Care Quality Commission

Carfax NHS Medical Centre

Inspection report

Swindon Health Centre
1 Islington Street
Swindon
SN1 2DQ
Tel: 01793 541655
Website: www.carfaxhealthcare.co.uk

Date of inspection visit: 27 September to 27 September

Date of publication: 01/11/2018

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

Ratings

Overall rating for this location		Good	🟢
Are services safe?		**Good**	🟢
Are services effective?		**Good**	🟢
Are services caring?		**Good**	🟢
Are services responsive?		**Good**	🟢
Are services well-led?		**Good**	🟢

Overall summary

This practice is rated as Good overall (The service was previously registered at a different address and has not been inspected at the new address).

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 Carfax NHS Medical Centre on 27 September 2018, as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Patients with a learning disability could have their influenza vaccine administered in their own homes.
- The practice worked with outside agencies to support the care of homeless people. Patients without a registered address, who were deemed as homeless could access the practice.
- Patients could access a domestic violence service that provided confidential advice and support. The service could be accessed via a GP or nurse, or patients could self-refer.

There were areas where the provider **should** make improvements. The provider should:

- Continue with efforts to increase the programme coverage of women eligible to be screened for cervical cancer.
- Review arrangements for recording and managing prescription items.
- Review systems to identify patients who are carers for friends or relatives.
- Continue with efforts to form a patient participation group.
- Continue with efforts to improve patient satisfaction with services.

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. It included specialist advisers in General Practice, and practice management.

Background to Carfax NHS Medical Centre

The provider, Carfax Health Enterprise Community Interest Company, delivers regulated activities from its location at Carfax NHS Medical Centre. Contact details are:

Carfax NHS Medical Centre

Swindon NHS Centre

1 Islington Street,

Swindon,

Wiltshire.

SN1 2DQ

Tel: 01793 541655

Website: www.carfaxhealthcare.co.uk

Carfax NHS Medical Centre is one of three practices operated by Carfax Health Enterprise Community Interest Company. The practice is based in Swindon, Wiltshire, and is one of 25 practices serving the NHS Swindon Clinical Commissioning Group (CCG) area. Carfax NHS Medical Centre shares Swindon NHS Centre with a range of services such as a pharmacy, another NHS GP practice, dental and podiatry services. All Carfax NHS Medical Centre patient services including nurse treatment and GP consulting rooms are located on the first floor.

The practice has approximately 14,627 registered patients from an area surrounding the practice and Swindon town centre. The practice age distribution is broadly in line with the national average, with most patients being of working age or older. Carfax NHS Medical Centre is a member of a new federation of practices, 'Brunel Healthcare Federation'. The aim of the federation is to provide a support network across practices.

The practice was taken over by the current provider on 1 April 2007, and an Alternative Provider Medical Services (APMS) contract is in place. An APMS contract is a locally negotiated contract open to both NHS practices and voluntary sector or private providers, for example, walk-in centres.

Carfax NHS Medical Centre provides the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures

Carfax NHS Medical Centre's management team also manages their other practices. They are based at the Carfax site and split their time as required between the three locations. Carfax NHS Medical Centre operates a

nurse-led model of care. All clinicians work together within their own areas of competence, to ensure patients are seen by the most appropriate person to meet their needs, allowing them to build and maintain a workforce of appropriately skilled nurses. Members of the clinical and administrative teams also work across all three sites. There are five salaried GPs. The wider clinical team consists of a senior primary care nurse, two advanced nurse practitioners, four treatment room nurses, four chronic disease nurses and five Health Care Assistants (HCAs). Two clinical pharmacists are also employed by the practice. The reception and administration team includes four clinical administrators, three receptionists and an office manager. The provider's corporate team includes a Medical Director, a Director of Nursing, a Director of Operations, an infection control nurse, and a range of corporate administrative staff. Each of the Directors is based in a different practice so that there is a Director available at all times. Each practice also has an Operational Manager.

It has been identified that 68% of the practice population describes itself as white, and around 32% as having a Black, Asian and Minority Ethnic (BAME) background. A measure of deprivation in the local area recorded a score of 5, on a scale of 1-10. A higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas).

Carfax NHS Medical Centre is open from 8am to 6.30pm, Monday to Friday, and the practice will take calls during these times. Routine GP appointments are generally available throughout the day, from 8am to 5.30pm, Monday to Friday. The practice provides pre-booked extended hours evening appointments, for patients registered at any of its locations, at its Islington Street location. These are from 6.30pm to 8pm on Monday, Tuesday and Friday. The practice also offers extended hours appointments from 8am to 4pm, on alternate Saturday mornings, with a nurse or HCA.

The practice has opted out of providing Out-Of-Hours services to its own patients. Outside of normal practice hours, patients can access the NHS 111 service, and an Out-Of-Hours GP service is operated by the local acute Trust. Information about the Out-Of-Hours service was available on the practice website, in the patient registration pack, and as an answerphone message.

Are services safe?

The practice is rated 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. 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).
- 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.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. 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.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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 taken action to support good antimicrobial stewardship in line with local and national guidance.
- We found that there were shortfalls with regards to patient prescriptions and monitoring of prescription stationery. Specifically:
  - Patients' health was not always monitored in relation to the use of prescription items. We saw prescriptions for medicines that had not been collected by patients and stored in a tray at reception for some time; in some cases, over three months;
  - The practice did not keep a record at its location of prescription stationary serial numbers, when the pads were taken on GP home visits.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

Are services safe?

- There were comprehensive 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 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.
- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to Evidence Tables for further information.

Are services effective?

The practice, and all population groups, is rated 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.)

Published data from the Quality and Outcomes Framework dates from 1 April 2016 to 31 March 2017. Any additional QOF data supplied by the practice is unverified, and dates (in whole or in part) to the period 1 April 2017 to 31 March 2018.

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.
- The practice computer systems enabled it to check patients' treatments against best practice guidance, to improve their health outcomes and to monitor performance against the QOF.
- 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.
- 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.
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- 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.
- Patients could access a community navigator, a person employed by Swindon Borough Council. The community navigator supported patients to become more independent and use community services to prevent isolation and mental health problems. Information regarding the community navigator was available in the patient information leaflet or via GPs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice exception reporting rate for patients with COPD who have had a review undertaken by a healthcare professional exceeded local and national averages.

Families, children and young people:

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme but were below the World Health Organisation (WHO) minimum target of 90%.
- 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 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.
- The practice screening and diagnosis data for patients with cancer was below local and national averages for most indicators. For example, uptake for cervical screening, based on data from 2016-2017 was 51%, which was below the 80% coverage target for the national screening programme.
- Patients were triaged to determine if they had an acute health concern and if this was the case could be offered faster appointments at local SUCCESS centres. SUCCESS (Swindon Urgent Care Centre and Expedited Surgery Scheme) centres are clinics based at two other local NHS practices and operated by a company named Medvivo, on behalf of NHS Swindon CCG.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including 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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice exception rate for patients with schizophrenia, bipolar affective disorder and other psychoses, exceeded local and national averages

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity, which included conducting clinical audits, and routinely reviewing the effectiveness and appropriateness of the care provided.

Effective staffing

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

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

Are services effective?

appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. 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 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. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

The practice is rated Good for providing caring services .

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available if required.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. A member of staff acted as a carers' lead and attended local carer's network meetings. Information for carers was available on the practice website, and on the waiting room noticeboard.
- The July 2018 GP patient survey showed results for patient satisfaction were generally below local and national averages. When we spoke to the practice about this, they told us they had put a number of measures in place to address patient need, such as a caller divert system.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Are services responsive to people's needs?

The practice, and all of the population groups, is rated good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were signposted to a range of services to promote health and well-being.
- The practice was responsive to the needs of older patients. It funded a taxi service to collect patients who were able to attend, but not well enough to use public transport to get here.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

- Patients with a diagnosis of diabetes were provided with a diabetic passport, which helped them take an active role in their treatment with insulin.
- The practice offered diabetic health checks to promote self-management and individualised care planning.
- The practice held a register of those patients who had been identified as being obese and offered support, including blood glucose screening.
- The practice offered medicines reviews with a clinical pharmacist.
- Patients were referred to a range of health management and prevention programs such as weight management and managing COPD.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Child immunisation clinics were scheduled at a range of times, and opportunistically.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, text reminders for appointments, telephone consultations and online booking of appointments.
- Weekend and evening appointments were available at the local SUCCESS centres.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability could have their influenza vaccination administered in their homes.
- The practice worked with outside agencies to support the care of homeless people. Patients who did not have a registered addressed and had been identified as homeless, could access the practice.

Are services responsive to people's needs?

- Patients could access a domestic violence service that provided confidential advice and support. The service could be accessed via a GP or nurse, or patients could self-refer.

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.
- The practice offered annual health checks for patients with a diagnosis of a dementia throughout the year and opportunistically.
- Patients were offered a range of services to help them improve and manage their mental health issues. For example, patients were referred to an in-house talking therapy service, funded by the practice. Patients could also self-refer to the service.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- The most recent GP patient survey results were mixed, with the length of call waiting times and appointment availability as key issues. When we spoke to the practice about this, they told us about measures to improve patient satisfaction.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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 also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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.
- The practice had a 'blame free policy' to establish confidence in staff members that management would be fully supportive of their efforts, and not fear their mistakes would be held against them.
- 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 that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were governance arrangements in place, including a board of directors that provided board-level leadership across the three locations; and an operational leadership group and corporate, administration and clinical teams. The leaders had sufficient oversight and accountability to ensure that care and treatment were delivered safely.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

There were clear and effective processes for managing risks, issues and performance. However, there were shortfalls for the management of prescription stationary.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice 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 and had appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice did not have a patient participation group but was actively trying to recruit members.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

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

Please refer to the Evidence Tables for further information…