

Wilsden Medical Centre

Inspection report

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Wilsden
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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. The practice had previously been inspected in May 2015 when it was rated good overall.

The key questions at this inspection 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 Wilsden Medical Centre on 28 June 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. The management of significant events had recently been improved and we saw that 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.
- The practice had carried out several full two cycle clinical audits to drive improvement and a practice pharmacist undertook regular medicine reviews.
- Staff involved and treated patients with compassion, kindness, dignity and respect. All of patient comment cards we collected during the inspection were very positive about the care and services offered.
- Patients did not always find the appointment system convenient to use. However, they told us they were always able to access urgent care when they needed it.
- There was an active patient group that worked closely with the staff team. The group undertook surveys and

engaged with all members of the practice population. This included health promotion activity at local galas and encouraging patient participation amongst local high school pupils.

- The whole staff team were collaborative and supportive. We saw example of kindness and compassion being displayed to team members when their personal circumstances and needs required a flexible approach.
- Rates of patient screening for cervical, bowel and breast cancer were higher than local and national averages. The provider also had high rates of childhood immunisations.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. For example, in partnership with other health professionals, the practice had delivered an innovative six week course around planning and care towards the end of life.

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

- The provider should take action to develop a comprehensive and systematic risk assessment across the operation of the practice. This would include building safety and potential risks posed to staff and members of the public; to be assured that health and safety matters are appropriately identified and acted upon.
- The provider should improve their approach to the management of complaints and take action to ensure that all matters of complaint are appropriately investigated, acted upon and learning implemented across the practice team.
- The provider should review their approach to clinical audit and ensure that services offered through minor surgery are regularly reviewed; to be assured that treatment and outcomes are safe and appropriate.

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

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 also included a GP specialist adviser and a second CQC inspector.

Background to Wilsden Medical Centre

Wilsden Medical Centre, is located at 2 Lingbob Court, Wilsden, Bradford, West Yorkshire, BD15 0NJ. There is also a branch surgery located at Cullingworth Practice, 12 Mill Street, Cullingworth, BD13 5HA. We visited both sites during our inspection. The practice provides services for 10,153 patients under the terms of the Personal 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 ninth least deprived areas in England, with 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 65 years and over. This is 24% for the practice compared to 15% as a local average and 17% as a national average. Life expectancy of the practice population is higher than other GP practices in the NHS Bradford Districts Clinical Commissioning Group (CCG) and in line with the national average.

The National General Practice Profile states that 95% of the practice population is from a White British background.

Wilsden Medical Centre 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 enhanced local services including those in relation to:

- childhood vaccination and immunisation
- travel vaccinations
- Influenza and Pneumococcal immunisation
- Anti-coagulation clinics
- A GP specialising in Care of the Elderly
- Minor surgery including biopsy and minor eye surgery.
- Family planning including the fitting of coils and implants

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including spirometry for lung conditions, ECG and blood pressure monitoring, advice and support for alcohol misuse, 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, podiatrists, a mental health worker, 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 undergraduates.

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

The practice appointments include:

- Pre-bookable appointments
- Extended hours available three mornings a week

- Urgent and on the day appointments
- Telephone consultations
- Home visits

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

Practice opening times are:

Monday - 8am to 6pm

Tuesday – 7.30am to 6pm

Wednesday – 7.30am to 6pm

Thursday – 7.30am to 6pm

Friday – 8am to 6pm

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 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. 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 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.
- 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 permanent and 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. Reception staff had also received sepsis awareness training.

- 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 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 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. Antibiotic prescribing was in line with CCG and national averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. A pharmacist was directly employed by the practice and was available to support patients in the review and management of their medicines.
- We saw evidence to confirm that patients who took certain higher risk medicines that required additional monitoring to ensure their safety were tracked and appropriately supported.

Track record on safety

The practice had a good track record on safety. However, we have told the provider they should review and improve their approach to systemic risk management.

Are services safe?

- There were some risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources including an incident book and a maintenance log.
- However, we saw that there had not been a comprehensive risk assessment across the operation of the practice since 2013. This included building safety and potential risks posed to staff and members of the public.
- There were 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 provider had identified that their previous system of managing significant events was not effective. A new system had been developed and we saw evidence that safety had improved. For example, locum doctors were better supported and were now making more timely referrals in accordance with the practice target time and a reduction in administrative errors had been observed.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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.

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 in place 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 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 which included a review of medication.
- The practice followed up on older patients discharged from hospital. The practice also regularly reviewed patients who lived in either care or nursing homes. 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. A GP partner had a special interest in Elderly Medicine which enabled them to share this specialised knowledge across the practice for the benefit of patients.

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.
- 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.
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages. For example, we saw that the provider had successfully reduced the number of hypnotic medicines prescribed. This group of medicines can cause long term addiction problems and providers are encouraged to find alternative medicines where possible. The provider's rate of prescribing was two thirds of the national average and in line with the local average.

Families, children and young people:

- Childhood immunisation uptake rates were higher than the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had arrangements to identify and review the treatment of pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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

- The practice's uptake for cervical screening was 83%, which was above the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel 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.

Are services effective?

- 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 provider, in partnership with the patient participation group and other associated health, care and legal professionals, had delivered an innovative six week course around planning and care towards the end of life. This course had encouraged participants to begin sometimes difficult conversations in a constructive and affirming way. Feedback from the course was highly positive and the practice plans to run the course again.
- The practice held a register of patients living in vulnerable circumstances including the housebound, those receiving end of life care and people with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition and also carers, according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

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 above average. For example, 98% of patients with a serious mental illness had a documented care plan in place. This was higher than the local average of 94% and the national average of 90%.

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 through clinical audit. However, we have told the practice they should consider regular clinical audit of surgical procedures offered at the location.

Where appropriate, clinicians took part in local and national improvement initiatives and reviewed patient care following medicine alerts from the Medicines & Healthcare products Regulatory Agency (MHRA).

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 including locum 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 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 patient group also ran health promotion events.

- 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 highly 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 national GP patient survey results from July 2017 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, the practice had installed hearing loops to aid communication with patients who had a hearing impairment.
- 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 needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours. Early morning appointments were offered three days a week.
- 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.

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 when possible, and consultation times were flexible to meet each patient's specific needs.
- Patients with lung conditions such as COPD could access spirometry (a test to assess lung function).
- Patients who needed to have regular blood tests to check their blood clotting (INR) could attend the regular anti-coagulation clinic.

- 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. Families who missed secondary care appointments were also followed up by the practice.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A full contraception service was offered, which included the fitting and removal of coils and implants.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours three mornings a week.
- The patient group had also undertaken a men's health survey to encourage patients to take care of themselves as much as they would their car. This received positive feedback across the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including carers and people with a learning disability.
- Patients with a learning disability were offered an annual health check.
- A welfare benefits advisor attended the provider and social prescribing was offered.

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.
- A recent refurbishment at the main site had installed dementia friendly facilities including contrasting colours to assist perception in people experiencing dementia.

Timely access to care and treatment

Are services responsive to people's needs?

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.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment.
- Patients reported that the appointment system was sometimes difficult to use at peak times of demand. The practice had made some adjustments to the telephone system in an attempt to improve matters. A follow-up survey undertaken by the practice in response to the national survey found that there had been an improvement in patient opinion, and that more patients were using online services which was improving ease of access.

Listening and learning from concerns and complaints

- The complaint policy was in line with recognised guidance. However, the provider did not consistently follow the procedure.

- We saw that the provider promoted access to the complaints procedure and had appointed a designated person to manage the process. Staff we spoke to were aware of how to support a patient in making a complaint.
- We reviewed two complaints and found that in both cases, some specific issues of complaint had been overlooked by the provider when sending their response. We saw that these issues had not been investigated and that opportunities for learning and improvement had been lost.
- In both examples we reviewed, no reference was made to the complainant of their right to escalate the matter to the Parliamentary and Health Ombudsman if they remained dissatisfied with the response.
- Senior staff we spoke with could not recall any learning or changes to systems or processes as a result to complaints. This was despite five of the 20 complaints received in the previous year being upheld and a further six complaints being partially upheld.
- We saw that written responses were always courteous and polite. We saw that an apology was made in one case where a patient had not felt listened to during a GP consultation.

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. The provider openly acknowledged our concerns regarding the management of complaints and gave us assurance that they would take immediate steps to improve the matter. 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

There were clear and effective processes for managing risks, issues and performance. The provider told us during the inspection that they would undertake a systematic health and safety risk assessment across the whole operation of the practice.

- 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.

Are services well-led?

- 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 effective 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 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. However, opportunities for learning from complaints needed strengthening.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The patient group contributed to the process of continuous improvement's by undertaking surveys and engaging widely with the public on a range of health promotion activities.

Please refer to the evidence tables for further information.