The Mannamead Surgery

Inspection report

22 Eggbuckland Road
Mannamead
Plymouth
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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

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

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Mannamead Surgery on 6 and 7 November 2018.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The GPs had started to hand over the management of long term conditions to the nursing staff 18 months ago. The nursing team were able to prescribe medicines associated with long term conditions. The practice had seen an increase in performance target scores in the last year alongside improved patient outcomes.
- Communication was effective at the practice and was facilitated by a routine programme of daily, weekly and monthly meetings. Communication was open, transparent and included all members of the team.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patient feedback about care and treatment was consistently positive.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Changes to the appointment system had been made following patient feedback.
- Patients could be referred or self-refer to a pilot scheme which offered a bereavement and listening service provided by the local hospice. Patients could also access a local voluntary service providing social activities to reduce social isolation.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- GPs and the leadership team understood the challenges, had reported any concerns to external organisations and were addressing them. For example, gaps in clinical cover due to a reduced GP workforce.

We saw one outstanding area of practice:

The practice staff and the patient participation group had become the first GP practice in Plymouth to become 'dementia friendly'. Staff had introduced dementia friendly memory boxes and picture books in the waiting rooms to trigger the memory of patients and ensured the practice had dementia friendly signage. Staff and PPG members had been trained to be Dementia champions to increase awareness with all staff.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and an assistant inspector**.** The team included a GP specialist adviser. A representative from the Local Medical Council also attended the inspection with consent from the GP partners.

Background to The Mannamead Surgery

Mannamead Surgery was inspected on 7 November 2018. This was a comprehensive inspection of the registered location. The practice is located at:

22 Eggbuckland Road

Mannamead

Plymouth

PL3 5HE

The practice provides primary medical services to 9150 patients of a diverse age group. The practice population is in the eighth deprivation decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The practice area covers a mixed socio-economic demographic. The practice consists of 2136 patients over the age of 65 years (24%) compared to the national average of 17% and 4% of over 85 years compared to the national average of 2%. The practice provides a service to 12 care homes in the area. There is a practice age distribution of male and female patient's equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females to 84 years.

The partnership at the practice comprises of three GP Partners - two Female and one Male, and three salaried GPs, all female. The team are supported by an advanced nurse practitioner, two paramedics, two nurse prescribers, a practice nurse, two health care professionals, two phlebotomists, a practice manager, financial manager, and supporting administrative and reception staff.

The practice are registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures and
- Treatment of disease, disorder or injury

Mannamead Surgery is an approved training practice for first and fifth year medical students. At the time of the inspection two of the GPs were undertaking training to provide vocational training for GP trainees.

Patients using the practice also have access to community nurses, mental health teams and health visitors off site. Midwives visit the practice on a weekly basis.

The practice is open between 8am and 6pm Tuesday to Friday and between 8am and 8pm on Mondays. Additional appointments were available each Monday evening between 6.30pm - 8pm, (Bank holidays excluded). Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number.

Flu clinics are held on Saturdays throughout the Autumn and Winter as advertised on the practice website and in waiting rooms. Patients were invited to these by text message or letter.

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. The GP safeguarding lead attended regular Plymouth safeguarding forum meetings to discuss safeguarding updates and to access peer review and to discuss shared learning from cases investigated in the area. Staff knew how to identify and report concerns. 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, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. Regular audits were completed.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. Staff added that faulty equipment was replaced promptly.
- 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. For example, the leadership team had been proactive in identifying concerns in clinical cover caused by a shortage of GP cover following the relocation and retirement of several partners and difficulties recruiting GPs. The team had reported the pressure and stress staff were under to external agencies. Including NHS England, Clinical Commissioning Group (CCG), Local Medical Council (LMC) and CQC.
- The leadership had recently improved the 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. A recent review of emergency equipment had been completed which had resulted in medicines and equipment being more easily identifiable and available.
- 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. Guidance posters were displayed in each clinical area.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its 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.

Good

Are services safe?

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources. All discussions regarding safeguarding, complaints, significant events, cancer diagnosis, patient death and other incidents were discussed as they arose and reviewed at the weekly clinical meeting, monthly meeting and daily 'huddle'.

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 practice acted on and learned from external safety events as well as patient and medicine safety alerts. For example, reviewing women of child bearing age taking medicines used for epilepsy.

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. Patients were also signposted to external agencies and charities for support, including social prescribing schemes, be friending services and counselling services.
- 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:

- The practice consisted of 2136 patients over the age of 65 years (20%) and provided a service to 12 care homes in the area.
- The practice employed a pharmacist who completed medicine reviews of the elderly and assessed any patient recently discharged from hospital to address any changes in medicines.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated 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)
- The practice had responded to lower than average hypertension (high blood pressure) QOF results by introducing a nurse led hypertension clinic. The clinic had been set up in June 2018 and had seen overall hypertension scores improve.
- All new diagnoses of cancer were discussed at the weekly meeting. For each new cancer patient, the attendees discussed any concerns about diagnosis. This meant that all clinicians benefit from any possible learning points to improve care for other patients.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had made several attempts to engage younger people to attend the patient participation group (PPG). In 2017 the practice PPG attracted two student nurses. A younger member of the reception team had taken on the role of social media and advertising at Mannamead surgery on various social media platforms such as Facebook and twitter to help engage more effectively with younger patients.

Good

Are services effective?

- One of the GPs had a level of expertise in dealing with children who are, or had been, in the care system and was a medical adviser to a local voluntary adoption agency.

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

- The practice's uptake for cervical screening was 78%, which was below the 80% coverage target for the national screening programme but above the actual 72% achieved national trend.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks. 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:

- Any vulnerable patient was discussed at the daily huddle, weekly meetings and monthly staff meetings. Staff were alerted to these patients by computer messages and communication books.
- 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 had been the first practice in Plymouth to become 'dementia friendly.' Staff had received training and provided signposting and support to patients with dementia and their carers. Practice staff had introduced a memory box and photograph album with pictures of the area and historical items to provoke discussion whilst they waited to see practice staff.
- 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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- Although QOF figures were comparable to local and national averages the GPs had looked at alternative ways of providing care for patients with long term conditions. For example, the GPs had started to hand over the management of long term conditions to the nursing staff 18 months ago. The nursing team were able to prescribe medicines associated with long term conditions. The practice had seen an increase in percentages in the last year.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff said the practice was supportive in learning, development and education. We saw examples where staff had been supported to develop their roles. For example:

- Reception staff being supported to take on clinical roles, then leave to complete nurse training and return to the practice to become a practice nurse.
- Practice nurses had been supported to do nurse prescribing courses.

Good

Are services effective?

- Administration staff being facilitated to attend prescription awareness courses.
- 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing 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, bereaved patients, patients at risk of developing a long-term condition, military veterans, and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. For example, the practice staff were involved in pilots and referred patients to local social prescribing projects, listening service for bereaved patients and advice services.
- 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 practices GP patient survey results were above or in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids 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 carers and supported them. The practices GP patient survey results were above or in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered 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.

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

Older people:

- All patients had a named GP who supported them 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.
- There was a medicines delivery service for housebound patients.

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:

- GPs invited all pregnant mums at seven weeks into their pregnancy, in addition to the NICE recommended contacts. This was to help maintain a relationship with mothers so that if there were problems, such as postnatal depression, staff were better placed to spot difficulties and had a working relationship with the mum to be able to support them adequately.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, displaced families and those with a learning disability.
- Any needs of vulnerable patients were appropriately discussed at the meetings held at the practice.
- 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.
- The GPs had personal lists are were able to identify patients with poor mental health and dementia. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

Good

Are services responsive to people's needs?

- The practice had introduced an urgent care team who were able to triage, assess, see and treat patients on the same day. The duty team included a GP, advanced nurse practitioner and paramedic. Patients said the service had been excellent.
- The practice manager had a system to release embargoed appointments in a phased way to enable reception staff to have a steady supply of appointments to offer patients.
- 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.
- The practices GP patient survey results were either above or in line with local and national averages for questions relating to access to care and treatment.

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. We saw examples where prompt action and intervention by the GPs and practice manager prevented complaints being made.
- 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. For example, changing the appointment system as a result of a slightly increased trend in complaints about appointment availability.

Good

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, had reported any concerns to external organisations and were addressing them. For example, gaps in clinical cover due to reduced GP workforce.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff said the leadership team, line managers and GPs were approachable, kind and communicated well.
- 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care, staff development and patient centred care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and added that despite the workload being stressful and staff shortages being significant the team worked well together.
- 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. We were told of examples where staff had requested additional training and this had been sourced for them and examples where staff had been supported to develop their roles. For example, completing non-medical prescribing courses. All staff received regular annual appraisals in the last year. 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.
- There were positive relationships between staff and teams. Staff spoke of mutual respect shared amongst team members.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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

Good

Are services well-led?

risks to patient safety. For example, a reduction of GP cover and difficulty recruiting replacements had resulted in the practice alerting external organisations and reviewing workloads and lines of responsibilities to address and meet patient need. A range of non-GP clinicians had been employed to help manage appointment risks.

- The practice had processes to manage current and future performance. Practice managers, GPs and staff had oversight of safety alerts, incidents, and complaints and shared learning with staff within the practice.
- Areas of concern outside of the control of the practice were reported appropriately using a 'yellow card' system to alert any potential risks or near misses to local commissioners.
- 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 considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, 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 PPG had a membership of up to 10 patient who met every three months with one of the GPs and practice manager. The representative said the practice manager was efficient and the GPs were receptive and acted on feedback.

The PPG were well aware of the shortage of GPs and how different avenues were sought in regard to recruitment and were aware of the recruitment of Advance Nurse Practitioners and Paramedics to help provide additional clinical cover.

There was a 'friends of Mannamead surgery' group who raised funds for additional equipment at the practice. Over £1000 had been raised which had been used to purchase two electric examination couches for the treatment rooms, enabling patients to get on and off the couches easily.

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. For example, improving QOF targets by provision of a designated clinic run by healthcare assistants.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents, external safeguarding alerts 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.

Good

Are services well-led?

Please refer to the evidence tables for further information.