The Crescent Medical Centre

Inspection report

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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.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at The Crescent Medical Centre on 24 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- 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.
- Clinical performance data was comparable to the national and local data.
- Patients we spoke with told us staff had treated them with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice has achieved the silver level investors in carers standard (awarded by county council, the NHS and Northamptonshire Carers) which recognised efforts made by GP practices in the identification of and support available to carers including the changed culture within the practice to further support carers.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice operated a buddy arrangement with a neighbouring practice and met to share better ways of working and to learn from each other.
- At the time of our inspection there were no access enabled toilet facilities. However planning permission had been obtained to make that provision as well as better access to the practice.

We saw one area of outstanding practice:

- The practice focused on the needs of patients. The appointment system was responsive and patients told us that it was easy to get through on the telephone to get an appointment and that the receptionists were very helpful. During our inspection we saw an example of the reception staff helping a patient with a clinical issue in a focused way. Results from the July 2017 annual national GP patient survey showed a high level of patient satisfaction on access and the lead GP told us that the reception team had been ranked number one in the local area. The combined efforts of the reception and clinical team ensured timely access to appointments or appropriate referrals.

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

- Complete the implementation 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).
- Ensure the proposals to provide access enabled toilet facilities and better access to the practice are implemented as planned.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief 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 GP specialist advisor a practice manager specialist advisor and a deputy chief inspector of general practice & dentistry.

Background to The Crescent Medical Centre

The Crescent Medical Centre situated at the Crescent, Northampton, Northamptonshire is a GP practice which provides primary medical care for approximately 4,138 patients living in Northampton and surrounding areas. There is moderate level of deprivation in the area mainly relating to low income.

The Crescent Medical Centre provide primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian, Afro Caribbean, mixed race and Eastern European origin.

The practice has a principal GP (male) and a regular locum female GP. There is a practice nurse who is also a nurse prescriber supported by a health care assistant. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice. The practice is approved to provide training facilities for new GPs. At the time of our inspection there were no GPs in training.

The practice is open between 8am and 6.30pm Monday to Friday.

When the practice is closed services are provided by Integrated Care 24 Limited via the NHS 111 service.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had 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. Staff we spoke with 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example we saw that the practice had liaised with relevant agencies to ensure the safety of a child. Adult patients could be referred to a domestic violence counsellor who was available on site.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control.
- 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 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. The practice had a growing patient list (700 new patients in the last three years) and we noted that staffing was arranged flexibly to cope with the changing demand.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were 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 (a life-threatening illness caused by the body's response to an infection).
- 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. There was a process to communicate with the district nurse and health visitor. There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had 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 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. For example, when discharged from hospital care patient's medicines were checked against their current medicines to ensure they were reconciled. Patients were involved in regular reviews of their medicines.

Good

Are services safe?

Track record on safety

The practice had a track record on safety.

- There were 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.
- The practice had a process in place for managing safety alerts and we saw evidence to demonstrate that alerts were acted on where required. For example we reviewed a patient safety alert related to an antiepileptic medicine. We found that the practice had acted on the recommendations and ensured women of childbearing potential were prescribed this medicine with caution.

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 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.

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 including the population groups.

(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.

- 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.
- For patients with long term conditions the practice used templates which aided appropriate monitoring treatment and care provision according to current best practice guidance. For example for patients with mental illness and chronic obstructive pulmonary disease (COPD).
- Staff advised patients what to do if their condition got worse and where to seek further help and support. We found these templates aided appropriate monitoring and treatment and care provision according to current best practice guidance.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 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. Since January 2018 the practice had carried out 72 such checks.
- 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.
- The practice worked with the unplanned intermediate care team (ICT) to provide rapid assessment, treatment and monitoring of patients who had experienced a recent deterioration in their physical health and were at risk of admission to hospital. These included patients at risk of falls, and older people with frequent attendance at A&E.

People with long-term conditions:

- The practice had leads supported by a GP for specific conditions including long-term conditions which provided a strong base of specialist knowledge.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice in conjunction with the community diabetic specialist nurse offered support and advice to diabetic patients with complex health needs.
- GPs followed up patients who had received treatment in hospital or through out of hours services.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given exceeded the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines through shared care agreement with the midwife and appropriate antenatal checks.
- The practice had a close working relationship with the child and adolescent mental health services (CAMHS) in supporting young people with emotional, behavioural or mental health difficulties for example through appropriate referrals when needed.
- 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 for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. We were told that the practice made every effort to follow up patients that did not attend including opportunistically during other consultations with a GP or a nurse.

Good

Are services effective?

- The practices' uptake for breast and bowel cancer monitoring was in line the national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 593 health checks out of the eligible 1694 with 144 completed in the past 12 months. 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 worked closely with social care colleagues and other professionals and updated care plans of vulnerable patients accordingly to keep them safe.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had identified patients who were severe or moderately frail. These patients were offered annual reviews with an emphasis on falls prevention and medicine reviews.
- There was an electronic system to alert staff when vulnerable patients such as those with a learning disability or with safeguarding concerns needed care.

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. Performance in these areas was either in line with or exceeded national averages.
- Patients diagnosed with dementia had their care reviewed in a face to face meeting.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, patients experiencing poor mental health had received discussion and advice about alcohol consumption.
- 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 programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- Through clinical audits. We reviewed an audit related to patients that received a particular oral medicine to treat diabetes. As a result three patients had this medicine discontinued in accordance with National Institute for Clinical Excellence (NICE) best practice guidance to prevent significant side effects.
- Through joint work with the clinical commissioning group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 94%. The overall exception reporting rate was 5% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making that included prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been

contacted by telephone before being subject of exception. These procedures had resulted in more patients being followed up and in lower than the national exception reporting rate.

Effective staffing

Staff had 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 ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a process 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 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 and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who had 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.
- The pathology services were able to share patient clinical information and results electronically.
- There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Integrated Care 24 Limited.

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 by providing advice and support for healthy living, weight loss programmes, social activities including through social prescribing schemes (referring patients to a range of local, non-clinical 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 and tackling obesity.
- Patients could access the wellbeing service (mental health) hosted by the local NHS trust on site as well as the dedicated mental health nurse provided by the practice.

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.

Good

Are services effective?

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.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect and were comparable with the local and national data.

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) and were in the process of implementing the requirements.

- Interpretation services were available for patients who did not have English as a first language.
- Results from the patient survey were in line with national and local averages and showed patients felt they were involved in decisions about their care and treatment.
- Staff communicated with patients in a way that they could understand; for example, communication aids were available, such as a hearing loop.
- 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.

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.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were currently undergoing a refurbishment programme.
- The practice made reasonable adjustments when patients found it hard to access services. At the time of the inspection there were no access enabled toilet facilities. However, planning permission had been obtained to make that provision in addition to better access to the practice.
- The practice provided 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.

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 GPs accommodated home visits for those who had difficulties getting to the practice.
- The practice supported approximately 20 patients at a local care home. This included a regular ward round on a Thursday.

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:

- 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 A&E attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance.

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

- The practice offered flexible appointments to maintain continuity of care. Face to face consultations were available on the day as well as pre bookable up to 14 days in advance.
- Telephone consultations with a GP were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to receive travel vaccinations available on the NHS.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients with a learning disability and other vulnerable patients.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.

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 had access to the wellbeing service hosted by the local mental health trust for care and support.
- The practice offered flexible appointments to ensure maximum uptake of mental health reviews.

Good

Are services responsive to people's needs?

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.
- The practice focused on the needs of patients. The appointment system was responsive and patients told us that it was easy to get through on the telephone to get an appointment and that the receptionists were very helpful. During our inspection we saw an example of the reception staff helping a patient with a clinical issue in a focused way. Results from the July 2017 annual national GP patient survey showed a high level of patient satisfaction and the lead GP told us that the reception team had been ranked number one in the local area. The combined efforts of the reception and clinical team ensured timely access to appointments or appropriate referrals.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Results from the patient survey showed patients satisfaction with how they could access care and treatment were comparable national and local averages.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded/did not respond 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. For example, following a complaint about the mixed messages received about their health condition we saw the practice had contacted the patient reassured them and given them the correct information.
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Please refer to the Evidence Tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice was led by a GP and supported by a practice manager who had managed the practice for the past 16 years.
- Leaders at all levels were visible and approachable. Leaders operated an open door policy and 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

Staff described the vision as forward thinking and caring which was reflective of the practice overall aim which was to provide sustainable personalised high quality care to individuals and families.

- The practice had a diary based monthly rolling strategy which included key areas such as achieving good clinical outcomes for the patients, clinical audits, review of policies and procedures learning from incidents and working alongside with stakeholders such as the CCG .
- There were supporting business plans to achieve the set 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 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 stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. During our inspection we saw an example of the reception staff helping a patient with a clinical issue in a focused way. The lead GP told us that the reception team had been ranked number one in the local area in the July 2017 annual national GP patient survey.
- 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

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

- Structures, processes and systems to support governance and management were clearly set out, understood and effective. The governance and joint working arrangements promoted interactive and co-ordinated person-centred care.
- Staff understood 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 processes for managing risks, issues and performance.

Good

Are services well-led?

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. 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 evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. For example in response to a 20% increase in the practice population the practice had recruited an advanced nurse practitioner. 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 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

We reviewed the arrangements to involve 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 evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice operated a buddy arrangement with a neighbouring practice and met to share better ways of working and to learn from each other.
- 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. For example the practice had prioritised data system support as a key area of work in 2018.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. The practice operated a bonus scheme for achieving team objectives, for example achieving clinical priorities.
- The practice participated in local and national health improvement schemes for example the NHS diabetes prevention programme (NHS DPP) which helped people at high risk of developing type 2 diabetes become healthier and avoid the condition.

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