

Brompton Medical Centre

Quality Report

237 Old Brompton Road,
London SW5 0EA
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Website:

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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 service	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	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brompton Medical Centre on 20 August 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2015 inspection can be found by selecting the 'all reports' link for Brompton Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 12 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in August 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

- The practice had some 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.
- Staff involved and treated patients 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review fire protection arrangements throughout the practice to ensure they are effective and undertake regular fire alarm testing.
- Continue to implement processes to improve the uptake rates for the children's vaccinations.
- Continue to implement processes to improve the uptake rates for cervical screening.
- Continue to identify carers in order for them to receive appropriate care and support.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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 

Brompton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector who was accompanied by a GP specialist adviser.

Background to Brompton Medical Centre

Brompton Medical Centre, 237 Old Brompton Road, London SW5 0EA, www.bromptonmedicalcentre.nhs.uk provides primary medical services through a General Medical Services (GMS) contract within the London Borough of Kensington and Chelsea. The services are provided from a single location to around 3000 patients. The area around the practice has a diverse population with high average incomes alongside above average levels of deprivation. A high proportion of the patients registered with the practice are from Asian ethnic backgrounds.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. When we inspected this practice on 15 August 2015 the practice was rated as requires improvement. We served requirement notices for regulation 9 Person centred Care, regulation 12 (Safe Care) and regulation 17 (Good Governance) HSCA 2008. The full comprehensive report can be found by selecting the 'all reports' link for Brompton Medical Centre on our website at www.cqc.org.uk.

We undertook this inspection on 12 January 2018 to check that action had been taken to comply with legal requirements.

Are services safe?

Our findings

At our previous inspection on 20 August 2015, we rated the practice as requires improvement for providing safe services as we found significant events were not routinely recorded and learning was not communicated formally to all staff and there was no system to record national Patient alerts had been appropriately dealt with and discussed within the clinical team. Further, systems and processes to address risks were not implemented well enough to ensure patients were kept safe and emergency medicines were stored in a locked cupboard which posed a risk to the response rate in the event of an emergency.

We issued a requirement notice in respect of these issues and found these arrangements had improved when we undertook this inspection on 12 January 2018.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. There were safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice 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 practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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 appropriate to their role, clinicians were trained

were trained to level 3 and administrative staff were trained to level 1. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control. The lead GP was the infection control lead and we saw the practice carried out annual infection control audits.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

At our last inspection in August 2015 we found systems and processes to address risks were not implemented well enough to ensure patients were kept safe. At this inspection we saw there were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example, we saw the practice had developed clear protocols linked to NICE guidelines in relation to sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- 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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Are services safe?

Safe and appropriate use of medicines

At our last inspection in August 2015 we found emergency medicines were stored in a locked cupboard which posed a risk to the response rate in the event of an emergency. At this inspection we found they were now placed in the administration office and were accessible for staff.

- The practice had reliable systems for appropriate and safe handling of medicines.
- The systems for managing medicines, including vaccines, medical gases, and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

We found the practice had some systems in place in relation to fire risk. For example, they had carried out a fire risk assessments and annual fire extinguisher servicing.

However, there were two patient consultation rooms in the basement but there was no fire alarm situated there. Further, there was no evidence of any fire alarm testing taking place and there had been no fire drill carried out.

There were risk assessments in relation to other safety issues. For example, they carried out annual fire risk assessments, portable appliance testing (PAT) and calibration of all medical equipment.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- At our last inspection in August 2015 we found significant events were not routinely recorded and learning was not communicated formally to all staff. At this inspection we saw there was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- 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.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in August 2015, we rated the practice as requires improvement for providing effective services as we found there were no formal systems in place to ensure clinical staff were kept up to date with clinical guidelines and that these were followed and there was no programme of continuous clinical and internal audit used to monitor quality and make improvements. Further, care plans were not consistently reviewed and altered on a regular basis and did not contain adequate plans for patients in the event of a medical emergency.

We issued a requirement notice in respect of these issues and found these arrangements had improved when we undertook this inspection on 12 January 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

At our last inspection in August 2015 we found there were no formal systems in place to ensure clinical staff were kept up to date with clinical guidelines and that these were followed. At this inspection we found 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.

At our last inspection in August 2015 we found care plans were not consistently reviewed and altered on a regular basis and did not contain adequate plans for patients in the event of a medical emergency.

- At this inspection we saw patients' needs were fully assessed and the most vulnerable patients had appropriate care plans in place which included their clinical needs and their mental and physical wellbeing. We saw these plans were regularly reviewed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are 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.
- 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.

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.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90% which the practice was aware of. The GP was providing childhood immunisations as their nurse only worked one day a week, on Saturdays.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 63%, which was below the 80% coverage target for the national screening programme. The practice felt this was due to the culture of the local population, but were continuing to review and implement processes to improve their performance.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

:

Are services effective?

(for example, treatment is effective)

- 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 and those with a learning disability.

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 96%; CCG 91; national 91%).

Monitoring care and treatment

At our last inspection in August 2015 we found there was no programme of continuous clinical and internal audit used to monitor quality and make improvements. At this inspection we saw the practice had undertaken quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had carried out an audit to identify patients prescribed simvastatin (a statin used to lower cholesterol) in combination with either amlodipine (a medicine used to treat high blood pressure) or diltiazem (used in the treatment of hypertension), as taking simvastatin with amlodipine or diltiazem, can increase the risk of muscle problems. A total of nine patients were found to be using simvastatin with amlodipine / diltiazem. The practice then reviewed all their patients using these drugs. On second audit this number was reduced to six patients

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95% The overall exception reporting rate was 11% 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.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.

Are services effective?

(for example, treatment is effective)

- 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 health.
- 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 by referring patients to 'healthy hearts' cooking classes.

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.

Are services caring?

Our findings

At our previous inspection in August 2015, we rated the practice as Good.

At this inspection we have rated the practice, and all of the population groups, 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.
- 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.
- All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy eight surveys were sent out and 58 were returned. This represented about 1.9% of the practice population.

The practice was above average for its satisfaction scores on consultations with GPs. However, they were below average for the nurse. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 75% of patients who responded said the nurse was good at listening to them; (CCG) - 86%; national average - 91%.

- 76% of patients who responded said the nurse gave them enough time; CCG - 86%; national average - 92%.
- 85% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 76% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 87%; national average - 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

The practice were aware of the scores in relation to the nurse and felt it was due to the nurse only working one day a week on a Saturday. They were in the process of trying to recruit another nurse to provide more sessions.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. Reception staff encouraged patients to let them know if they were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 10 patients as carers (0.3% of the practice list).

- There were information leaflets in the waiting room advising carers of various services that supported carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services caring?

Results from the national GP patient survey showed patients responded relatively positively to questions about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages and some were below:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.

- 72% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 84%; national average - 90%.
- 72% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on August 2015, we rated the practice as Good.

We rated the practice, and all of the population groups, as good for providing responsive services across all 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 extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments)
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- 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 practice had a Primary Care Navigator who worked closely with the team to provide an additional tier of social support to elderly and vulnerable 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:

- 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 16 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 and access to weekend appointments at the hub.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. They were coded on appropriate registers. Pop up alerts were placed on all computer notes to alert all members of staff to vulnerable patients to allow them to meet their specific additional needs such as double appointments. Patients with learning disabilities were invited annually for a specific review.

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 practice had signed up to the shared care mental health OOH Initiative which meant they worked closely with the Community Mental Health Area Teams to facilitate the discharge of stable patients to primary care.

Timely access to the service

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.

Are services responsive to people's needs?

(for example, to feedback?)

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 68% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG – 84%; national average - 71%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 80% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.

- 78% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 44% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed them and found they were satisfactorily handled in a timely way.
- 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.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection in 2015, we rated the practice as requires improvement for providing well led services as we found the practice had a number of policies and procedures to govern activity, but there was no system in place to review these and no assurance staff had read, understood and complied with the policies. All staff had received inductions but not all staff had received regular performance reviews or appraisals. There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements and no completed audit cycles.

We issued a requirement notice in respect of these issues and found these arrangements had significantly improved when we undertook this inspection on 12 January 2018. The practice is now rated as good for providing well led services.

Leadership capacity and capability

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

- The leadership team had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values and the practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The 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.
- 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, including nurses, were considered valued members of the practice team. They 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.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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,

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- At the last inspection we found although the practice had a number of policies and procedures to govern activity but there was no system in place to review these and no assurance staff had read, understood and complied with the policies. At this inspection we saw practice leaders had established systems to ensure policies were reviewed annually and staff had to sign to confirm they read and understood them.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice 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 MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- At the last inspection in August 2015 we found there was no programme of continuous clinical and internal audit used to monitor quality and to make improvements and

no completed audit cycles. At this inspection we saw quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice 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.
- The practice did not have a PPG, however they showed us evidence to demonstrate how they gathered patient's views through internal surveys.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. Staff attended quarterly 'we learn' sessions facilitated by the CCG.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.