

# Dr Usman Akbar

## Inspection report

Bluebell Building, Barkerend Health Centre  
Barkerend Road  
Bradford  
West Yorkshire  
BD3 8QH  
Tel: 01274663553  
[www.drakbarssurgery.nhs.uk](http://www.drakbarssurgery.nhs.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection 14/11/2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Usman Akbar on 6 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear 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 and local and national priorities.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients told us they found the new telephone and appointment system easy to use and this had significantly improved their ability to access care when they needed it.

- There was a focus on continuous learning and a drive towards improvement at all levels of the organisation.

We saw areas of outstanding practice:

Unverified data for 2017/2018 showed that on the day of inspection 90% of eligible patients at the practice had attended for cervical screening in the last five years. Patients were contacted by the practice champion who encouraged them to attend, additional letters were sent on pink paper and appointments were offered with the practice nurse for patients to discuss the screening and talk through any concerns. The practice had also liaised with NHS England who were interested in sharing how the practice had achieved the results so that they could be shared with others.

The practice had increased their engagement with patients. A junior patients' newsletter had been developed by the patient engagement lead to encourage younger patients to become involved in the practice. It included health tips, word searches and a competition.

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

- Continue to review and improve the number of health checks offered to and accepted by carers.
- Review and improve their system for managing Medicines & Healthcare products Regulatory Agency (MHRA) alerts.

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

## 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 CQC lead inspector. The team included a GP specialist adviser, and a second CQC inspector.

## Background to Dr Usman Akbar

Dr Usman Akbar, Bluebell Building is situated within Barkerend Health Centre, Barkerend Road, Bradford, BD3 8QH and provides services for 2,198 patients. The location is within a purpose built health centre which is easily accessible and has car parking and a pharmacy onsite.

The surgery is situated within the Bradford City Clinical Commissioning group (CCG) and provides services under the terms of a primary medical services (PMS) contract. This is a contract between general practices and primary care organisations for delivering services to the local community. The practice website address is [www.drakbarsurgery.nhs.uk](http://www.drakbarsurgery.nhs.uk).

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Over 85% of the practice population is aged between 25 and 65 years of age, with a higher than average number of patients aged between 50 and 90 years of age than the CCG average, however this number of patients is still below the England average.


The National General Practice Profile states that 69% of the practice population is from an Asian background with a further 6% of the population originating from black, mixed or other non-white ethnic groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. People living in more deprived areas tend to have a greater need for health services. Male life expectancy is 74 years compared to the national average of 79 years. Female life expectancy is 80 years compared to the national average of 83 years.


Dr Usman Akbar is the single handed GP provider at the practice. There are three regular part time locum GPs who are also male and a part time female advanced nurse practitioner who works three sessions per week.

There is a practice nurse who works 20 hours per week and a part time healthcare assistant (HCA) both of whom are female. There is also a part-time practice manager and a small team of administration staff who support the clinical staff.

The reception at Dr Usman Akbar is open between 8am and 6.30pm Monday to Friday. Appointments are



available during morning and afternoon clinics and there is an extended hours clinic on a Saturday morning between 9am and 11am for patients who cannot attend the practice during the usual working week.



Out-of-hours treatment can be accessed by calling the surgery telephone number or contacting the NHS 111 service.

During our inspection we saw that the provider was displaying the previously awarded ratings in the practice and on their website.

# Are services safe?

**We rated the practice as 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 had 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 and concerns were regularly discussed in clinical meetings.
- Staff who acted as chaperones were trained for their role, had received a DBS check and made a record of their involvement in the procedure. (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. We saw that staff had attended training in areas such as domestic violence and female genital mutilation (FGM).
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. We saw that at the time of our inspection two staff had not signed their induction checklists. However, we were assured by a staff member that a full induction had taken place and they felt supported. The practice could not evidence a DBS check for one GP. Following the inspection we were forwarded an assurance that this was in place.
- There was an effective system to manage infection prevention and control (IPC).
- The practice had arrangements to ensure that facilities and equipment were safe, in good working order and regularly serviced and maintained.
- 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 and reception staff would alert clinicians if any symptoms described to them by patients were concerning.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included liaison with the district nursing teams and the local mental health and learning disability teams.
- Clinicians made timely referrals in line with protocols, including referrals to voluntary services.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good

## Are services safe?

antimicrobial stewardship in line with local and national guidance. The percentage of antibiotic items prescribed that were Co-Amoxiclav, Cephalosporins or Quinolones was below CCG and national averages.

- 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 with the GP and a pharmacist. For patients who were prescribed a number of complex medicines a review could be offered at their home.

### 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 good for providing effective services overall and across all population groups.

(Please note: Any Quality and Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. The staff team had a good understanding of the diverse and complex needs of their patient population.
- The clinicians used a computer system for patient notes, tasks, communication and referrals to ensure that care and treatment was timely and effective.
- Staff used appropriate methods to assess the level of pain in patients.
- 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.
- Patients aged over 75 were invited for a health check. We saw that 99% of eligible patients aged over 65 had received their flu vaccination and 95% of eligible patients had received a shingles vaccination.
- 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:

- 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.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). The practice had increased their identification of patients with COPD which was now above the national average.

### 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 better than the target percentage of 90% or above. Every eligible child registered at the practice aged two in 2016/2017, had received each recommended vaccine.
- The practice were reviewing children who had not been presented previously for their vaccinations, following a measles outbreak in the city. They had then extended this invitation to adults who did not have the recommended immunisation history.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

## Are services effective?

- A junior patient's newsletter had been developed and we saw that the practice had interactive information for children displayed including a healthy eating board.

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

- The practice's uptake for cervical screening was 75%, which was in line with the 80% coverage target for the national screening programme. Unverified data for 2017/2018 showed that on the day of inspection 90% of eligible patients at the practice had attended for cervical screening within the last five years. Patients were contacted to encourage them to attend, additional letters were sent on pink paper and they were offered appointments with the practice nurse to discuss the screening and talk through any concerns.
- The practices' uptake for breast and bowel cancer screening was in line the national average. The practice ran regular reports to review uptake and contacted patients to offer advice and support and encourage them to take part in screening programmes.
- The practice had a 'picture board' for patients which explained the process and importance of bowel cancer screening. This made the information accessible to every patient registered.
- 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.
- 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. Flu vaccinations were also offered to carers.

- The practice offered annual health checks to patients with a learning disability and would refer as necessary to the local learning disability team for additional support.

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 or collect their repeat medicines.
- 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.
- The practice specifically considered and assessed the physical health needs of patients with poor mental health and those living with dementia.
- 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 to a memory clinic.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example the practice had reviewed hypertension in pregnant women and reviewed care and treatment as a result. Where appropriate, clinicians took part in local and national improvement initiatives such as the 9 Care processes and Bradford Breathing Better.

- QOF results from 2016/2017 showed that the practice had attained 97% of the QOF points available. Staff were allocated lead areas to review and contacted patients who had not attended for appointments or responded to letters when necessary.
- Exception reporting was comparable to CCG and England averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to an invitation to



# Are services effective?

attend a review of their condition; or when a particular medicine is not appropriate due to side effects, drug interaction or allergy. Exception reporting for areas such as mental health and cervical screening was low.

- 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 and liaised with their peers.
- 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a 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 deciding 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, diabetic care and tackling obesity.
- A healthy living event was held in 2017 and information was available to younger patients in the waiting area which was designed to engage them in self-care and increase their understanding.

## 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.

## Are services effective?

- 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.
- The practice complied with the Data Protection Act 1998. They showed us how they were meeting requirements in line with the new General Data Protection Regulator (GDPR) regulations.

**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 treated people. Patient comment cards reflected that staff were respectful and caring
- Staff understood patients' personal, cultural, social and religious needs. The staff team were aware of the diverse needs of the patient population.
- The practice gave patients timely support and information.

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

Staff helped patients to be involved in decisions about care and treatment. 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 would use the first language of the patient where possible or a language line to ensure that they understood their care and treatment plans.

- 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 had taken steps over the last year to proactively identify carers and offer them health checks, support and information.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The practice complied with the Data Protection Act 1998. They showed us they were prepared for the new requirements in line with General Data Protection Regulator (GDPR) regulations.

**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 diverse population and tailored services in response to those needs.
- 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 and would offer home visits when necessary.
- 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. The practice were aware of a number of local support services for vulnerable patients.
- 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. If older patients attended the practice without an appointment we were told that every effort would be made to ensure that they were seen.
- The practice liaised with the pharmacy to ensure that the medicines needs of older people were met.

### 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 participated in CCG initiatives such as Bradford breathing better to enhance the care for patients with long-term conditions.
- 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.
- A minor ailments clinic was offered by the Nurse one day per week, support was available from the GP 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, Saturday appointments.
- Health checks were available to patients aged 40 and upwards and patients could be referred to a health trainer.

### 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.
- Review for patients at end of life were held every two weeks or sooner dependant on the patient's needs.
- 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.

# Are services responsive to people's needs?

- The practice reviewed patients with mental health issues and dementia as necessary. Patients who failed to attend for reviews and appointments were proactively followed up by a phone call from the team.

## Timely access to care and treatment

Following improvements made in 2017/2018, patients told us they were now able to access care and treatment from the practice within an acceptable timescale which met their needs.

- A new telephone system allowed patients to have timely access to appointments, initial assessment, test results, diagnosis and treatment.
- Additional appointments were on offer with the nursing team.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised including the very young and older patients.
- Patients reported that the appointment system was much improved and easy to use, this had previously been an issue.

- The practice had reviewed the results of the 2017 GP patient survey, liaised with staff, the CCG and patients to make changes and improve access and patient satisfaction.

## 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. We saw that responses to patients were considerate, honest and open.

**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 faced by the practice population and were working to address them.
- We were told that the lead GP was supportive, visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes in place to develop clinicians and managers.

## 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. The practice developed its vision, values and strategy jointly with patients, staff, the CCG and the patient participation group, (PPG).
- 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 and nationally. The practice planned its services to respond and meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy at regular intervals and discussed this with the staff team.

## 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 and told us that leaders at the practice were approachable.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We were told that changes to staff contracts and the staff team in 2017 had had a positive impact on staff and patients.

- 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. A patient we spoke with on the day of inspection confirmed this.
- Staff we spoke with told us they were encouraged to raise concerns and issues. They had confidence that these would be listened to and addressed.
- There were processes for providing all staff with the development they need. This included an annual appraisal, training opportunities and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team and their feedback was valued. 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.
- The practice actively promoted equality and diversity and staff told us they were treated equally.
- We observed positive, supportive 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, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear regarding their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw that policies were reviewed regularly.

## Managing risks, issues and performance

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

## Are services well-led?

- 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 national and local safety alerts, incidents, and complaints. However, we saw that Medicines & Healthcare products Regulatory Agency (MHRA) alerts were disseminated to the team and managed by the pharmacist. We did not see a protocol in place for this or any evidence that the practice could reassure themselves it was managed appropriately. Following our inspection the practice said they would put a protocol in place.
- 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 and we saw that where necessary, changes were made to patient medicines or care following audit.
- 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.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients and the PPG.
- 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. We saw that the practice ran monthly reports which detailed the clinical priorities for the year and the progress made or required to achieve these.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses and these were discussed with staff.
- 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 including the CCG.
- 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 and mechanisms for patient feedback in the practice. The practice were discussing how they could involve local schools in future decisions.
- 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. The practice were consistently reviewing their performance with a view to improving patient outcomes and were proactive in their involvement in local schemes.
- Patients and the PPG told us of a number of improvements which had been made since July 2017. Feedback regarding changes at the practice was positive.
- The practice benchmarked their performance against other similar practices.

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