The Osmaston Surgery

Inspection report

212 Osmaston Road
Derby
Derbyshire
DE23 8JX
Tel: 01332346433
www.osmastonsurgery.co.uk

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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?	**Good**
Are services well-led?	**Good**

Overall summary

We carried out an announced comprehensive inspection at The Osmaston Surgery on 12 February 2016. The overall rating for the practice was good with requires improvement for providing effective services. A breach of legal requirement was found and requirement notice in relation to safe care and treatment issued. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for The Osmaston Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 24 May 2018 to confirm that the practice met the legal requirement in relation to the breach in regulation that we identified in our previous inspection on 12 February 2016.

Our key findings are as follows:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice identified learning from them. However, not all staff were fully engaged in process of learning from significant event and complaint reviews as they didn't attend the meetings.
- The practice worked closely with other health and social care professionals involved in patient's care. Regular meetings with the community health and social teams and palliative care teams were held to discuss the care of patients who were frail / vulnerable or who were receiving end of life care. The practice met regularly with the health visitor and midwife leads to discuss children at risk.
- The practice had carried out clinical audits to review the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. The audits seen demonstrated quality improvements.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had reviewed the results of the national GP survey published in July 2017 and developed an action plan to improve results.
- The practice provided a range of appointments, including 'drop in' clinics every day. Patients told us they could usually get an appointment when they needed one.

There were areas of practice where the provider should make improvements..

The provider should:

- Update the safeguarding policies to include information about modern slavery and the contact details for
- Demonstrate the competence of staff employed in advanced roles by audit of their clinical decision making.
- Promote staff engagement in the sharing of learning from significant event and complaint reviews.
- Document the risk assessments for
- Carry out a risk assessment to assess whether they needed to keep medicine to treat croup in children in stock
- Share the practice vision with the staff team.
- Fully utilise all opportunities for learning and improving performance.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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 CQC lead inspector. The team included a second CQC inspector, a GP specialist adviser and a practice manager adviser.

Background to The Osmaston Surgery

The Osmaston Surgery is registered with the Care Quality Commission (CQC) as a partnership. The practice is part of the NHS Southern Derbyshire Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from The Osmaston Surgery, 212 Osmaston Road, Derby, DE23 8JX.

There are approximately 15,200 patients of various ages registered and cared for at the practice. Demographically the practice has a lower than average older patient distribution when compared with the Clinical Commissioning Group (CCG) and national averages. For example, 15% of the practice population are 65 years and older compared with the CCG average of 18% and the national average of 17%. The percentage of patients with a long-standing health condition is 58%, which is higher than the local CCG average of 53% and national average of 54%. The practice provides GP services in an area considered as one of the most deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- Nine GP partners (six male and 2 female) and three associate GPs (one female salaried and two male long term locums).
- A nursing team consisting of five practice nurses (from July 2018), including one nurse who specialised in women's health and a part time phlebotomist.
- A practice pharmacist.
- A management team which included a business service manager, a clinical service manager, assistant clinical service manager, practice administrators and reception staff.
- A care co-ordinator (employed by the clinical commissioning group) for social prescribing signposting patients and relatives to appropriate services.

Telephone consultations are available to suit the needs of the patient. Cover to patients in the out-of-hours period is provided by Derbyshire Health United, by calling NHS 111.

The practice offers a range of services for example, management of long term conditions such as diabetes, contraceptive advice, immunisations for children and travel vaccinations. Further details can be found by accessing the practice's website at .

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. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- However, we noted that their safeguarding policy did not include details of modern slavery and the vulnerable adults policy did not include contact details for the local safeguarding adults team.
- 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
- The practice had a system for recording staff immunisation status and completion of the health questionnaire. The practice was aware that written risk assessments were required for those staff whose immunisation status was not known. The practice planned to have staff seen by occupational health and to document their unwritten risk assessments.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

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.
- Reception staff had guidance to follow to assist in recognising the rapidly deteriorating patient and how to respond.
- 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. All test results were reviewed by the usual GP and there was a buddy system in place to cover holidays.
- 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 prescribing of antibiotics was in line with the clinical commissioning group (CCG) and national averages.
- 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.
- The practice stocked the majority of the suggested emergency medicines. The suggested list had been updated to include a medicine to treat croup in

children, which the practice did not stock. The practice advised that they would carry out a risk assessment to assess whether they needed to keep this medicine in stock.

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 activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The outcome and learning points from significant events were not effectively shared with the wider staff team. The practice discussed significant events at clinical meetings and held significant event review meetings every six months. Although all staff were invited to these meetings they did not fully engage in the process. Consequently only the GPs and the management team routinely attended these meetings.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However not all staff were aware of the end to end process in place

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had purchased blood pressure monitors, which they loaned to patients with suspected high blood pressure so they could monitor their blood pressure at home over a seven day period.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice met monthly with the community multidisciplinary team included health and social care professionals and the care co-ordinator, to discuss frail and vulnerable patients.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The care co-ordinator supported patients and carers to access support and services in the community.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs monitored hospital discharge letters to follow up patients who had received treatment in hospital or through out of hours services for long term conditions.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered 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 is an umbrella term used to describe progressive lung diseases), atrial fibrillation (a common abnormal heart rhythm) and hypertension (high blood pressure) through new patient checks and NHS health checks.

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 below the target percentage of 90%. The practice had developed an action plan to try and improve these rates. This included reviewing the recall system, additional administrative support, review of the new patient registration form to try and establish the immunisation history and the introduction of quarterly monitoring.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice nurse provided appropriate immunisations to pregnant women for example, immunisation for whooping cough.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The usual GP reviewed all correspondence from secondary care and out of hours services. The practice

used an alert on the electronic patient records when a child failed to attend any appointment. These were bought to the attention of the usual GP who reviewed the notes to check for any safeguarding issues.
- The practice offered dedicated women's health clinics.

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

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme, as well as below the Clinical Commissioning Group (CCG) and the national averages. The practice had developed an action plan to try and improve the update. Invite letters could be translated into different languages and all invites were being sent out on pink paper. Unverified data for 2017/18 showed an increase in the uptake rate.
- The practices' uptake for breast screening was above the national average, although the uptake for bowel screening was below.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 (provided by Livewell Derby). 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 met monthly with the community multidisciplinary team which included health and social care professionals and the care co-ordinator, to discuss frail and vulnerable patients, as well as quarterly to discuss patients on the palliative care register.
- The practice held a register of patients living in vulnerable circumstances including frail patients 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.
- 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.
- Data showed the percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the previous 12 months was comparable to the national average.
- Data showed the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the previous 12 months was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. Data showed the percentage of patients experiencing poor mental health had received discussion and advice about alcohol consumption was comparable to 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 offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. QOF data relates to 2016/17. The most recent published results for 2016/17 showed the previous provider's QOF results were comparable with all of the CCG and national averages. We looked at the end of year 2017/18 unverified data and saw that the results were slightly lower than the previous year. However the unverified data demonstrated improvements in those areas where the practice results had been lower than average, and level of exception reporting had improved.

The practice had a programme of quality improvement activity and reviewed the effectiveness and

appropriateness of the care provided. The practice had carried eight audits in the last 12 months and five of these were two cycle audits. The two audits we looked at in detail demonstrated quality improvements.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. The practice had not ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions 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 who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. Patients and their families were supported by the care co-ordinator, who was based at the practice four days a week.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice signposted patients to the local Livewell Derby programme for support with smoking cessation, weight reduction and exercise programmes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables 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.

- 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 GP national patient survey data showed that patient satisfaction was in line other practices in the clinical commissioning group (CCG) and national averages for questions related to kindness, respect and compassion. This was supported by the four patients we spoke with on the day of our inspection.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, the practice had access to interpreters both in person and via the telephone.
- 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. Patients were referred to the care co-ordinator attached to the practice.
- The practice proactively identified carers and supported them.
- The GP national patient survey data showed that patient satisfaction was in line other practices in the clinical commissioning group (CCG) and national averages for questions related involvement in decisions about care and treatment.

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.

Please refer to the Evidence Tables 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 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.
- Extended hours appointments and telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. Patients with mobility issues were seen in consulting rooms on the ground floor.
- The practice made reasonable adjustments when patients found it hard to access services. The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home. Managers of three care homes told us the GPs were responsive to the needs of patients and visited when needed.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice was moving towards reviewing multiple conditions at one appointment.
- The practice held regular meetings with community health and social staff to discuss and manage the needs of patients with complex medical issues.
- Patients with long term conditions were referred to the specialist community support teams as required.

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.
- The practice used a specific code to identify children who had failed to attend their appointment at the practice. Their usual GP was informed if they failed to attend for two or more appointments.

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, online services such as repeat prescription requests and appointments.
- The practice offered extended opening hours, Saturday appointments and telephone consultations.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including frail patients and those with a learning disability.
- Patients with a learning disability were routinely offered longer appointments and an annual review.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode and refugees / asylum seekers.
- The practice worked with the palliative care team and community nursing teams to support patients near the end of their life.
- The practice shared care plans for vulnerable patients with the out of hours service.

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

- Patients with a mental health diagnosis were offered an annual review of their physical health needs.
- An alcohol support worker held a weekly clinic at the practice.
- Patients living with dementia and their carers were referred to the care co-ordinator for support and information about services available to them.

Good

Are services responsive to people's needs?

- Patients with experiencing poor mental health (including people with dementia) were referred to the specialist community support teams as required.

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.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the clinical commissioning group and national average. The practice had reviewed the results of the national GP survey and developed an action plan to improve results.

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.
- The practice held six monthly review meetings, where all complaints were discussed and any action noted. However, only the GPs and the management team attended these meetings.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

The practice had recently reviewed the management structure and had appointed a business services manager and a clinical services manager and assistant clinical services manager. The new management structure was not yet fully embedded. These members of staff were clear about their roles and responsibilities within the management team. An organisational chart had been developed, detailing the line management structure for the each staff team. The GP Partners had also taken on lead roles, for example: safeguarding lead, palliative care lead and nurse lead.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Action plans had been developed to address identified issues.
- Leaders at all levels 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, sustainable care.

- There was a clear vision and set of values. However, when asked staff were not aware of the practice's vision.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The management team were in the process organising appraisals for staff. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff told us that they felt part of their team but not necessarily part of the whole team. However, they told us this was starting to improve following the introduction of the new management team.

Governance arrangements

The new management structure had introduced clear responsibilities, roles and systems of accountability to support good governance and management. However, there were areas where these needs to be strengthened.

- Communication within the practice would be improved by sharing information more widely with the whole staff team.
- The practice had developed a clear meeting structure. However, we noted that some key staff were not routinely invited to some meetings, for example nurses did not attend the clinical meetings with the GPs. In additional, information following significant event and complaint reviews meetings was not effectively shared with all staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 recognised that they needed to improve their recall system and monitoring of QOF performance. A new practice nurse was due to join the practice in July 2018, and would be taking on the role of monitoring performance. Action plans were in place to improve the recall system.

Good

Are services well-led?

- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- The practice did not fully utilise all opportunities for learning and improving performance. The practice had a process in place for monitoring and recording all 'did not attend' incidents. However, the practice did not analyse the information to identity any trends, for example, certain days of the week, certain type of appointment (drop in versus pre-bookable) or for specific clinicians.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice had plans to improve the involvement of patients, the public, staff and external partners to support high-quality sustainable services.

- The practice was in the process of relaunching the patient participation group (PPG) and the first meeting had been planned for 14 June 2018. Information regarding the meeting was on the practice website. A suggestion box was always available in the waiting room.
- The service was transparent, collaborative and open with staff.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice was a training practice for GP registrar training as well as a placement for medical students.
- The managers attended the locality practice manager meetings and were involved in bench marking against other practices and sharing best practice.

Please refer to the Evidence Tables for further information.