

# Horton Park Medical Practice

## Inspection report

Horton Park Surgery  
99 Horton Park Avenue  
Bradford  
West Yorkshire  
BD7 3EG  
Tel: 01274 504956  
Website: [www.horton-park.co.uk](http://www.horton-park.co.uk)






Date of inspection visit: 22 May and 25 May 2018  
Date of publication: 02/08/2018

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?	Requires improvement 
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. However, we have rated this practice as requires improvement for providing safe services.** The provider was previously inspected in November 2014 when it was rated as good.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

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 Horton Park Medical Practice on 22 and 25 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had a number of 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. However, we saw that fire and legionella risk assessments were out of date or had not been acted upon and prescription security at the branch site needed to be improved.
- 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. There was widespread use of clinical templates to support diagnosis and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patient comments we received during the inspection were highly positive about the care and attitude of staff.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. A daily walk-in clinic for urgent problems was receiving positive feedback since its introduction in April 2018.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. There was

a programme of clinical audit and a reduction in the number of GP partners had led to the development of a comprehensive strategic plan to effectively manage change.

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

- Undertake a fire drill at the branch surgery, to be assured that staff are able to follow the fire procedure and keep patients safe.
- Ensure that a schedule of fire risk and risk of legionella infection assessments continue to be undertaken at both the main and branch location, ensuring that identified actions are acted upon in a timely way to be assured that systems are safe and that risks are minimised.
- Continue to document safety checks for the emergency oxygen and defibrillator to be assured they are fit for use in an emergency.
- Complete the review of prescription security at the branch location and implement identified actions to be assured that risks are minimised.
- Review the method of transportation of vaccines from the main site to the branch site, ensuring that a medical grade cool box is used to be assured that the cold chain is maintained.
- Review and improve exception reporting performance as measured by the Quality and Outcomes Framework (QOF) in order to improve the care and treatment received by their patient population.
- Continue to develop their approach to increase uptake of childhood immunisations and the cervical screening programme.
- Continue to develop their approach to increase the uptake of bowel and breast cancer screening.
- Continue and sustain efforts to relaunch the 'virtual' patient participation group to improve the role of the patients' voice in the development of the practice.

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

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

## Background to Horton Park Medical Practice

Horton Park Medical Practice, is located at Horton Park Surgery, 99 Horton Park Avenue, Bradford, West Yorkshire, BD7 3EG. There is also a branch surgery located at New Hey Surgery, 2 Brompton Road, Bradford, BD4 7JD. The practice has a website that can be accessed at: [www.horton-park.co.uk](http://www.horton-park.co.uk). We visited both sites during our inspection.

The practice provides services for 10,050 patients under the terms of the Primary Medical Services contract. The practice buildings are accessible for those with a physical disability or mobility issues. In addition, the practice has on-site parking available for patients, with designated spaces for disabled patients who require them.

The practice population catchment area is classed as within the most deprived areas in England; with a rating of one. A rating of one being the most deprived and ten the least deprived. The age profile shows that the practice has a higher number of patients aged 18 years and under. This is 31% for the practice compared to 24% as a local average and 21% as a national average. Life expectancy of the practice population is lower than other GP practices in the NHS Bradford Districts Clinical Commissioning Group (CCG) and the national average.

The National General Practice Profile states that 48% of the practice population from a South Asian background, 20% White British and 32% are from Eastern Europe. The practice also supports a small number of asylum seekers.

Horton Park Medical Practice is registered with the Care Quality Commission to provide; surgical procedures, diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice offers a range of local services including those in relation to:

- childhood vaccination and immunisation.
- travel vaccinations.
- Influenza and Pneumococcal immunisation.
- Cryotherapy and joint injections.
- Family planning and a referral service for women who would like the fitting of a coil or implant.
- Extended hours are not available at the site. However, appointments are available at neighbouring providers as part of local 'hub' arrangement for extended care.

As well as these services the practice also offers additional services such as those supporting long term conditions management including spirometry for lung

conditions, diabetes care and support, ECG and blood pressure monitoring, advice and support for smoking cessation, weight loss and social prescribing including help in accessing welfare benefits.

Allied with the practice is a team of community health professionals that includes health visitors, community matrons, midwives and members of the district nursing team.

The practice is accredited as a training practice and supports GPs in training as well as medical and nursing undergraduates.

The clinical team consists of four GP partners (two male, two female), four salaried GPs (two males, two female), two advanced nurse practitioners (female) and four practice nurses (female). The provider also employs a prescribing pharmacist and two health care assistants. They are supported by a practice manager and an operations manager, along with a team of administrative and management support staff.

The practice appointments include:

- Pre-bookable appointments
- Urgent and on the day appointments, including access to a 'walk-in clinic' for urgent problems between 8am-10am Monday to Friday.
- Telephone consultations
- Home visits

Appointments can be made in person, via telephone or online.

Practice opening times are:

Monday - 8am to 6.30pm

Tuesday – 8am to 6.30pm

Wednesday – 8am to 6.30pm

Thursday – 8am to 6:30pm

Friday – 8am to 6.30pm

Out of hours care is provided by Local Care Direct, reached by dialling 111.

The previously awarded ratings are displayed as required in the practice and on the practice's website.

# Are services safe?

## We rated the practice as requires improvement for providing safe services. This was because:

- A fire drill had not taken place at the branch site
- Weekly checks to the emergency oxygen and defibrillator were not documented by the practice
- Vaccines were not transported from the main site to the branch site using a medical grade cool box
- The branch site did not have a current fire risk assessment
- The recommendations of a legionella risk assessment had not been implemented

## Safety systems and processes

The practice had a number of systems to keep people safe and safeguarded from abuse, however not all of these were operating effectively.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There were a number of safeguards in place for infection control. We saw that there was a lead nurse, a policy and an annual audit. However, the provider had not acted on the recommendations of a 2016 legionella risk assessment.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, the practice had not undertaken a fire drill at the branch site.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had some reliable systems for the appropriate and safe handling of medicines.

- The systems for managing and storing medicines, medical gases, emergency medicines, minimised risks. However, weekly checks to the emergency oxygen and defibrillator were not documented by the practice and vaccines were not transported from the main site to the branch site using a medical grade cool box.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice had an inconsistent approach to safety.

## Are services safe?

- There were some risk assessments in relation to safety issues. For example, an overall health and safety risk assessment was seen. We saw that actions from the most recent fire safety risk assessment at Horton Park had been reviewed and implemented. We saw that some actions from the New Hey branch site had not been implemented and that the assessment shown to us on the day of inspection was out of date. During the inspection, we saw that there were no fire exit signs at the branch site. The provider immediately rectified this and sent us photographic evidence the day after the inspection. The provider also made arrangements for a comprehensive risk assessment to be undertaken at the branch and a report was sent to us confirming this had been done. The provider had implemented required actions, without delay. For example, installing additional emergency lighting at the branch site and improving the accessibility to the fire exit door.
- During the inspection we saw that recommended actions from a legionella risk assessment dated 15/11/2016 had not been implemented at the branch site. The provider gave us assurance that this would be reviewed without delay. Immediately following the inspection, the provider asked the company who had made the initial

risk assessment to support them in implementing the required monitoring. Evidence was sent to us shortly after the inspection confirming that appropriate equipment for monitoring the water temperature had been purchased and a schedule of checks were now being undertaken. The practice was now assured that the risk of legionella was minimised.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

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

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice undertook a weekly ward round to a local nursing home, which helped to ensure continuity of care for patients and effective communication with nursing staff at the home.

### People with long-term conditions:

- Most patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- GPs followed up all patients who had received treatment in hospital or through out of hours services including those treated for an acute exacerbation of asthma. The number of patients receiving an annual asthma review was lower than the local and national average. The practice attributed this to the high turnover of patients and the reluctance of some patients to attend their review.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. However, we saw that exception reporting for some of these conditions was higher than the local and national average. The provider told us that this was due to the high turnover of patients and the reluctance of some patients in attending reviews.

### Families, children and young people:

- We saw that the practice was below the national target of 90% for several childhood immunisations. We were told that the patient population was relatively transient; currently a turnover of 26% each year, with approximately 33% of patients from other countries who were less familiar with the immunisation programme. The practice showed us evidence that they had undertaken several 'drop-in' immunisation catch up sessions to boost awareness and were noticing a slow improvement in uptake. Following an outbreak of measles across the city. To improve uptake, the provider arranged for Slovak literature, published by Public Health England, to be publicised in the waiting area.
- 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 58%, which was below the 80% coverage target for the national screening programme. We saw evidence that women were actively targeted and that staff who spoke

## Are services effective?

community languages such as Urdu, Punjabi and Polish encouraged women to attend. High levels of deprivation and patient turnover impacted on the success of the screening programme.

- Similar issues were seen for breast and bowel cancer screening which was also below the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 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:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Care was provided through the Gold Standards Framework and we saw evidence that care was highly coordinated and compassionate.
- The practice held a register of patients living in vulnerable circumstances including asylum seekers, those receiving palliative care, carers, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

### Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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



## Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who 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.

### 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 through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

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

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

### Please refer to the evidence tables for further information

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion.

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff told us they offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The practice understood the complex needs of its population and tailored services in response to those needs.
- An urgent care walk-in clinic was available Monday for Friday for people who came to the practice between 8am and 10am.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and community matrons also accommodated home visits for those who had difficulties getting to the practice.

### 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 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, access to other local providers who offered extended opening hours and Saturday appointments through local 'hub' access arrangements.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including asylum seekers, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Staff spoke a wide range of community languages and there was access to interpreting services.

### 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 who failed to attend were proactively followed up by a phone call from the provider to ensure their well-being.

## Timely access to care and treatment

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

## Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were above local but below national averages for questions relating to access to care and treatment.

### **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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.

**Please refer to the evidence tables for further information.**

# 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.
- 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, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

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

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

## Managing risks, issues and performance

- We saw that there were effective systems for some aspects of risk assessment. For example, health and safety across the premises and responding to significant events. However, we saw that there were areas that required improvement. For example; the management of fire safety and legionella risk assessment, the management of blank prescription pad security and the documented checks of some emergency equipment.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. We saw that the provider responded immediately to any areas of concern identified during the inspection.

## Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

### Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients' staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There had been an active patient participation group which was being remodelled into a virtual group of 27 members, following the departure of the previous Chair of the group.
- 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.
- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**