Somerset Gardens Family Health Care 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

This practice is rated as Good overall. (Previous inspection 7 January 2015- Good)

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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced inspection at Somerset Gardens Family Health Care Centre on 23 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice improved their processes (although we noted that learning was not always shared with relevant staff members).
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were below local and national averages. However, we saw evidence of actions taken to improve how people could access appointments and services in a way and at a time that suited them.
- 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.
- All staff were actively engaged in activities to monitor and improve quality and outcomes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- We saw examples of inclusive leadership.

The areas where the provider **should** make improvements are:

Summary of findings

- Review how learning from significant events is shared amongst staff.
- Monitor recently introduced initiatives aimed at improving patient satisfaction on appointments access.
- Continue to monitor and improve child immunisation uptake (5 year olds).
- Ensure that appropriate arrangements are in place to monitor the risk from Legionella (a term for a particular bacterium which can contaminate water systems in buildings).

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

Somerset Gardens Family Health Care 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 Somerset Gardens Family Health Care Centre

The Somerset Gardens Family Health Care Centre is located in Tottenham, London Borough of Haringey, North London. The practice has a patient list of approximately 13,000 patients. Twenty six percent of patients are aged under 18 (compared to the national practice average of 21%) and 10% are 65 or older (compared to the national practice average of 17%). Sixty percent of patients have a long-standing health condition and practice records showed that 1% of its practice list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a Personal Medical Services contract with NHS England. This is a locally agreed alternative to the standard General Medical Services contract and includes additional services beyond the standard contract.

There are currently four partner GPs and two salaried GPs (3 female and 1male), two part time female nurses, a partner practice manager and a team of reception/ administrative staff.

The practice's opening hours are:

- Monday to Friday: 8:00am -6:30pm

The practice offers extended hours opening at the following times:

- Mondays evenings: 6:30pm – 7pm
- Tuesday–Friday mornings: 7am-8am

The practice is also part of a local HUB network enabling patients to be seen (at the practice):

- Weekends: 8am-8pm
- Tuesday to Fridays: 6:30pm – 8:30pm

Outside of the above times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected:

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

Good

Are services safe?

Our findings

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example, sepsis.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- The practice had audited antimicrobial prescribing and we saw evidence of how it had worked with the local CCG in order to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Although Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) were on file and signed by practice nurses, they had been counter signed by the practice manager and not by a practice doctor. Immediately after our inspection the practice took action to ensure that the PGDs were appropriately signed; allowing practice nurses to administer medicines in line with legislation.

Good

Are services safe?

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues including fire safety and Legionella (a term for a particular bacterium which can contaminate water systems in buildings) and shortly after our inspection we were sent confirmation that water samples had been sent for analysis and that no Legionella bacteria had been found.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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 and for taking action to improve safety in the practice. For example, following an incident at a child immunisation appointment where a patient's mother (for whom English was not their first language) had sustained a needlestick injury, records showed that reception staff had since been reminded of the need to book interpreters in such circumstances. However, we noted that learning from incidents was not always shared, in that some nursing staff with whom we spoke were not aware of this incident.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Latest published practice performance data on antibiotic and hypnotic prescribing (2016/17) was comparable to local and national levels.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. 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 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.

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.

Before our inspection we noted that the percentage of patients with diabetes, on the register, whose last measured total cholesterol level was within the required range was 83% (compared with the respective 75% and 80% CCG and national averages).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds equalled the target percentage of 90% and uptake rates for the vaccines given to five years olds was 70%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 79%, which was comparable to the 80% coverage target for the national screening programme. We noted that the practice routinely undertook community outreach events in order to continually improve uptake rates.
- 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 those with a learning disability.

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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average.

Good

Are services effective?

(for example, treatment is effective)

- 99% of the patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years (practice 92%; CCG 86%; national 88%); and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months (practice 100%; CCG 90%, national 93%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the rounded clinical commissioning group (CCG) and national average of 95%. The overall exception reporting rate was 19% 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. When we discussed the practice's relatively high overall exception reporting, we noted that their patient recall systems were robust and that they only exempted patients for specific, allowed reasons.

- The practice used information about care and treatment to make improvements. For example, in April 2017 the practice undertook a clinical audit triggered by updated General Medical Council (GMC) Fitness to Drive guidance.
- The first cycle of the audit highlighted that only 6% (2) of the 33 patient notes reviewed documented the advice given. The audit noted that clinicians' use of the IT system clinical template was inconsistent: partly because the template did not allow clinicians to accurately record what advice the patient had been given and in what form. Following an update of the template to reflect updated best practice, a June 2017 re audit highlighted that 50% (10) of the 20 patent notes reviewed documented the advice given.
- The practice was actively involved in such as medicines optimisations activity and electronic prescribing usage audits.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, nursing staff (whose role included immunisation and taking samples for the cervical screening programme) had received specific training and records showed 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, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Good

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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 and tackling obesity campaigns.

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.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, 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 37 patient Care Quality Commission comment cards we received were positive about the service experienced. This is 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. We noted that 384 surveys were sent out and 107 were returned. This represented about 8% of the practice population. Practice performance was comparable with others regarding satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 81%; national average - 86%.
- 85% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG - 86%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 93%; national average - 97%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 83%; national average - 91%.
- 77% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers as part of patient registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (about 3% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. This included referrals to the local carers umbrella organisation as necessary.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Good

Are services caring?

them a sympathy card. 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:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 77% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 77%; national average - 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

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 offering a morning walk in service which did not require appointments.
- The practice offered online repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, offering anxious patients the opportunity to be seen at the start or end of surgery when there were fewer people present.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- One of the practice nurses undertook weekly home visits to proactively manage the needs of older patients with complex medical issues and flag up areas of concern to GPs as necessary.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. GPs accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with local health professionals.
- The practice had undertaken prevalence exercises to ensure that patients with long term conditions such as diabetes and COPD were being identified and treated.

Families, children and young people:

- The practice had 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.
- 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, offering a morning walk in service.
- Telephone based 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 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 the service

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was either at or below local and national averages. We noted that 384 surveys were sent out and 107 were returned. This represented about 8% of the practice population.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 32% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 84%.
- 67% of patients who responded said their last appointment was convenient; CCG - 76%; national average - 81%.
- 58% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 34% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%.

The provider was aware of performance on how patients could access care and treatment and leaders highlighted recent initiatives aimed at ensuring that patients were able to access care and treatment in a way and at a time that suited them. For example:

- 8am to 8pm weekend appointments (offered from the practice as part of a local HUB network).
- Tuesday to Friday late evening appointments (to complement the existing extended hours Monday evening appointments).
- Introduction of a new phone system with improved user functionality (the PPG Chair spoke positively about how the practice had involved the group in developing the phone system and about how it supported people to make appointments, bookings or obtain advice /treatment).

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints had been received since June 2016. We found that they were satisfactorily handled in a timely way.
- 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. For example, after a complaint concerning a care home patient having been prescribed incorrect medication, records showed that the prescription was immediately rectified, that an apology letter was sent and also that protocols were amended to ensure that medicine and prescription updates were regularly circulated between staff.

Are services well-led?

Good

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

Our findings

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 had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned and monitored its services to ensure it met the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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.
- All staff teams were considered valued members of the practice team.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements 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

However, during our inspection we also noted that Patient Group Directions (PGDs) had not been counter signed by a practice doctor. We noted that immediate action was taken to allow nurses to administer medicines in line with legislation.

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.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through prescribing audits. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

Are services well-led?

Good

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

- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses for example regarding the introduction of a clinical audit strategy.
- 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.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- 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.