

Royal Arsenal Medical Centre

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall. (Previous inspection 22 February 2017 – good overall; requires improvement in effective).

The key questions are rated as:

Are services safe? – good

Are services effective? – good

Are services caring? – good

Are services responsive? – good

Are services well-led? – good

We carried out an announced comprehensive inspection at Royal Arsenal Medical Centre on 25 April 2018, to follow up on breaches of regulations identified during the inspection carried out on the 22 February 2017.

Our key findings were:

- There was a transparent and proactive approach to safety and a system was in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care delivered in line with current best practice guidance.
- Staff received ongoing training and development to ensure they had the skills, knowledge and experience to deliver effective care and treatment, including chaperone training for non-clinical staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients expressed some difficulty in obtaining routine appointments. However, they felt there was continuity of care and were able to get urgent appointments on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision to deliver a high quality and compassionate service which was responsive to patients' needs and promoted the best possible outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Review how patients with caring responsibilities are provided with advice and information about available support within the practice.
- Review processes in place for measuring patients' experiences of care and treatment to improve patient engagement and provide feedback and a patient-led service.
- The practice should continue to consider proactive strategies to encourage patients to join the patient participation group (PPG). Review ways to improving patient satisfaction with availability of routine appointments.
- Review ways to maintain the improvement achieved in the performance for people with long-term conditions.

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, a second inspector and an expert by experience.

Background to Royal Arsenal Medical Centre

Royal Arsenal Medical Centre is situated in the Royal Borough of Greenwich. Services are provided at 21 Arsenal Way London SE18 6TE, which is a large purpose-built medical centre, part of a new residential and leisure complex.

Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality. The practice relocated to the current purpose-built leased premises in 2012. The practice premises comprise 12 consulting/treatment rooms; four waiting areas; a medical record storage room, staff room and administrative offices. Part of the premises is sub-let to other services for which practice staff provide reception services. These services include Cgl Basis (an alcohol and drugs advisory and counselling service), Greenwich Time to Talk counselling services, Greenwich Mind counselling service, a community dermatology service, Guys & St Thomas' community head and neck team, an independent physiotherapy service, an independent podiatry service and a pharmacy. The practice also hosts a twice-weekly phlebotomy clinic and a weekly community midwifery service.

The practice experienced a 46% increase of patients in 2017 and currently has 9581 registered patients. Compared to the national average the practice has a higher number of patients in the 25 to 45-year age group

and a lower than average number of patients over 60 years of age. The practice is based in an area with a deprivation score of five out of 10 (one being the most deprived and 10 the least deprived). This is higher than the local and national average.

The practice is registered with the CQC to provide the regulated activities of family planning; treatment of disease, disorder and injury; surgical procedures and diagnostic and screening procedures.

Medical services are provided by the male lead, two female salaried GPs, four (male and female) long term locum GPs, one male short-term locum GP (providing 40 sessions per week) and one female nurse practitioner (providing eight sessions per week). Patients are given the choice of a GP or the Nurse Practitioner when booking their appointments. Only GP appointments are available to book online. Clinical services are provided by four practice nurses and one health care assistant. Administrative services are provided by a practice manager, eight administration staff and five reception staff. The practice reception and telephone lines are open between 8am and 6.30pm, Monday to Friday, with extended opening for reception on Tuesday between 7am and 8am, Wednesday between 7.30am and 8am and Saturday between 9.30am and 12.30pm.

A practice leaflet is available and the practice website includes details of services provided by the surgery.

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. Staff knew how to identify and report concerns. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. A quick reference poster with contact numbers of external agencies was available to all staff. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. Staff we spoke to were aware who these leads were and who to speak to in the practice if they had a safeguarding concern.
- There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments.
- The practice carried out appropriate staff checks at the time of recruitment for salaried and locum staff and monitored indemnities and qualifications.
- 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.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Annual portable appliance testing and calibration of equipment was undertaken.

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.
- 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.
- Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named doctor. One of the GPs conducted appointments at the local care home when necessary.

Information to deliver safe care and treatment

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

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

- We checked medicines stored in medicine refrigerators and found they were stored securely. There was a clear policy for ensuring that medicines were kept at the required temperatures, and which described the action to take in the event of a failure.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (Antibiotic stewardship refers to a set of coordinated strategies to improve the use of antimicrobial medications with the goal of enhancing patient health outcomes, reducing resistance to

Are services safe?

antibiotics, and decreasing unnecessary costs). We reviewed 19 patient records and found the practices' monitoring of antimicrobial prescribing to be satisfactory.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. The practice had carried out a fire risk assessment. There were no actions identified in the assessment.
- Records showed that staff were up to date with fire training and that they undertook regular fire drills.
- Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicated the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example, weighing scales, the fridge thermometer and nebulisers.

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.
- The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Records confirmed that it was checked regularly.
- The notes from the practice's significant event meetings showed that staff discussed incidents involving patients and that the practice learned from them appropriately.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, changes were made to the practice's home visit protocol after a needlestick injury involving a nurse.

Please see evidence table

Are services effective?

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

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line

with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Newly released guidelines were discussed at weekly clinical meetings. Notes were recorded of the issues and actions discussed at the meetings and circulated to all clinical staff.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had 222 patients aged 75 and over, and over the past 12 months they had carried-out health checks for 217 (98%) of these patients. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- We found that patients with suspected hypertension were offered ambulatory blood pressure monitoring to confirm a diagnosis of hypertension.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was comparable to local and national averages in most but not all indicators. For example, overall achievement for care of patients with diabetes was 62% of the total points available (compared to a CCG average of 85% and national average of 91%); for asthma they had achieved 97% of the available points overall (CCG average 96%, national average 97%); and for depression they achieved 96% of the overall points available (CCG average 85%, national average 93%) and for chronic obstructive pulmonary disease (COPD) they achieved 71% of the overall points available (CCG average 93%, national average 96%). In response to the practice's lower than average QOF results for diabetic patients they implemented a system of inviting diabetic patients to attend the practice for a review twice a year. We saw evidence that the practice had improved outcomes for people experiencing COPD.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme 2015/16. Childhood immunisation rates for the vaccinations given were lower than national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had not met the target in four areas.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Are services effective?

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

- 100% of patients with cancer, diagnosed within the preceding 15 months, had a patient review recorded as occurring within six months of the date of diagnosis. This was above the local and national average.
- There was a failsafe process in place to ensure that results for all specimens taken for cervical cytology had been received and the nurses at the practice monitored their individual rate of inadequate specimens sent for analysis.
- 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those 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. For example, the practice would request that the patient attends for a medication review. After two occasions of non-attendance the practice would review whether to continue any repeat prescriptions for the patient.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the local and national average.

- Performance for mental health related indicators was 97%. This was 18% above the national average.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local and national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 98% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the local and national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had carried-out medicines management audits when required by the CCG.

- The practice's most recent published Quality Outcomes Framework (QOF) results were 86% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 97%. The overall exception reporting rate for the practice was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice introduced six monthly reviews for patients with diabetes in response to the low 2016/17 QOF figures.
- The practice had completed clinical audits where required by the CCG in areas such as antibiotic prescribing and polypharmacy.

Effective staffing

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

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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.
- A structured programme of annual staff appraisal and development reviews had been implemented by the practice. Clinical staff were to be appraised by the lead GP and administrative staff by the practice manager.
- The practice had a formal induction programme for newly appointed staff which covered safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Coordinating care and treatment

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

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

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

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 at risk of developing a long-term condition and carers. For example, we saw evidence of carers being referred to a local carers centre, for support.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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.
- The practice monitored the process for seeking consent appropriately.

Please see evidence table

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 12 patient Care Quality Commission comment cards we received were positive about the service received from both clinical and support staff at the practice. However, one card mentioned difficulty in obtaining routine appointments. Some patients specifically commented on the friendliness of staff and the practice providing good guidance and an excellent service. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on feeling listened to by their GP.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. However, we did not see notices in the reception areas informing patients this service was available.

- Staff communicated with patients in a way that they could understand; for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified patients who were carers by asking patients whether they had caring responsibilities when they registered with the practice, and then by identifying patients opportunistically during consultations. However, the practice did not have information on support available to carers on display in the waiting area.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- From our observations during the inspection, there was evidence that the practice stored and used patient data in a way that maintained its security.

Please see evidence table

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for 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. For example, they provided extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, and telephone consultations.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services.

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 met with the local district nursing team when needed 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, the practice maintained a register of children who were on the child protection register, and a flag was put on the patient records system to identify these patients.
- Newly born children were notified to the child health team on a monthly basis.
- 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. For example, the practice offered extended opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- We saw evidence that the practice discussed vulnerable patients during their weekly clinical meetings.

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.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. However, there were areas for improvement.

- 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 appointment system was easy to use. However, patients feedback indicated that people experience long waiting times for routine appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was diverse. In some areas results were comparable to local and national averages. However, there were areas that the practice fell below local and national averages.

Are services responsive to people's needs?

The practice recently employed two additional GPs in response to the results from the national GP survey in relation to availability of appointments.

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. For example, the practice received a written

complaint from a patient regarding a hospital prescription request via email for three months' worth of a new medication. The practice issued only one-month supply and then failed to respond to correspondence from the patient. In response to the complaint, the practice manager met with the patient to discuss their concerns and issue an apology. The practice reviewed their process for receiving repeat prescription requests from patients with additional training given to the reception and administration teams. The decision was taken to no longer accept email prescription requests from patients. An automatically generated message was added to the practice's generic email account informing patients of this.

Please see evidence table

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. For example, each member of the reception team was given areas to lead on within the practice, such as contacting patients to inform them of available appointments.

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 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. They felt able to approach the manager and senior staff with any concerns.
- The practice focused on the needs of patients.
- Leaders and managers challenged 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 that these would be addressed.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. There was evidence of evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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. We viewed the minutes of two clinical meetings at the practice and saw that the practice was involved in interactive care with other agencies to support patients' wellbeing.
- 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.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of an electrician to contact in the event of any failure of electrical equipment.
- 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.
- 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.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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 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 the public, staff and external partners to support high-quality sustainable services. However, there were areas that require improvement.

- The service was transparent, collaborative and open with stakeholders about performance.
- Patients and staff told us that their views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) that met quarterly. However, the group had a small number of attendees and did not meet frequently.

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.
- Significant events, incidents and complaints were shared with all staff during practice meetings and there was evidence that learning was shared and used to make improvements.

Please see evidence table