Great Homer Street Medical Centre

Quality 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 service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Great Homer Street Medical Centre on 11 May 2017. Overall the practice is rated as good and outstanding for providing services for vulnerable patients.

Our key findings across all the areas we inspected were as follows:

- Staff worked well together as a team to support patients to access treatment and address their lifestyle needs.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment in particular for patients who were more vulnerable.
- There was a flexible approach to appointments depending on patient need and urgent appointments were available the same day.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Care Quality Commission (CQC) comment cards reviewed indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Learning from complaints was shared with staff.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour.

We saw elements of outstanding practice:

- There was a strong emphasis on promoting well- being for patients. The practice referred patients to support groups to help support healthy living and had sent members of staff to courses provided to ensure the services were suitable for their patients. The practice recognised that uptake for these services for this population was sometimes low. As a result the practice had employed a well- being co-ordinator to encourage the uptake of healthy living services and information about services was accessible.
- The practice is situated in an area of high social deprivation and responded well to those patients who

Summary of findings

presented with more challenging issues such as asylum seekers, homeless patients and those with drug and alcohol addiction. In these instances, the practice team engaged with other health care professionals and social support groups. Staff demonstrated they knew their patients well and could respond to patient's individual needs effectively. For example, the practice recognised that patients who had been addicted to heroin often went on to develop chronic obstructive respiratory diseases and early diagnostic testing was included in health care reviews of these patients.

The areas where the provider should make improvement are:

- Review incidents periodically to identify any trends to reduce the risks of reoccurrence.
- Work towards identifying more carers .

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. The practice utilised a practice risk register so it could monitor aspects of clinical risk at a glance.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents. The practice had learnt from a medical emergency and introduced an incident drill flow chart and delegated members of the team to take set responsibilities during an emergency.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was a strong emphasis on promoting healthy living for patients. The practice referred patients to support groups to help support healthy living and had sent members of staff to courses provided to ensure the services were suitable for their patients. The practice recognised that uptake for these services for this population was sometimes low. The practice had employed a well- being co-ordinator to encourage the uptake of healthy living services and information about services was accessible.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Information from Care Quality Commission patient comment cards we reviewed indicated that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice is situated in an area of high social deprivation and responded well to those patients who presented with more challenging issues such as asylum seekers, homeless patients and those with drug and alcohol addiction. In these instances, the practice team engaged with other health care professionals and social support groups. Staff demonstrated they knew their patients well and could respond to patient's individual needs effectively.
- The practice took account of the needs and preferences of patients with life-limiting conditions.
- There was a flexible approach to appointments depending on the need of the patient with urgent appointments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had reviewed its governance systems and staffing structure to strengthen its internal management systems. All staff had access to CQC handbooks to make them more aware of how to deliver safe and high quality care. Increased monitoring systems were implemented as a result to improve quality and identify risk.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Summary of findings

- The provider was aware of the requirements of the duty of candour and the practice encouraged a culture of openness and honesty.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review in the month of the patient's birthday to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A diabetic specialist nurse attended the practice monthly to help with more complex cases.
- The practice worked with a digital coordinator to provide home based blood pressure monitoring, better use of inhalers and smoking cessation support.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.

Summary of findings

- The practice had emergency processes for acutely ill children and young people.
- Staff were trained in safeguarding children relevant to their role.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered early morning appointments on Tuesdays.
- The practice offered exercise on prescription for all patients over 18 years of age.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. This was because during the inspection staff demonstrated they knew their patients well and we observed how patients who had more chaotic lifestyles were managed to ensure their health needs were met. In addition:-

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice supported homeless patients and asylum seekers and worked with a local bail hostel.
- The practice offered longer appointments for patients with a learning disability and tailored appointments for patients who required additional support such as patients with autism. There was a flexible approach for patients who turned up late for their appointments. Elderly patients were given appointments in daylight hours during the winter months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice worked with a drugs misuse service. The practice recognised that patients who had been addicted to heroin often went on to develop chronic obstructive respiratory disease and early diagnostic testing was included in health care reviews of these patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. For example, advice on prescription to help with welfare benefits.

Summary of findings

- The practice is a zero tolerance practice helping patients who needed additional support to be provided with health care. Staff were trained in de-escalation techniques to support patients who presented with challenging behaviour.
- The practice monitored patients who were out of reach or had not turned up for appointments or immunisations on a practice risk register to ensure the patients were followed up to attend.
- The practice had carried out an audit to ensure all their patients in nursing homes had the appropriate level of advanced care plans in place to support them in end of life care.
- The practice had worked with other practices in the area and had bid for a social isolation project for patients over 75 years of age.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. For example, a review of all dementia patients taking antipsychotic medication had been undertaken with a pharmacist and psychiatric liaison officer.
- The practice worked closely with the mental health services in Liverpool.
- The practice recognised that patients living in a socially deprived area often experienced long term depression. The practice was able to signpost these patients to access various support groups and voluntary organisations. For example, the practice employed a well- being coordinator who helped patients who had experienced poor mental health return to work or with general physical and mental well- being.

All staff were dementia friends.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, all of which were positive about the standard of care received. However, three comments included not being seen at allocated appointment times.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from February to April 2017 from 49 responses, showed that 30 patients were extremely likely and 15 were likely to recommend the practice, and three were unsure, and one was unlikely to recommend the practice as they didn't live in the area.

Great Homer Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Great Homer Street Medical Centre

Great Homer Street Medical Centre is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 2,382 patients living in a socially deprived area of Liverpool. The practice is a teaching and training practice managed by an individual GP (male) and has one salaried GP (female). There are two practice nurses. There are administration and reception staff and two practice managers. The practice holds a General Medical Services (GMS) contract with NHS England and is part of Liverpool Clinical Commissioning Group (CCG).

The practice is open during the week; between 8am and 6.30pm and offers extended hours opening from 7.15am on Tuesdays. Patients can book appointments in person, online or via the telephone. The practice provides telephone consultations, pre- bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services. Patients accessed the Out-of-Hours GP service by calling NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service 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.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)

Detailed findings

- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 11 May 2017.
- Spoke to staff.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available at reception. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out a thorough analysis of individual significant events. The practice had carried out an audit to check they were managing individual incidents appropriately. However, the practice did not review incidents periodically to identify any trends.
- We reviewed one documented example which demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Medication safety alerts were discussed with the local medicines management team and the practice carried out audits.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. The practice utilised a practice risk register so it could monitor aspects of clinical risk including incidents and safeguarding.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there were information flowcharts available in consultation rooms. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We spoke with the health visitor who confirmed there was good communications between their team and the practice and that they met monthly to discuss any cases.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead. There was an IPC protocol, regular audits and staff had received up to date training. There were appropriate clinical waste disposal arrangements and spillage kits available.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines each month. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, they worked together to identify patients with atrial fibrillation received the correct anticoagulation medication if necessary. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system for managing uncollected prescriptions.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety. The premises management carried out fire risk assessments and there had been a recent fire drill.
- Other risk assessments to monitor safety of the premises were also carried out, such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book was available.
- Emergency medicines were available and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents. The plan included emergency contact numbers for staff.
- The practice had learnt from a medical emergency and introduced an incident drill flow chart and delegated members of the team to take set responsibilities during an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had recently undertaken an audit to ensure NICE guidance was followed on the use of anticipatory care plans for patients in care and nursing homes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

There was evidence of quality improvement including clinical audit. For example, all patients with atrial fibrillation had been checked to ensure they were given the correct medication.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. For example, a review of all dementia patients taking antipsychotic medication had been undertaken with a pharmacist and psychiatric liaison officer.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff attended external training days and had protected learning time once a month. All staff were dementia friends and were trained in de-escalation techniques to support patients who presented with challenging behaviour.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice had carried out a review of how test results were received by the practice to strengthen the internal management systems.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice worked closely with the mental health services in Liverpool. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations. The practice worked with drug misuse services. It was also a zero tolerance practice helping patients who needed additional support to be provided with health care.

The practice worked with a diabetic specialist nurse for those patients with more complex needs.

Consent to care and treatment

Good

Are services effective?

(for example, treatment is effective)

GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidance for children. Staff received training about the Mental Capacity Act.

Supporting patients to live healthier lives

- There was a strong emphasis on promoting well-being for patients. The practice referred patients to support groups to help support healthy living and had sent members of staff to courses provided to ensure the services were suitable for their patients. The practice recognised that uptake for these services for this population was sometimes low. The practice had employed a well- being co-ordinator to encourage the uptake of healthy living services and information about services was accessible.
- The practice referred patients to a visiting health trainer to help patients with weight loss and healthy lifestyle guidance including smoking cessation advice.
- The practice had the help of a digital co-ordinator who provided a text based service for blood pressure monitoring for patients at home, better use of inhalers and smoking cessation advice.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.
- The practice monitored the uptake of child immunisations which was discussed in meetings with the health visitor.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.

Care Quality Commission comment cards we received were all positive about the caring service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Staff had received dementia awareness training.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. During the inspection staff demonstrated they knew their patients well and we observed how patients who had more chaotic lifestyles were managed to ensure their health needs were met. In addition:-.

- The practice offered longer appointments for patients with a learning disability and tailored appointments for patients who required additional support such as patients with autism.
- There was a flexible approach for patients who turned up late for their appointments.
- Elderly patients were given appointments in daylight hours during the winter months.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had carried out an audit to ensure all their patients in nursing homes had the appropriate level of advanced care plans in place to support them in end of life care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice sent text message reminders of appointments and availability of the flu vaccination.
- There were accessible facilities, which included interpretation services.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday and offered extended opening hours from 7:15am on Tuesdays.

Feedback from patient comment cards indicated patients could get appointments when they needed them but three comments told us they had a wait after their scheduled appointment time.

The practice had a triage system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- Complaints were discussed at practice meetings to promote shared learning.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with were engaged in the process of continuous improvement to deliver high standards of care.

Governance arrangements

The practice had reviewed its governance systems and staffing structure to strengthen its internal management systems. All staff had access to CQC handbooks to make them more aware of how to deliver safe and high quality care. Increased monitoring systems were implemented as a result such as the introduction of a practice risk register so it could monitor clinical risk at a glance. The register was an Excel database that covered safeguarding, end of life care, out of touch patients, dementia cases, childhood immunisations, cervical cytology, near patient testing, incidents and complaints. This was reviewed weekly at clinical meetings. Similarly, the management office had a system of whiteboards to enable managers to prioritise their work.

Governance arrangements also included::

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained via the practice risk register and through practice meetings.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a set timetable for a variety of meetings including with other health care professionals. The practice held regular team meetings including weekly clinical meetings, bi weekly administration meetings and monthly whole practice staff meetings. In addition there was a practice manager's weekly update for catch up, reflection, work due, actions and education.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. We reviewed one incident and we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

· The NHS Friends and Family test, complaints and compliments received

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and previously been part of local pilot schemes to improve outcomes for patients in the area. For example, working with neighbourhood practices to help combat social isolation for the elderly.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice recognised that they wanted to increase the patient uptake of NHS Health checks and were currently training a receptionist to become a health care assistant.

There were plans to introduce a non- urgent email service for patients to enhance communications.

The practice actively encouraged staff development and was a training and teaching practice. The practice was also involved in local GP federation work supporting another practice.