- The practice's performance on quality indicators for mental health and dementia was in line with local and national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives, such as medicines optimisation. They also used information provided by the CCG to identify and address any areas for improvement.
- The practice was fully aware of the areas in which they needed to improve, which included utilising the recall system and coding patients accurately. We were informed the practice had introduced electronic processes to replace some of the older paper based systems used by the previous provider.

Good

Are services effective?

- There had been the commencement of some audits since the new provider had taken on the practice, however, these required a second cycle to review and evaluate findings. There was a programme in place to support this.

Effective staffing

Clinical and management staff had the skills, knowledge and experience to carry out their roles.

- Clinical staff had appropriate knowledge for their role, for example to carry out reviews for patients with long-term conditions.
- Those 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.
- We were informed of the challenges they had faced with regard to some staff. The GPs and practice manager had introduced changes to support a more effective way of working. Training, awareness and ongoing support for staff was provided to raise competency levels in line with expectations.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw evidence of an instance relating to staff competencies had been appropriately managed.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information 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.
- Care was coordinated between services and those 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 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.

- Clinical 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, frailty and falls prevention.
- 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 who were at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health. Healthy lifestyle information and interventions, such as smoking cessation, alcohol misuse and social prescribing, were available for patients. Patients were signposted to other services to access additional support as needed.
- A female health trainer attended the practice on a weekly basis. They provided support and advice on diet and lifestyle. Women only exercise classes were also available. This was due to the culture of the majority of the female patients who would not attend sessions where men were present.
- Patients were signposted to a patient ambassador who provided support and a befriending service for those patients who were socially isolated. This was a locality funded service.
- All newly registered patients, over the age of 16 years of age, were offered a health check.

Consent to care and treatment

Good

Are services effective?

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence table for further information.

Good

Are services caring?

We rated the practice 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.
- The NHS Friends and Family Test is a survey which asks patients if they would recommend the practice to their friends and family, based on the quality of care they have received. The results in the preceding quarter showed that out of 59 patients, 53 said they would recommend the practice to others; four said they would not and two said they did not know.
- Feedback from patients we received via CQC comment cards was positive about the way they were treated.

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 and had access to communication aids such as easy read materials and translation services.
- The practice identified patients who were a carer for another person and support was provided at an individual level.
- Patients and carers were signposted to advocacy services that could support them in making decisions about their care and treatment if needed.
- We were informed that many of their patients did not have English as a first language and there was extensive use of translation and interpretation services for many patient consultations. In addition, other aids such as pictorial information was utilised.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients' comments we received and observations on the day supported this.
- 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.

Please refer to the evidence table for further information.

Good

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 understood the needs of its population and organised and delivered services to meet those needs.

- 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.
- Longer appointments were available for patients as appropriate.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Due to the nature and culture of the patient population, the practice regularly undertook opportunistic health screening and reviews of patient care.
- The practice supported a weekly social prescribing clinic, which was facilitated by a qualified professional from the local Connect for Health service.
- The practice engaged with other local providers of health and social care to respond to patients' needs. For example, a project to improve coordination of services for patients who resided in the Chapeltown and Harehills areas of Leeds.

Older people:

- All patients over the age of 75 years 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. They offered home visits and same day urgent appointments in line with their needs.
- The practice made use of a frailty register which enabled them to identify those patients who were at a higher risk of illness or injury and supported them to respond quickly to areas of concern.

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.
- Care was co-ordinated with other health care professionals, such as district nurses, to support patients who were housebound.

Families, children and young people:

- 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.
- There was access to emergency appointments or telephone consultations for those parents who had concerns regarding their child's health.
- Weekly antenatal clinics were held by a midwife and supported by the GPs. Postnatal checks were undertaken by the GPs.

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.
- Patients were encouraged and supported to access online services, such as booking appointments and ordering prescriptions.
- Any patients with social difficulties, such as housing, debt or isolation, could access the social prescribing service available to the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those patients who had a learning disability.
- Longer appointments were available for those patients who had complex needs.
- Carers were identified and supported as needed.

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.

Good

Are services responsive to people's needs?

- The practice held a register of patients who lived with dementia and utilised appropriate tools to identify early signs of dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

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

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- We saw evidence where the practice had responded to complaints regarding the attitude of some staff.

Please refer to the evidence table for further information.

Good

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 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, a realistic strategy and supporting business plans to deliver high quality, sustainable care.

- All 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 care 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 promoted a culture of high-quality sustainable care.

- 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.
- 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. Any behaviour and performance issues were acted upon.
- The practice actively promoted equality and diversity and staff had received training in this area.
- The practice focused on the needs of patients. There was a strong emphasis on the safety and well-being of all staff and patients.

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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw evidence of management meetings, however, not all were recorded formally as minutes.

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. There was an oversight of safety alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Good

Are services well-led?

- 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.
- We saw evidence that the practice was taking action to address the opportunities for improvement they had identified from the previous provider.
- 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 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 the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance.
- 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 worked collaboratively with other local practices to improve the quality and access to patient care.
- The practice had tried to develop a patient participation group. We were informed that patients were reluctant to join. However, there was a locality based patient participation group which the practice supported.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The practice had developed a diabetic foot screening protocol which had been presented locally with a view to being utilised by other practices.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was participating in a local lung cancer screening trial to support early identification and diagnosis.
- We were informed of the 'task board' being developed to support administration staff in understanding what was required to be done on a daily, weekly, monthly basis. This would provide a clear and easy picture of what tasks had been completed and what was outstanding.

Please refer to the evidence table for further information.