

Leesbrook Surgery

Quality Report

Mellor Street

Lees

Oldham

OL4 3DG

Tel: 0161 621 4800

Website: www.leesbrooksurgery.com

Date of inspection visit: 10/11/2017

Date of publication: 03/01/2018

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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

We first carried out an announced comprehensive inspection at Leesbrook Surgery on 15 March 2016. The overall rating for that inspection was inadequate and the practice was placed into special measures.

A further announced comprehensive inspection was carried out on 12 January 2017. During that inspection it was found that improvements had been made. The practice was given an overall rating of good and was taken out of special measures.

The full comprehensive reports on the March 2016 and January 2017 inspections can be found by selecting the 'all reports' link for Leesbrook Surgery on our website at www.cqc.org.uk.

This announced full comprehensive inspection was carried out on 10 November 2017 in accordance with our inspection methodology. The practice is rated as good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

At this inspection we found:

- 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.

Summary of findings

- The practice had 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.
- 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 provider should ask potential employees about gaps in their employment history.
- The provider should carry out a fire evacuation, and also revert to carrying out weekly fire alarm checks.
- The provider should make further improvements to their administration and documentation. For

example, learning from complaints should be documented, meeting minutes should contain enough information for staff and audit programme where audits are repeated to monitor improvement would be helpful.

- The provider should evaluate their policies to avoid duplication and complication.
- The provider should continue the process of having all partners correctly registered.
- The provider should check data protection arrangements, especially relating to computer smart cards and password.

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

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should ask potential employees about gaps in their employment history.
- The provider should carry out a fire evacuation, and also revert to carrying out weekly fire alarm checks.
- The provider should make further improvements to their administration and documentation. For example, learning from complaints should be documented, meeting minutes should contain enough information for staff and and audit programme where audits are repeated to monitor improvement would be helpful.
- The provider should evaluate their policies to avoid duplication and complication.
- The provider should continue the process of having all partners correctly registered.
- The provider should check data protection arrangements, especially relating to computer smart cards and password.

Leesbrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Leesbrook Surgery

Leesbrook Surgery is located in a residential area in Lees, a district of Oldham. The practice provides services from a purpose built two storey building. Consulting rooms are on both floors and there is a passenger lift available. There is a large car park and disabled parking is available.

At the time of our inspection there were 9555 patients registered with the practice. The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice age and gender profile is similar to the national averages, with a slightly above average number of patients over aged 45. The proportion of patients registered

who have a long standing health condition is below the CCG and national average. The practice is in the seventh most deprived decile and life expectancy rates are above average for males and females.

There are four GP partners, two male and two female. One of the partners was in the process of registering with the Care Quality Commission (CQC). In addition there is a male salaried GP. There are also two practice nurses, a nurse practitioner, a community matron (directly employed by the practice) and a healthcare assistant. There is a practice manager and administrative and reception staff.

Normal opening hours are 7.30am until 6.30pm Monday to Friday and 9.30am until 12.30pm on Saturdays. GP consulting times are:

Monday 8.30am until 11am and 2pm until 5pm.

Tuesday 7.30am until 11am and 2pm until 5pm.

Wednesday 7.30am until 11am and 2pm until 5pm.

Thursday 7.30am until 11am and 2pm until 5pm.

Friday 7.30am until 11am and 2pm until 5pm.

Saturday 9.30am until 12 noon.

Emergency appointments are available outside these times.

There is an out of hours service available provided by Go To Doc Limited.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. The practice had safety policies in place. Some of these were written specifically for the practice and some were from a suite of policies purchased in 2016. 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. Safeguarding policies outlined 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.
- Staff checks were carried out on recruitment.
- All staff received up-to-date safeguarding and safety training appropriate to their role. 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 an effective system to manage infection prevention and control.
- 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. Fire alarm checks had been carried out weekly until 25/10/2017. Following the inspection the practice emailed us their fire alarm check sheets. These had been amended to say the checks were monthly. The fire risk assessment carried out by an external company in May 2017 included templates for weekly checks, and there should be a weekly check of fire alarms. The fire risk assessment also stated a fire evacuation should be resumed and then

carried out twice a year, but the last recorded fire evacuation was in September 2016. The practice confirmed they had supplied all evidence of the fire checks they had carried out.

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. At the time of the inspection two GP partners were on long term sick leave. The other GPs were working extra sessions and there were two long term locum GPs, plus additional locum cover when required.
- The practice manager told us there was an effective induction system for temporary staff tailored to their role.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice manager told us that staff understood their responsibilities to manage emergencies on the premises and recognise those in need of urgent medical attention. They gave us an example of a patient falling outside and staff responding.

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.
- The referral letters we looked at included all of the necessary information.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antibiotic prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- 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

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues. However, not all recommendations in the fire risk assessment had been actioned, for example weekly fire alarm checks.

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. The practice manager told us staff understood their duty to raise concerns and report incidents and near misses. However, the reception manager told us we could not speak to reception staff during the inspection so we were unable to confirm this. We saw evidence that significant events were discussed in meetings.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, we saw that new instructions had been given to locum GPs regarding the timing of test results.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) was in line with the clinical commissioning group (CCG) and national average.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was in line with the CCG and national average.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was in line with the CCG and national average.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- The practice employed a community matron who carried out acute visits to residential and nursing homes, as well as visiting the housebound and chronically sick. They also visited elderly patients who had been discharged from hospital.
- Older patients who were 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.
- Patients aged over 65 and 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. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.

- 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.
- The community matron visited patients with long term conditions who could not attend the practice. They regularly updated their care plans.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was in the process of reviewing how they managed reviews for patients with multiple conditions so they would only need to have one annual review.

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%.
- Saturday morning appointments were available which were sometimes more convenient for appointments for children.
- The practice was breast-feeding friendly.

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

- The practice's uptake for cervical screening was 86%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Are services effective?

(for example, treatment is effective)

- Saturday morning appointments, in person and by telephone were available. Patients could also access the local hub for weekday appointments up to 8pm and during the weekend.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- All safeguarding related matters were discussed at monthly meetings.

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

- All staff had received dementia training.
- The community matron employed by the practice attended the local dementia café to provide advice.
- 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 saw administrative staff were able to complete National Vocational Qualifications (NVQs).
- The practice provided staff with
- 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 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 employed a community matron who completed annual reviews on all patients who lived in nursing and residential homes. They also put care plans in place for patients at risk of being admitted to hospital, including frail and elderly patients, and these were regularly reviewed.
- 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. There were monthly palliative care meetings that were also attended by district and Macmillan nurses. In addition, the practice had carried out an audit for patients where a preferred place of death had been recorded. They found this had been achieved in 100% of cases where a record had been kept.

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.
- In the 12 months to 31 March 2016 49% of new cancer patients had been referred using the two week rate referral pathway. This was in line with the CCG average of 57% and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The patient participation group (PPG) held various events for patients. These included Saturday coffee mornings where patients could discuss services available in an informal setting.
- The PPG also arranged for organisations to have stalls in the waiting area to provide information to patients.
- 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 33 patient Care Quality Commission comment cards contained positive comments 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.
- A counsellor from MIND, the mental health charity, attended the practice each week to provide counselling for patients. Patients were able to self-refer to this service.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 250 surveys were sent out and 113 were returned. This represented about 1% of the practice population. The practice was usually above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 92% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 89% 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%.
- 95% of patients who responded said the nurse was good at listening to them; CCG - 92%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 87% 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 and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- 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 proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 143 patients as carers (1.5% of the practice list).

Are services caring?

- The practice, supported by the patient participation group (PPG), arranged events including carers' events. These provided carers with information about local services and how the practice could assist them.
- A representative from Age Concern attended the practice weekly. They were able to signpost carers to services.
- 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.

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

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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. 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.
- The practice directly employed a community matron who visited older patients, including those in residential and nursing homes, to ensure their care plans were up to date.

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.
- Children were offered a same day consultation 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, Saturday appointments.
- Telephone GP 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, travellers and those with a learning disability when necessary.
- The practice arranged for interpreters to attend when required. They also had a hearing loop and braille signage.

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.
- Counselling was available at the practice, with a counsellor from MIND, the mental health charity, attending each week.

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

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. Home visits were available.
- The appointment system was easy to use. The practice had a triage system in place. Patients requiring an urgent appointment initially spoke to a clinician who made an appointment with the appropriate person if this was needed.
- At the time of the inspection two GP partners were on long term sick leave. Although it was acknowledged by the practice that there was a longer wait for routine appointments we saw that patients could access appointments when required.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was usually above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 250 surveys were sent out and 113 were returned. This represented about 1% of the practice population.

- 88% 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%.

- 78% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average – 71%.
- 92% 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 – 81%; national average – 84%.
- 89% of patients who responded said their last appointment was convenient; CCG – 79%; national average – 81%.
- 72% of patients who responded described their experience of making an appointment as good; CCG – 72%; national average – 73%.
- 75% of patients who responded said they don't normally have to wait too long to be seen; CCG – 59%; national average – 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. Three complaints had been received since January 2017. We reviewed these and found that they were satisfactorily handled in a timely way.
- Although the practice manager told us complaints were discussed at meetings and learning from complaints was disseminated to all staff, lessons learned were not documented. There was no analysis of trends from complaints.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- GP partners 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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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. 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.
- 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.

- The reception manager told us we could not speak to reception staff during the inspection so we were unable to ask them how they found the working culture of the practice, or if they were able to raise concerns with their managers.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. 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.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

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.
- The practice had purchased a suite of policies in 2016 but these had not all been personalised to the practice. They used these alongside practice specific policies. This meant it was unclear which policies were actively being used and which staff should use for guidance.
- The practice had regular clinical and administrative team meetings. Meeting documentation did not always accurately reflect discussion. For example, some actions were required to be followed up at subsequent meetings. Minutes did not reflect if this had occurred

Managing risks, issues and performance

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

Are services well-led?

Good 

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

- There was usually an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. However, there were some issues with fire safety checks that the practice had changed from November 2017.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice had carried out some clinical audits and these were mainly single cycle. We saw some evidence of two cycle clinical audits.
- The practice had plans in place for major incidents.

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 staff had sufficient access to information. Minutes did not always accurately reflect the discussion that had taken place.
- 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 usually robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, during the

inspection we found an NHS smartcard, used to access the practice's computer system, had been left in a computer when a manager left for the day. A note on the wall next to the computer contained what appeared to be passwords. We gave the smartcard and the note to a GP partner during the inspection.

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.
- There was an active patient participation group (PPG). The group met regularly and had taken steps to make the group more representative of the practice population. For example, they had approached a local high school and younger members had joined as a result. We met with four members of the PPG and they told us they felt valued by the practice and felt they had an input into quality of the service provided.
- 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. For example, members of the administrative team had completed national vocational qualifications (NVQs).
- The practice told us they made use of internal and external reviews of incidents and complaints.
- The practice was looking at increasing the number of consultation rooms in the building, as some of the building was currently rented to another service.