

Latymer Road Surgery

Inspection report

Latymer Road Surgery
2a Latymer Road, Edmonton
London
N9 9PU
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Date of inspection visit: 7 November 2018
Date of publication: 11/01/2019

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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall. (Previous rating 01 2018 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Latymer Road Surgery on 7 November 2018 to follow up breaches of regulation.

At our inspection on 16 January 2018 following concerns raised with the CQC, we rated the practice as requires improvement for providing a safe and well led service and good for providing an effective, caring and responsive service. The practice was rated requires improvement overall. The practice was found in breach of regulations 17 and 12 of the HSCA (RA) Regulations 2014 (good governance and safe care and treatment) as staff were unclear of policies and procedures, there was no clear system for following up on patient referral letters and no policy for monitoring patients on high risk medicines. The practice also did not participate in multidisciplinary team meetings and minutes of practice meetings were not kept. Incidents were not recorded and there was no clear system for checking pathology results. Procedures for follow up on repeat prescribing were also not sufficiently robust.

At this inspection we found a new clinical team had been in place since May 2018 and had implemented new systems to address the concerns of the previous inspection. At this inspection we found

- The clinical outcomes were still below local and national averages; however, the new clinical team were working towards improving these.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured 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 they could 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:

- Continue to look at ways to improve patient outcomes through the QOF programme.
- Continue to look at ways to improve patient's outcomes from childhood immunisations and the cervical screening programme.
- Ensure the current fire risk assessment is updated;
- Look at ways to further identify and respond to carers;
- Undertake its own patient survey to gauge current patient satisfaction;
- Update the practice major incident policy;
- Continue to develop clinical audit cycles.

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

Population group ratings

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

Our inspection team

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

Background to Latymer Road Surgery

Latymer Road Surgery is located in the London Borough of Enfield. The location address is:

2a Latymer Road

Edmonton

N9 9PU

The practice is part of the NHS Enfield Clinical Commissioning Group (CCG) which is made up of 50 practices. It currently holds a General Medical Services (GMS) contract to provide services to 4964 patients. This is a locally agreed alternative to the standard General Medical Service (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 37.8% under the age of 18 and 21.4% over the age of 65.

The practice operates from a purpose-built building. Consulting rooms are situated on the ground level with administrative offices on the upper floor.

There is currently one male GP partner and a second partner who is the practice manager. In addition to the clinical partner there are two salaried GPs and a long

term locum. the practice offers a total of 22 clinical sessions per week. Practice staff also consists of a practice nurse (who works 24 hours a week), and an administrative team.

The practice is open between 8am and 6.30pm each week day except Thursday when the practice is open between 8am and 1pm. Appointments are from 8.30am to 12.30pm every morning and then each afternoon, except Thursday between 3pm and 6.30pm. The practice does not offer an extended hours surgery. Pre-bookable appointments can be booked up to eight weeks in advance; urgent appointments are also available for people that need them. Patients can book appointments on-line. The practice has opted out of providing an out of hour's service and refers patients to the local out of hours provider.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice was inspected in November 2015 and rated good overall but requires improvement for providing a safe service, due to no log of emergency medicines being held. A follow up inspection in November 2016 rated the practice good for the key question of safe and overall.

A further inspection was undertaken in January 2018. The practice was rated requires improvement for providing a safe and well led service and good for providing an effective, caring and responsive service. The practice was rated requires improvement overall. The practice also received two requirement notices for Regulation 12 (safe care and treatment) and 17 (good governance) HSCA (RA) Regulations 2014. We found there had been a breakdown

in the relationship between partners that had impacted on patient care. There were no clear systems for following up on referral letters and no formal policy or procedure for monitoring patients on high risk medicines. The systems around incidents and complaints needed review and the practice did not hold any minutes of team meetings or take part in multi-disciplinary team meetings.

Since the last inspection, a new clinical team has been put in place and the issues found in January 2018 have been addressed through the implementation of new clinical systems to improve governance and help improve patient outcomes.

Are services safe?

At the inspection on 16 January 2018 we rated the practice and all the population groups as requires improvement for providing a safe service. We found that policies and procedures were unclear and in need of review, there was no clear system for following up on referral letters, there was no formal policy or procedure for monitoring patients on high risk medicines, the systems around incidents needed review and the procedures for following up on repeat prescribing were not sufficiently robust.

When we inspected in November 2018 we found the practice had made significant improvements and rated the practice good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, the premises fire risk assessment was out of date (expiry July 2018) and needed updating. The practice was aware of this and the updated test was being organised.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

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

When we inspected in January 2018 we found that the systems for ensuring staff had the information they needed to deliver safe care and treatment to patients were not sufficiently robust. Referral letters did not include all the necessary information and systems for following up on referrals were ineffective. Systems were not communicated to newer members of the clinical team. There was no formal system for checking pathology results if a clinician was absent. At this inspection we found new systems had been put in place and were working well to ensure safe care and treatment.

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

Appropriate and safe use of medicines

When we inspected in January 2018 we found that the practice had some systems for the appropriate and safe handling of medicines, but they were not sufficiently

Are services safe?

robust. Repeat prescriptions were being issued without an appropriate medicines review taking place, there was no formal policy for monitoring patients on high risk medicines and there was no log of prescription pads held.

At this inspection we found new processes had been put in place to rectify the areas of concern, staff knew about them and they were being followed.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

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 as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because performance in the Quality and Outcomes Framework (QOF) was still below local and national averages. We were assured that the new clinical team were working toward improvement through the development of new clinical systems.

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:

This population group was rated good for providing effective care.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans 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.

People with long-term conditions:

- This population group was rated requires improvement for providing effective care.
- The practice's performance on quality indicators for long term conditions was below local and national averages

for the QOF year 2017/2018. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less was 65% compared to the CCG average of 72% and the national average of 79%. These figures were prior to the new clinical systems being put in place and the practice is now working towards meeting their end of year targets for 2018/2019.

- In some other cases, for example Chronic Obstructive Pulmonary Disease (COPD) results were significantly below the local and national average but we were assured that new clinical systems were in place and the year to date figures (April 2018 to November 2018) showed improvement.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

This population group was rated requires improvement for providing effective care.

- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice was aware of this and have implemented a new system of recall to ensure that results improve.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or immunisation.

Are services effective?

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

This population group was rated requires improvement for providing effective care.

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and have implemented a new system of recall to ensure that results improve. The practice's uptake for breast cancer screening was below the national average. The practice was aware of this and have implemented a new system of recall to ensure that results improve.
- The practice's uptake for breast cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks 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:

This population group was rated good for providing effective care.

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated requires improvement for providing effective care.

The practice's performance on quality indicators for mental health was below local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their

record was 53% compared to the CCG average of 90% and the national average of 89%. The practice was aware of the low scores and had implemented new processes to ensure that patients' needs were being met more effectively.

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

Monitoring care and treatment

The practice had a programme of quality improvement activity. Clinical audits were in place, however there were no completed two cycle audits due to the short time the current clinical team had been in place. Where appropriate, clinicians took part in local and national improvement initiatives.

- Results for the Quality and Outcome Framework (QOF) for 2017/2018 were below the national average for all areas reviewed. This was due to a breakdown of clinical processes involving the clinical team before May 2018. The present team had audited processes and developed new clinical procedures in order to improve outcomes for patients. The practice was on target to meet their end of year targets for 2018/2019.
- 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.

Are services effective?

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

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, 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 in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

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

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

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

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- All housebound patients had received a home visit since the change of clinical management.

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 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Double appointments were available for those who required them
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- 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.

Are services responsive to people's needs?

- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. The practice was aware of this and attributed this to previous systems in the practice which correlated with the date of the national survey. Since the new clinical management has been in place, new systems had been developed including improvements to the telephone and appointments system to ensure improvement in this area.
- 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.

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.

Please refer to the evidence tables for further information.

Are services well-led?

When we inspected in January 2018 we rated the practice as requires improvement for providing a well-led service. This was due to a breakdown in communication between the partners which had impacted on the governance of the practice.

At this inspection we found that a new clinical team had been in place since May 2018. New systems had been implemented and were imbedding into the practice. At this inspection 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 was monitoring progress against delivery of the strategy.

Culture

When we inspected in January 2018 we found that the practice was attempting to address the issues caused by the breakdown of the professional relationship between the partners while seeking to keep the culture of the practice stable.

At this inspection we found the practice had undergone a period of change resulting in a new clinical partner and clinical team. The culture of the organisation had stabilised and we found that:

- 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 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.

- The new management team had revised many of the practice policies and developed an overarching governance policy for the practice.
- 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

Are services well-led?

- Practice leaders had established procedures and activities to ensure safety and assured themselves that they were operating as intended. This included the implementation of a practice intranet system as a means of centralised governance and communication.

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. Practice 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 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 was an active patient participation group.
- 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.
- 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.