

# Greystoke Surgery

## Inspection report

Morpeth NHS Centre  
The Mount  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection July 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Good

We carried out an announced inspection at Greystoke Surgery on 8 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to keep patients safe and safeguarded from abuse.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Outcomes for patients were consistently better than expected.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patient feedback was very positive.
- The practice organised and delivered services to meet patients' needs. They took account of patients' needs and preferences.
- Patients could access services and appointments in way and at a time that suited them.
- There was a focus on continuous learning and improvement at all levels of the organisation. The practice proactively used performance information to drive improvement.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, arrangements for managing and monitoring infection control processes required improvement.
- Some staff training was incomplete; this included training on infection control, fire safety and CPR updates.

We saw some areas of outstanding practice:

- The practice had effective arrangements in place to monitor patients to ensure they received the right care and treatment. Outcomes for patients were consistently good; the practice achieved high scores in the Quality and Outcomes Framework and had a very low exception rate; uptake rates for breast and bowel cancer screening were well above average; childhood immunisation rates and cervical screening rates were very high.
- The practice offered annual health checks to patients with a learning disability. Following this a written care plan was agreed and sent to the patient; 92% of the 37 patients on the register had agreed care plans in place.
- A new appointments system had been introduced in 2017 which provided same day access for patients. This system enabled appointments and telephone calls to be arranged for a convenient time for the patient. The lengths of each appointment were tailored to the needs of the patient and the complexity and/or number of health issues to be covered. Data showed that this approach increased the number of appointments available (by 18%) and reduced the DNA (did not attend) rate (by 83%).

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

- Carry out regular infection control audits to ensure appropriate standards are being maintained.
- Take steps to provide staff with appropriate training on infection control, fire safety and CPR.
- Develop a system to increase identification of patients who are also carers.
- Carry out the remaining appraisals for administrative staff.
- Review staff's professional registration status on a regular basis to obtain assurance they remain appropriately registered.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Greystoke Surgery

Greystoke Surgery provides care and treatment to around 9,400 patients in Morpeth, Northumberland. The practice is part of Northumberland clinical commissioning group (CCG) and operates on a Personal Medical Services (PMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- Morpeth NHS Centre, The Mount, Morpeth, Northumberland, NE61 1JX

The surgery is located in a purpose built two storey building. Patient facilities are on the first floor. There is a designated car park, accessible parking, an accessible WC, a lift to the first floor, wheelchair and step-free access.

Patients can book appointments in person, on-line or by telephone.

The practice is part of a local hub which provides extended opening hours for patients; appointments are available Monday to Friday between 6.30pm and 8pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

The practice has:

- Six GP partners (three female and three male),
- two salaried GPs (one female and one male),
- four practice nurses (all female),
- two healthcare assistants,
- a practice manager,
- two medicines managers,
- a phlebotomist, and
- 16 staff who carry out reception and administrative duties.

The practice is a training practice and two of the GPs are accredited GP trainers. At the time of the inspection two trainee GPs were working at the practice.

The age profile of the practice population is in line with the local and national averages, but is made up of a higher than average proportion of patients over the age 75 (13% compared to the national average of 10%). Information taken from Public Health England placed the area in which the practice is located in the third less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse but there were areas where improvements could be made.

- 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. Staff who acted as chaperones were trained for their role 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, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment but not on an ongoing basis.
- There were some systems to manage infection prevention and control, but these could be improved. For example, staff training was not up to date and no infection control audits had been undertaken. However, regular cleaning checks were carried out by the contractor and the premises were visibly clean. Managers told us they were engaging with an external company to help improve and update their systems.
- 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 induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies; however, some staff had not received recent CPR training. A date had been arranged for an external company to deliver CPR training for all staff.
- 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. There was a documented approach to managing 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed their antibiotic prescribing and 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

The practice had a good track record on safety.

- There were risk assessments in place in relation to safety issues.

## Are services safe?

- Activity was reviewed and monitored. This helped the practice to understand risks and 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.

- There were comprehensive systems for reviewing and investigating when things went wrong. The practice learned and shared lessons with all staff, identified themes and took action to improve safety.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice as good for providing effective services overall and across all of the population groups; except for people with long-term conditions, which was rated as outstanding.**

(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. Regular formal meetings were held to keep clinical staff up to date. In addition, daily clinical meetings were held to review referrals, discuss any new serious diagnoses and provide coaching for trainee GPs.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who were frail or may have been 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital and 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.
- Uptake rates for flu and pneumococcal vaccines were high; 87% of those eligible had received a vaccine.

### People with long-term conditions:

- A lead GP had been appointed for each long-term condition; a protocol was in place for each condition which was updated regularly and when new guidelines were issued.
- The practice had a comprehensive recall system to invite patients with long term conditions to attend for annual reviews; this included three written and opportunistic verbal invites. As a result, their QOF scores were well above average; they had achieved 100% in all clinical indicators.
- The practice held registers and carried out reviews for patients with long-term conditions which were not part of the QOF framework; including those with anorexia and coeliac disease.
- Patients had structured annual reviews 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.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention. Patients with suspected hypertension were offered ambulatory blood pressure monitoring and patients 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).

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Staff were proactive in contacting parents where children had not attended appointments. Uptake rates were above target percentage of 95%.
- 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.

# Are services effective?

- 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 rate for cervical screening was well above local and national averages and the 80% coverage target for the national screening programme. The practice took part in a pilot to improve the uptake of the screening tests. This work included setting up systems to recall patients at regular intervals. As a result of this work the practice had the highest uptake rate in the clinical commissioning group (CCG) area.
- The practice's uptake rates for breast and bowel cancer screening were well above local and national averages.
- 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice's QOF scores in relation to patients experiencing poor mental health were above the national average.
- 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's dementia diagnosis rate had risen from four patients in 2010 to 87 at the time of the inspection.
- The practice offered annual health checks to patients with a learning disability. Following this a written care plan was agreed and sent to the patient; 92% of the 37 patients on the register had agreed care plans in place.

## 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.

- The practice's overall QOF score was above both the local and national averages.
- The overall QOF clinical exception reporting rate was significantly below local and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- 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, however, some training needs had not been met.

- 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.



# Are services effective?

- The practice understood the learning needs of staff; however, some training had not been carried out. This included training on infection control, fire safety and CPR updates. Managers told us fire safety updates were carried out as part of practice meetings but there were no records held to demonstrate this. Managers told us they were aware that staff training had not been prioritised following the implementation of a new appointment system in 2017.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Some of the administrative staff had not received an appraisal within the previous 12 months, this was due to the restructuring of the staff teams. All staff had dates planned for their appraisals within the following few months.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

## 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 and when coordinating healthcare for care home residents. 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.

- 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 have been vulnerable because of their circumstances.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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 and tackling obesity campaigns.

## 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.

**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 treat 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's scores in the latest National GP Survey were all well above local and national averages.

## **Involvement in decisions about care and treatment**

Staff helped 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 and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified some carers and supported them. However, the number of carers identified was below what we would expect to see.
- The practice's scores in the latest National GP Survey were all well above local and national averages.

## **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 outstanding for providing responsive services .**

The practice was rated as outstanding for providing responsive services because:

- Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care.
- Patient feedback on how they could access the practice was very positive.

## Responding to and meeting people's needs

Patients' individual needs and preferences were central to the delivery of tailored services.

- The practice understood the needs of their population and tailored services in response to those needs.
- Telephone 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. For example, in the new appointment system patients could request a time slot to be phoned back.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice worked with the patient participation group (PPG) to deliver educational sessions for patients. Sessions on the menopause (attended by 38 patients), mens health (attended by 23 patients) and psoriasis (attended by five patients) had been held. Patient feedback was positive for all sessions.
- The practice accommodated patients who lived outside of the practice boundaries. Those patients were considered on a case by case basis and regularly reviewed to ensure the practice could continue to meet their needs. At the time of the inspection there were 154 out of area patients registered.

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. Each of the local care homes had a named lead GP which allowed for continuity of care. Clinicians developed good relationships with patients and their relatives which ensured they were engaged in shared decision making.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Staff also accommodated home visits for those who had difficulties getting to the practice.

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.
- In addition to the reviews offered as part of the QOF framework; annual reviews were also offered to those patients with coeliac disease (49 patients on the register, 45 had received a review), anorexia (six patients on the register; five had received a review) and non-alcoholic fatty liver disease (80 patients had been reviewed and 16 of those referred for further treatment).

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 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.

# Are services responsive to people's needs?

- The same day access system meant patients did not need to plan in advance when they could attend the practice.
- Face to face appointments could be booked in for a convenient time for the patients.
- The practice promoted the use of the online system for booking appointments and ordering repeat prescriptions. Within the past year 466 patients had registered to use online services.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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.
- Patients who were on the practice's severe mental health register were offered annual physical health checks.

## Timely access to care and treatment

Patients were able to access services and appointments in a way and at a time that suited them.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- A new appointments system had been introduced in 2017 which provided same day access for patients. This system enabled appointments and telephone calls to be arranged for a convenient time for patients.

- The lengths of each appointment were tailored to the needs of the patient and the complexity and/or number of health issues to be covered, rather than a standard ten minute slot.
- Data showed that this approach increased the number of appointments available and reduced the DNA (did not attend) rate.
- A patient survey had been carried out to determine whether patients were satisfied with the new system. Patient feedback was in the main very positive about the new system.
- 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.
- The practice's scores on the most recent National GP Patient were significantly higher than local and national averages. Scores relating to telephone access and being able to make an appointment were 25% and 17% higher than the national average respectively.

## 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 took action 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.

- 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 their 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 practice planned their 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. There were positive relationships between staff and teams.
- 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 some processes for providing staff with the development they needed, although some training and appraisals were out of date. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.

## 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 medicines management.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance, although improvements could be made.

- There were some systems to identify, understand, monitor and address current and future risks including risks to patient safety. However, arrangements for managing and monitoring infection control processes were not satisfactory.
- 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 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 for major incidents but some staff were not up to date with CPR training.

## Appropriate and accurate information

## Are services well-led?

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- 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.
- 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.**