

# Little Park Surgery

## Inspection report

281 Hounslow Road  
Hanworth  
Feltham  
Middlesex  
TW13 5JG  
Tel: 02088946588  
[www.littleparksurgery.co.uk](http://www.littleparksurgery.co.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 rating October 2017 – Inadequate)

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 Little Park Surgery on 12 September 2018. This was a comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had been placed in special measures following an inspection on 19 October 2017. Following the inspection, the practice was served with a warning notice for Regulation 17. A further follow up inspection to the warning notice was carried out on 9 May 2018 to check that the practice was meeting the requirements of the warning notice. That inspection found that the practice had met all the requirements of the warning notice. The full comprehensive report of the October 2017 and May 2018 inspections can be found by selecting the 'all reports' link for Little Park Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Most patients found the appointment system easy to use and reported that they could access care when they needed it.
- However, some patients reported a less positive experience when attempting to access the practice by telephone. The practice were aware of this and were working to make improvements.
- 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 action to promote the benefits of the childhood immunisation programme to increase patient uptake.
- Continue improvements to ensure all patients can access the practice by telephone easily.

I am taking this service out of special measures. This recognizes the significant improvements made to the quality of care provided by this service.

**Professor Steve Field CBE FRCP FFPH FRCGP**

**Chief Inspector of General Practice**

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and an expert by experience.

## Background to Little Park Surgery

Little Park Surgery is in Feltham in the London Borough of Hounslow, and provides a general practice service to around 6200 patients from a converted building. The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations.

The practice has two GP partners, three salaried GPs and two trainee GPs at the practice. Four GPs are male and three females, who work a total of 32 sessions. The practice employs two practice nurses, a health care assistant and a phlebotomist. The practice manager is supported by a reception manager, a team of administrative and reception staff.

Little Park Surgery is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support.

Regulated activities are delivered to the patient population from the following address:

281 Hounslow Road

Feltham

Hounslow

Middlesex

TW13 5JG

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

Website: [www.littleparksurgery.co.uk](http://www.littleparksurgery.co.uk)

The practice was open between 8am - 6:30pm Mondays – Fridays. On Tuesdays the practice offers extended hours between 6:30pm and 7:45pm. The practice offers a range of scheduled appointments to patients every weekday from 8:30am to 6pm including open access appointments with a duty GP throughout the day. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website. The age of the practice population is broadly in line with the CCG averages.

# Are services safe?

**At our previous inspection on 19 October 2017, we rated the practice as inadequate for providing safe services as the arrangements of patient safety alerts, health and safety issues, recruitment checks, infection control, medical supplies and the system for reporting and recording significant events were not adequate.**

**These arrangements had improved when we undertook a follow up inspection on 12 September 2018. The practice is now rated as good for providing safe services.**

## Safety systems and processes

At our last inspection in October 2017, we found that though safeguarding policies were available some staff were unable to access them. Some staff were not aware of the practices safeguarding lead, a clinical staff member did not have a DBS check and that appropriate standards of cleanliness were not always followed.

At this inspection we found that the practice had made improvements.

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 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

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 acted to support good antimicrobial stewardship in line with local and national guidance.

## Are services safe?

- There were effective protocols for verifying the identity of patients during remote consultations.
- 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.

- At our last inspection we found that the practice did not have up to date safety risk assessments. During this inspection we found there were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

At the last inspection in October 2017 we found that though the practice learnt from significant events they did not carry

out a thorough periodic analysis of significant events to identify any themes or trends. We also found that national patient safety alerts were systematically received and shared with the team. However, the practice was unable to demonstrate alerts had been followed up and that action had been taken. At this inspection we found that the practice had introduced yearly reviews of significant to identify trends and make improvements. And the practice had strengthened their alert follow up system.

- 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 acted 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?

**At our previous inspection on 19 October 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of monitoring of medicines reviews for patients with long term conditions were not always effective; not all staff had received an annual appraisal in a timely manner ;staff had not completed training required to operate the practice's computer system effectively and childhood immunisation rates were below the national average for under two to five years old.**

**These arrangements had improved when we undertook a follow up inspection on 12 September 2018. The practice is now rated as good for providing effective services.**

## Effective needs assessment, care and treatment

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

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

### Older people:

- Older patients who 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:

- At our last inspection we found that not all patients with long-term conditions and medicines had been recorded as having a review. The practice reported that this was due to a coding problem. During this inspection we reviewed twenty patient records and found the coding problem had been corrected and a reconciliation of records had taken place. 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)
- The practice's performance on quality indicators for long term conditions was above local and national averages for most key areas.

### Families, children and young people:

- At our previous inspection we found that Childhood immunisations uptake rates were below the target percentage of 90% or above. At this inspection the rates were still low. However, we saw the actions the practice were taking to increase uptake. Patient records we viewed demonstrated that the low uptake was largely to do with parental choice. The practice was ensuring that all children with outstanding immunisations had a note on their electronic record which alerted a clinician to speak to them about vaccines. We saw examples of patients informing the practice that they had a choice to opt out of the immunisation schedule. The practice nurse told us they had dedicated time where they were continuing to liaise with families to increase the uptake.

# Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care and GP missed appointments were also followed up.

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

- The practice's uptake for cervical screening was 72%, which was comparable with the 72% 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.
- 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:

- 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 offering vaccinations to patients with an underlying medical condition according to the recommended schedule.

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

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

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health were above local averages and comparable to national averages.

## Monitoring care and treatment

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

- (QOF) results were above average at 96.3% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%.
- The overall exception reporting rate was 5.4% which was below both CCG average of 8% and national average of 10%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.



## Are services effective?

- 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 considered 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 need 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. We saw the practice was participating in the Park Run initiative (Park Run is an innovative initiative, where Royal College of General Practitioner is partnering with park run to promote the health and wellbeing of staff and patients. Under this initiative, GP practices across the UK are encouraged to develop close links with their local parkrun to become park run practices). Little Park Surgery signed up for this and were delivering sessions at weekends. Staff at the practice and patients were running together to improve their fitness, make new friends, cope with health problems, learn new skills or simply be outside with others.

### Consent to care and treatment

Patient records reviewed confirmed that 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?

**At our previous inspection on 19 October 2017, we rated the practice as good for providing caring services. At this inspection the practice remains rated as good for providing caring services.**

## 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?

**At our previous inspection on 19 October 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of dealing with complaints and the results from the national GP patient survey published in July 2017 showed that patient's satisfaction to questions on how they could access care and treatment were below local CCG and national averages. We also noted that access to a named GP and continuity of care were not always available quickly, although urgent appointments were usually available the same day.**

**These arrangements had improved when we undertook a follow up inspection on 12 September 2018. The practice is now rated 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 consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who 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.

### 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.
- 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 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 could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were lower than local and national averages for questions relating to access to care and treatment. The practice were aware of this and were taking action to make improvements.

## Listening and learning from concerns and complaints

- **At our previous inspection on 19 October 2017 that the practice's complaints policy and procedures**

**were not in line with recognised guidance and contractual obligations for GPs in England because it did not include correct information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The practice had not maintained a log or record of all complaints and the staff we spoke with were only able to find two out of five complaints received from April 2016 to March 2017.**

**At this inspection we found that improvements had been made.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

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

# Are services well-led?

**At our previous inspection on 19 October 2017, we rated the practice as inadequate for providing well led services as the arrangements due to lack of effective governance systems. The practice did not carry out periodic reviews of significant events and complaints, some practice staff were not able to effectively operate the computer system to run patient searches, practice specific policies were available but did not contain all the necessary details regarding dates published and renewals, there was little evidence that the practice had proactively sought feedback from staff or patients, the practice was unable to demonstrate that they had actively engaged with the patient participation group and some the nursing staff told us they did not have sufficient time to focus on administrative tasks. We served the practice with a Warning Notice for Regulation 17. We undertook a follow-up visit to check that they had met the requirements of the warning notice on 9 May 2018. During that inspection we found the practice had made improvements.**

**These arrangements had been maintained when we undertook a follow up inspection on 12 September 2018. The practice is now rated as good for providing well led services.**

## Leadership capacity and capability

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

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

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

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

## Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- At the last inspection in October 2017, we found that some staff had not received appraisals. During this inspection we found there was now a policy to ensure appraisals were completed at a specific time of the year to ensure the process was systematically managed. All appraisals included a discussion about career development. We saw that all staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. At our last inspection it had been reported by nursing staff that they were not provided with sufficient time to undertake administrative duties. During this inspection nursing staff, we spoke with reported being allocated sufficient time to undertake administrative duties as well time for attending learning updates.
- 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

# Are services well-led?

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

At our last inspection we had found concerns relating to the management of risk as the practice. At this follow up inspection the practice clearly demonstrated improvements that had been made.

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.
- At our last inspection in October 2017 we found that there was minimal engagement with the patient participation group. At this inspection we found improvements had been made. We meet with some members of the PPG who spoke highly about the practice and the improvements that were being made.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.