Thorns Road Surgery

Inspection report

43 Thorns Road
Brierley Hill
West Midlands
DY5 2JS
Tel: 01384484894
www.thornsroadsurgery.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.

We carried out an announced comprehensive inspection at Thorns Road Surgery on 18 June 2018. The overall rating for the practice was good. This inspection was carried out 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 was 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.

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 care and treatment was delivered according to evidence-based guidelines.
- Clinicians had access to appropriate information to deliver safe care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported they could access care when they needed it. Patient feedback on the care and treatment delivered by all staff was positive.
- 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:

- Complete a physical and mental health assessment for all staff employed to ensure suitability to carry out their role.
- Carry out an assessment of the hard-wired electrical circuit within the building.
- Further improve the reporting of significant events.
- Review the system for managing safety alerts.
- Explore ways in which to increase the uptake for cervical cancer screening.
- Consider the implementation of a structured approach to quality improvement including a review of complaints to capture themes and trend from verbal complaints.
- Consider the introduction of a written business plan to support the strategic aims for the practice.

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

Population group ratings

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

Our inspection team

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

Background to Thorns Road Surgery

Thorns Road Surgery is situated in Brierley Hill area of the West Midlands and is part of the NHS Dudley Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England.

The practice is long established but there has a been a change in the lead GP due to retirement in August 2017. The practice operates from premises converted from residential use. The building has two levels and patient services were mostly provided on the ground floor. There is direct access to the practice by public transport from the surrounding areas. Parking facilities are available on site. The practice website can be found at

There are approximately 3,400 registered patients, predominantly of white British background. The practice serves a large residential area and the population age demographics and unemployment levels are similar to the national averages. Information published by Public Health England, rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. However, there are pockets of deprivation within the practice catchment area. Male and female life expectancy in the practice geographical area is lower than the national average at 80 years for males, compared to 79 years nationally and is the same as the national life expectancy for females, 83 years. The percentage of patients with a long-term health condition is 55%, the national average is 54%.

When the practice is closed, patients can access out of hours services (provided by Malling Health at Russells Hall Hospital) by telephoning NHS 111.

The practice is registered as a single-handed provider and is run by a full time GP (female) working eight sessions per week.

Additional staffing consists of:

- A full time salaried GP (male) working eight sessions per week.
- A regular locum GP (female) working one session per week.
- Two practice nurses equivalent to 0.9 whole time equivalent.
- A practice manager.
- An experienced team of reception/administration staff including a senior receptionist and an administrator.

The practice provides surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities. Family planning services were not registered when we inspected but the provider has made an application to add these to their registration.

Good

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. Reports and learning from safeguarding incidents were available to staff. We highlighted that vulnerable adults were not clearly identified on the clinical system. The practice added an alert that automatically informed staff members of a vulnerable adult.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, these did not include a physical and mental health assessment on staff to ensure their suitability to carry out the role.
- The practice had an informal system to check professional registration. This was formalised to include an automated reminder on the day of the inspection.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure facilities and equipment were safe and in good working order. Staff carried out actions to manage risks associated with legionella in the premises (legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had not completed electrical hard wire testing within recommended timescales.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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. Arrangements were made to provide additional appointments with GPs when necessary, subject to availability.
- There was an effective induction system for 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. Reception staff had access to policies in relation to patient medical emergencies. Clinicians knew how to identify and manage patients with severe infections including sepsis. No formal training had been given but staff we spoke with were aware of their role in the identification of a rapidly deteriorating patient and the actions they needed to take.
- 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 information needed to deliver safe care and treatment was available to staff.
- There was a systematic approach to managing test results and we saw results were dealt with in a timely way.
- 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.

Good

Are services safe?

- 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 had acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- GPs regularly reviewed prescribing for patients taking high-risk medicines.

Track record on safety

The practice had a good track record on safety.

- There were 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 had processes to learn from and make 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 acted to improve safety in the practice. We saw evidence that the practice had taken action as a result of incidents that had benefited other local practices and led to safer services. However, we found one example of a significant event that had occurred within the practice that had not been recorded.
- We saw that the practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, actions taken in response to alerts were not recorded.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

Please note: any Quality 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 clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- All clinical staff had easy and immediate access to both written and online best practice guidance.
- 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 used appropriate tools 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.
- The practice followed up older patients discharged from hospital. It ensured 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients on repeat medication were reviewed at least once every six months.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from the practice showed uptake rates for the vaccines given consistently achieved the target percentage was 90% or above. Nursing staff were aware of the performance and had a patient recall process and communicated with the health visitor to encourage uptake.
- The practice kept a list of school nurses for the surrounding area's schools.
- 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.

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

- The practice's uptake for cervical screening was 70% against the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening were similar to the national averages.
- 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 took into account the needs of those whose circumstances may make them vulnerable.

Good

Are services effective?

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice reviewed the care of patients diagnosed with dementia in a face to face meeting every year.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their medical records and reviewed each year.
- The practice specifically considered 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.
- The practice offered annual health checks to patients with a learning disability. Longer appointments were provided for these checks.

Monitoring care and treatment

The practice had carried out quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements. For example, the practice had reviewed the care and treatment given to patients at risk from the long-term use of a specific antibiotic used to treat bladder infections. The practice identified and reviewed all patients who were at risk and offered alternative medicine when appropriate.

However, there was no formal approach to quality improvement through a structured programme of repeat monitoring to drive improvement.

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. One of the practice reception staff had trained to provide cover for the medical secretary.
- 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 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 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

Good

Are services effective?

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 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.
- The practice had arranged signposting training for all staff.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through information leaflets and navigation to local support services. The practice offered blood pressure monitors to patients with high blood pressure so they could record levels at home, and offered smoking and alcohol advice when appropriate.
- 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 and 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.

Please refer to the Evidence Tables for further information.

Good

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.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice was small and staff turnover was low, staff had developed a good knowledge of patient personal circumstances. We were given many examples of where patients had been treated in an understanding and compassionate way.
- Patients who were anxious when waiting in the busy practice waiting room were given the option to wait in a separate room, with staff support if necessary.
- The practice gave patients timely support and information.
- The practice was lower in the GP national survey than other practices in the clinical commissioning group (CCG) and national averages for questions related to kindness, respect and compassion. The practice was aware of the scores and highlighted that the GP contingent had changed since the survey data had been captured. The scores for the nursing team were in line with local and national averages.

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 they are given) and staff had trained in this standard.

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- The practice proactively identified carers and supported them, for example, flexibility of appointments given to help attendance at convenient times.
- The practice had a designated 'information lead' to support patients with signposting to services available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them to ask questions about their care and treatment.
- The practice was lower in the GP national survey than other practices in the CCG and national averages for questions related to involvement in decisions about care and treatment by a GP but in line when asking about the nursing team.
- All six of the patients we spoke with as part of the inspection were positive in their comments about the service and information provided by clinicians.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew 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.
- A privacy screen on the front desk helped ensure patient confidentiality was maintained in the reception area.
- Curtains were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Please refer to the Evidence Tables for further information.

Good

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.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice offered flu vaccinations for patients aged over 65 years and attended patients' homes to administer the vaccines for those unable to attend the practice.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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. The practice enabled multiple conditions to be reviewed at one appointment. Consultation times were flexible to meet each patient's specific needs.
- Longer appointments were available to those patients with complex needs and home visits were available for patients unable to attend the practice premises.
- The practice told us that they had been working with other healthcare professionals that included a mental health worker and a diabetes specialist. The specialists had been supporting reviews of patients and were involved in discussing care and improving case management.

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.
- Discussions with staff showed that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside school hours and the premises were suitable for children. Same day appointments were offered to children less than five years of age.

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, the practice participated as a hub in the extended hours scheme and offered online services for those registered to use them.
- Telephone GP and nurse consultations were available to support patients who were unable to attend the practice during normal working hours.
- The practice offered NHS health checks to patients aged between 40 and 74 years of age.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments to those patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good

Are services responsive to people's needs?

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

- Staff interviewed had a good understanding of how to support patients experiencing poor mental health and those patients living with dementia.
- The practice proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, 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.

Improvements had been made within the last 12 months with the availability of appointments in extended opening hours.

- The practice performed higher in the GP national survey than other practices in the clinical commissioning group (CCG) and national averages for questions related to access to the practice.

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 from analysis of trends. It acted as a result to improve the quality of care. All patient complaints were discussed with staff so that they could reflect on their practice. We reviewed all three complaints received in the preceding 12 months and saw that the practice responses were timely, appropriate and further advice had been given.
- There was no formal system to record and analyse verbal complaints to help identify any themes or trends.

Please refer to the Evidence Tables for further information.

Good

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 the capacity and skills of staff and had secured funding to strengthen these processes.
- The practice overall performance was the highest within a locality group of 10 practices for a set of indicators that included hospital admissions, urgent care attendances, prescribing and patient experience.

Vision and strategy

The practice had a written set of values and an informal strategy to deliver high quality, sustainable care.

- There was a clear vision and a realistic strategy. However, this was not supported by any formal business plans to achieve priorities.
- The practice planned its services to meet the needs of the practice population. This was being done jointly with other local practices to map out services and provide them in a co-ordinated, streamlined way.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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 interactive and co-ordinated person-centred care. Clinical meetings were held weekly and monthly meetings were held with external health professionals that included social workers, mental health nurses and community nurses.
- Staff were clear on 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 they were operating as intended.
- Monthly practice meetings were held for all staff. External speakers were invited to broaden the knowledge in specific subject areas. Speakers had attended from 'Carers Network', 'Age UK' and 'Victim Support West Midlands Police'.
- We found that minutes had been recorded for meetings. These were shared with staff members when unable to attend.

Governance arrangements around safety required further strengthening to include oversight for emergency medicines and equipment, recruitment checks, actions that resulted from safety alerts and health and safety.

Good

Are services well-led?

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- 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, the alerts procedure did not include evidence that any required actions had been completed.
- Clinical audit had a positive impact on quality of care and outcomes for patients. However, the practice did not have a structured approach to quality improvement.
- 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.
- 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 submitted data or notifications to external organisations as required.
- There were sound 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 that met approximately once every two months.
- 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 had secured resilience funding that was planned for diagnostic support, specialist advice and guidance, coaching and mentorship, and assistance with changes in the management structure.
- 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.

Please refer to the Evidence Tables for further information.