

Midland Health

Inspection report

23a Highfield Road
Edgbaston
Birmingham
B15 3DP
Tel: 01217690999

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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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service 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 Midland Health on 7 March 2023. The provider registered with the CQC on 5 May 2022 and had not been inspected previously.

Midland Health is a private GP practice situated in Edgbaston, Birmingham. They provide face to face consultations and offer appointments with a range of in-house specialist consultants who cover a wide range of medical areas. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

The medical director, is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Governance systems were well established within the service. There were effective systems for monitoring service provision to ensure it was safe.
- There were systems in place for the overall management of significant events and incidents. Risks to patients were assessed and well managed.
- There was evidence of quality improvement activity and regular audits were completed to monitor the quality of services and implement new initiatives.
- There were appropriate systems in place for obtaining patient consent for procedures undertaken.
- The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback. Online comments highlighted that patients were pleased with the care provided by the doctors and staff were described as efficient, friendly and helpful.
- Staff felt supported and were confident in raising concerns and suggesting improvements. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

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

- Take action to improve the management of clinical waste.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Midland Health

Midland Health provide a private medical service at 23a Highfield Road, Edgbaston, Birmingham B15 3DP where they offer GP services and a range of non-emergency specialist services in Ear, Nose and Throat, Dermatology, Women's Health Physiotherapy, Fertility, Paediatrics, CBT (Cognitive Behaviour Therapy), General Surgery, ADHD and ASD assessments and ultrasound services. The practice is also a registered yellow fever vaccination centre. Midland Health also has a practice in Leicester. The Leicester practice was not visited during this inspection. Further details about the services provided can be found on the provider's website: www.midlandhealth.co.uk

The private practice is open 8am to 7pm on a Monday to Friday and from 8am to 1pm on Saturday. Patients can access appointments by telephone and online through the practice website. There are currently 48,000 patients registered with the service some of which use the service regularly while others do so on an ad hoc or one-off basis.

The practice is led by a medical director and consists of 6 GPs, 2 nurses, 7 health care assistants, 3 reception staff and 5 call centre staff. There were 13 consultants offering a range of specialised services from the premises.

The provider is registered with CQC for the following regulated activities: Diagnostic and screening procedures, family planning, surgical procedures and treatment of disease, disorder or injury.

How we inspected this service

Before visiting the practice, we reviewed information we held about the service. We also asked the provider to send us some information about the service.

During our visit we:

- Spoke with GPs, a consultant, practice nurse, health care assistants, reception staff and the practice manager.
- Reviewed documentary evidence that was made available to us relating to the running of the service.
- We reviewed a sample of patient records with the GP to understand how the provider assessed and documented patients care and treatment. We also used this to assess how consent was obtained.
- We made observations of the facilities that were used for providing the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

The practice had effective systems in place to keep patients safe from harm. We found there was a range of risk assessments in place to mitigate risk and the service had processes in place to learn from incidents.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The practice demonstrated an effective process of ensuring safeguarding was a key part of patient care. Staff demonstrated clear awareness of their responsibilities around reporting incidents if they suspected a concern.
- The practice had policies and processes to support staff in this area and staff were clear on how they accessed these policies. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had a safeguarding register in place which was regularly reviewed and updated and alerts were added to patient records to identify vulnerable patients.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training, however we found some new staff had not completed safeguarding training appropriate to their role. We were assured that the new staff were in the process of completing safeguarding training and on speaking with staff, they knew how to identify and report concerns. Staff were aware of the agencies who were responsible for investigating safeguarding concerns and had access to contact information for reporting any concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Following the inspection we received evidence to demonstrate that staff had completed training relevant to their role.
- There was an effective system to manage infection prevention and control. Staff had completed the relevant training specific to their role and an infection control audit had been completed in February 2023 which showed low to very low risk. A legionella risk assessment was in place. Staff immunisation had been identified as an ongoing action in the audit and the practice were in the process of checking staff immunisation status.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The provider shared certificates to demonstrate that PAT (portable appliance testing) had been carried out in March 2022 and calibration of equipment had been completed in April 2022.
- There were systems for managing healthcare waste and the provider had arrangements in place for the collection of clinical waste. However on the day of inspection we found the clinical waste bin unlocked, overflowing and accessible to the public. The practice looked into this immediately and discussed with the clinical team to ensure action was taken to mitigate this risk occurring.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. A risk register was in place which was monitored on a regular basis and risk scored to ensure all risks were managed appropriately to mitigate risk.
- Cleaning schedules were in place and we saw documented evidence of the frequency of cleaning completed. The premises were clean and well maintained.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- The provider had a documented business continuity plan in the event of major disruptions to the service.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example: The practice had been working with social services to review looked after children with Autism spectrum disorder (ASD) and Attention deficit hyperactivity disorder (ADHD). An ultrasound service was also provided to an NHS imaging provider to support them with Musculoskeletal (MSK) and hernia scans.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The provider advised us that they routinely share all healthcare records for patients under the age of 18 years. Patients are encouraged to share consultation records with their GPs and the clinical team explained the importance of sharing information. Significant diagnoses, changes to medications, new chronic diseases or any patients that were referred urgently were shared with the patients' GPs.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The provider told us that they received information from medicines safety alerts. These were reviewed and acted on, if relevant to the practice. A safety alert policy was in place and all alerts requiring action were shared with the appropriate staff and discussed at clinical meetings. On the day of inspection, there was some confusion when speaking with staff of who had the lead responsibility for disseminating alerts, however on reviewing a sample of alerts that had been issued we found the appropriate actions had been taken.
- Regular medicine audits were completed to ensure the safe prescribing of medicines. A weekly report was completed to monitor the prescribing of controlled medicines. An annual antibiotic prescribing audit had been completed for the past 2 years and looked at local antibiotic prescribing guidelines against prescribed medications in the practice.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Are services safe?

- Some of the medicines this service prescribed were unlicensed. Treating patients with unlicensed medicines is a higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional. Patients were provided with all the appropriate information to make an informed decision about the medicines being prescribed.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. These included health and safety and fire. Evidence provided showed that the latest fire risk assessment had been completed in February 2023. Actions from the fire risk assessment included the unsafe practice of using of portable heaters. The provider had acted on this action point and all portable heaters had been removed from the premises.
- The service monitored and reviewed activity. A risk register was in place which was monitored regularly through the clinical governance forum to ensure risks were mitigated. This helped the provider to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. Evidence provided showed that during 2022, the practice had recorded a total of 12 events. For example: a blood sample had not been processed due to the incorrect information being put on the sample. An investigation was carried out to identify how the error had occurred, the patient was offered another test and actions were implemented to ensure that all handwritten samples are double checked by a second member of staff to mitigate future risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence. The provider logged all complaints and any comments from patients which reflected a negative experience even though not a formal complaint. There was extensive evidence of learning from these and change in process as a result.

Are services effective?

We rated effective as Good because:

We found the provider had implemented effective processes to monitor patients care and demonstrate quality improvements.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients undergoing investigations were able to receive timely follow up. The provider advised us that results sent to the private laboratory were usually returned within 24 hours. A range of specialist services were also available at the premises which the provider referred patients to for further investigation. For example: Dermatology and ENT services.
- The practice had a single clinical system from primary to secondary care to ensure referral information was readily available for each clinician.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. A weekly report was completed to identify the number of patients that had visited the service, the reason for the appointment and what speciality services had been used. From this information, the service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example: The provider had identified a need for an adult Attention Deficit Hyperactivity Disorder (ADHD) service for the assessment and management of patients with ADHD. The provider set up the service in August 2022 which was led by a Consultant Psychiatrist. As the service developed the provider found that the availability of follow up appointments was limited due to the time each patient required to ensure they were receiving the appropriate treatment. The service identified more availability was needed from specialists in this area. The provider reviewed the possible options and had recently employed an ADHD specialist nurse to carry out the follow up appointments. Evidence provided showed more appointments were available for patients when needed with a total of 26 patients being seen by the nurse in February 2023.
- Further evidence provided showed that there was a range of quality initiatives in place to monitor the services provided and to review and implement new services. For example: The practice had been working with a dietitian who had a special interest in eating disorders. Following a multi disciplinary team meeting in November 2022, a gap in the provision of services was identified for both adults and children with an eating disorder. To meet the demands for this service and from clinical feedback within clinics the clinical team developed an eating disorder pathway which allowed seamless care and input from a variety of services, which included primary care, dietitians, psychiatrists and therapists. This process allowed for a co-ordinated approach in the assessment and management of patients to ensure they received the appropriate care.

Are services effective?

- The practice provided evidence to demonstrate an holistic approach to patient care. For example: A paediatric tongue tie audit demonstrated 44% of patients had another condition related to ear, nose or throat (ENT) which was further investigated when seen by an ENT consultant.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider 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. Staff had recently attended spirometry training, pigmented lesions course to support the dermatology and laser skin service.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example: Patients were referred to accident and emergency departments if urgent care was required and the practice had access to a range of specialist services that they could refer patients directly too.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. All patients completed a health questionnaire before appointments to give a brief summary and background to any medical conditions, medications, allergies and details of their NHS GP.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.

Are services effective?

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Patient feedback showed the provider to be approachable and caring and staff helped patients to be involved in their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Following a consultation, patients were contacted for feedback on the services provided and their level of satisfaction. Patient feedback was shared with staff to ensure a committed approach to delivering quality services.
- Feedback from patients was positive about the way staff treated people and the provision of services. Online reviews commented on the professionalism of the team, excellent facilities available.
- During a week in March 2023 the practice had carried out a patient survey. A total of 42 patient questionnaires were completed. 65% of patients rated the clinic as excellent, with 100% of patients stating they would recommend Midland Health to friends and family.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. On speaking with staff, they told us they had not had to use interpreting services, but were aware of the process to follow. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Online feedback from patients showed they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider organised services to meet patients' needs and had processes in place to learn from concerns and complaints and improve the quality of care.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. A range of specialist services were available for patients to ensure they were directed to the appropriate staff for consultation and treatment. These included gynaecology and paediatrics.
- The provider had set up an eating disorder service in response to local needs and requests for this type of service. The practice had a multidisciplinary approach to provide this service to patients with a dietitian, GP and mental health therapist.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The premises had ramp access to support patients with mobility difficulties to access the service and consultation rooms were available on the ground floor for patients who had difficulty using stairs.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate 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. Same day GP appointment requests were accommodated.
- The practice was open Monday to Friday from 8am to 7pm and on Saturday from 8am to 1pm.
- Patients reported that the appointment system was easy to use. Appointments were booked by calling the call centre or online. A range of appointment times were available, which included same day appointments.
- Referrals and transfers to other services were undertaken in a timely way or referred internally to a specialist.

Listening and learning from concerns and complaints

The service 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 service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. There was a complaints brochure available in the reception area and the practice were registered with ISCAS (independent sector complains adjudication service).

Are services responsive to people's needs?

- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example: A patient had received the incorrect information about which service they required. The patient was contacted by the provider to apologise and an investigation was completed to ensure staff were aware of the concerns raised and to ensure patients received the appropriate details of services available.

Are services well-led?

We rated well-led as Good because:

The provider had a clear vision and strategy to deliver quality care. There was strong leadership in place to support the strategy and effective governance processes to manage risk and further develop service provision.

Leadership capacity and capability;

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

- The service was led by a medical director who was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. The practice vision was to offer quality private general practice which is tailored to an individual's health care needs ensuring a holistic approach to health and well-being.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. Staff were very positive about working at the practice. Staff told us they had received constant support from the leadership team. There was a positive attitude throughout the entire workforce. A staff survey had been completed in March 2023 which showed 95% of staff felt valued by the team.
- The service 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. Regular reviews of incidents and complaints was completed and these were discussed with the wider team to ensure learning was shared. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Quality standards along with other information such as incidents and complaints were discussed at staff meetings.

Are services well-led?

- 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 and staff wellbeing was discussed as part of the appraisal process. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and processes were in place for evaluation of their clinical work.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. Induction plans for new staff were tailored to the individual and there was a clear structure and accountability process in place.
- Communication was effective and organised through structured, minuted meetings. Governance and performance management arrangements were proactively reviewed.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.
- There was an open culture and clear learning culture within the practice. The practice encouraged the reporting of incidents, to identify ways in which the practice could continually improve.
- The service 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 service 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.

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 leadership team regularly reviewed their systems and processes to ensure quality and sustainability were embedded across the whole practice.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of 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 services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Are services well-led?

Appropriate and accurate information

The service 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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. A suggestion box was available in the waiting area, feedback from patients was sought following a consultation and staff told us they had no concerns in sharing their views and were encouraged to speak up. An annual staff survey had recently taken place and the feedback had been very positive.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

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. Regular monitoring of training and development was carried out by the leadership team. Learning from events, complaints and compliments was shared to enable lessons to be learnt and improvements to services were acted on. The practice continued to develop and implement processes for learning from incidents and reviews of patients needs to ensure patients were receiving appropriate care and treatment and risks were minimised.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Staff told us they were given the opportunity to develop and learn. Regular staff appraisals and one to one meetings with the managers were in place to ensure the leadership team were aware of the learning needs of staff and to ensure development opportunities were provided to the practice team.
- There were systems to support improvement and innovation work. For example: The practice had reviewed the provision of ADHD assessments and had increased the specialist team to reduce patient waiting times for follow up. Patient information packs had been implemented to provide information and support to patients following an assessment in the clinics.
- The Medical Director had established a Private GP Network meeting which took place every quarter with a themed speaker event with other local private GPs to learn and to discuss complex cases, local challenges and to support one another.