

Dr Jedth Phornnarit

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Dr Jedth Phornnarit (Garway Medical Practice) on 14 September 2017. The overall rating for the practice was Requires Improvement. The full comprehensive report on the 14 September 2017 inspection can be found by selecting the 'all reports' link for Dr Jedth Phornnarit on our website at www.cqc.org.uk.

This inspection, on 13 September 2018, was an announced comprehensive inspection to confirm that the practice had carried out their plan to meet the requirements that we identified in our previous inspection on 14 September 2017. This report covers our findings in relation to those requirements and any improvements made since our last inspection. The practice is now rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

At this inspection we found:

- The practice had addressed the findings of our previous inspection in respect of the management of infection prevention and control, medicine management, clinical protocols, staff appraisals and clinical supervision.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. When incidents did happen, the practice learned from them and improved their processes.
- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Some patient outcomes, in particular the cervical screening programme, fell below national targets. However, we saw that some improvements had been made and the practice had plans in place to further address these shortfalls.
- Results from the national GP patient survey showed patients rated the practice comparable with others for aspects of caring. Patients told us they 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. Improvements were made to the quality of care as a result of feedback.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

- Review the system for sharing and discussing new evidence-based practice with GPs.
- Consider undertaking clinical audits relating to current evidence-based guidance, for example, NICE.
- Continue to monitor patient outcomes in relation to the cervical screening and the child immunisation programme.
- Review the process to feedback to practice staff the outcomes from external meetings attended by the principal GP.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

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)	Requires improvement 
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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager special advisor.

Background to Dr Jedth Phornnarit

Dr Jedth Phornnarit, also known as Garway Medical Practice, operates from a purpose-built healthcare facility at Pickering House, Hallfield Estate, London W2 6HF. The property is owned and maintained by NHS Property Services. The practice has access to five consulting rooms located on the ground floor.

The practice provides NHS primary care services to approximately 4100 patients and operates under a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS West London Clinical Commissioning Group (CCG).

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice staff comprises of a male principal GP (nine sessions per week) and one male salaried GP (six sessions per week) and one regular female locum GP (six sessions per week). The clinical team is supported by a nurse prescriber (11 hours per week) and a healthcare assistant (20 hours per week). The administration team is led by a full-time practice manager and three administration/reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available Monday to Friday between 8am and 12.45pm and 2pm and 6.20pm. Extended hours appointments are available on Tuesday and Wednesday from 6.30pm to 8pm.

The practice population is in the fourth most deprived decile in England, on a scale of one to 10 with one being the most deprived and 10 being the least deprived. People living in more deprived areas tend to have greater need for health services.

Are services safe?

At our previous inspection on 14 September 2017, we rated the practice as Requires Improvement for providing safe services as aspects of infection prevention and control and medicines management required improvement.

At our follow-up inspection on 13 September 2018 we found that the practice had addressed the findings of our previous inspection.

The practice is now rated as Good for providing safe services.

Safety systems and processes

The practice had systems and processes to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. We saw that the practice had reviewed and updated its safeguarding children and adult policies and these were accessible to all staff.
- Clinical and non-clinical staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- Staff who acted as chaperones were trained for their 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 carried out appropriate staff checks at the time of recruitment.
- The practice had reviewed its systems to manage infection prevention and control (IPC) and addressed the findings of our previous inspection which included practice cleaning and enhanced training for the IPC lead to support the responsibilities of the role. We saw that there an IPC policy in place and an audit had been undertaken in July 2018.
- 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.
- 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.

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.
- 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. Since our previous inspection the practice had reviewed its system to record vaccine fridge temperatures and were now recording the actual, minimum and maximum fridge temperatures daily in line with national guidance.
- Staff prescribed and 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. The principal GP told us he engaged with the CCG Medicine Management Team in

Are services safe?

relation to medicine optimisation initiatives. However, there was no formal process in place to feedback to the clinical team from these meetings. The principal GP told us he had informal meetings with the other GPs.

- Prescribing data for the period 1 July 2017 to 30 June 2018 showed that the number of antibacterial prescription items prescribed by the practice was lower than the England average (practice average 0.58; England average 0.95). Other prescribing data was comparable with other practices.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- The practice was responsive to our previous inspection and had addressed our findings in relation to infection prevention and control, medicine management, clinical protocols, staff appraisals and clinical supervision.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

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 the evidence tables for further information.

Are services effective?

At our previous inspection on 14 September 2017, we rated the practice as Requires Improvement for providing effective services as the staff appraisal process, clinical protocols to support the role of the healthcare assistant and clinical supervision required improvement.

At our follow-up inspection on 13 September 2018 we found that the practice had addressed the findings of our previous inspection.

We have now rated the practice and all of the population groups as Good for providing effective services overall except for working age people which we have rated as Requires Improvement.

Effective needs assessment, care and treatment

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. However, there was no formalised system to share and discuss new guidance with GPs in clinical meetings.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw that the practice had addressed the findings of our previous inspection and reviewed the scope of responsibilities for its clinical support staff and had specifically implemented clinical protocols covering the scope of the healthcare assistant's role. We saw they outlined the framework for the management of specific situations and definitions of circumstances where patients should be referred to a GP for further assessment. The practice had also implemented structured formal clinical mentoring sessions for its clinical support staff.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice participated in the locally funded My Care, My Way (MCMW) initiative, an integrated care service for

patients aged 65 and over to assess health and social care needs and care planning. The practice had a full-time case manager and health and social care assistant allocated to the practice. Patients were assessed using the Frailty Index, a method to identify and predict adverse outcomes for older patients in primary care, for example unplanned hospital admissions. Patients identified were then managed by the appropriate team which could include input from a geriatrician, pharmacist, social worker and face-to-face consultation with the practice's case manager.

- 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:

- The practice's performance on quality indicators for long-term conditions was comparable with local and national averages, for example diabetes, chronic obstructive pulmonary disease (COPD), asthma, atrial fibrillation and hypertension.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisation uptake rates were lower than the target of 80%. The practice was aware of this and had acted to improve the uptake which included dedicated administration time to recall patients and follow-up with non-attenders and a review of its clinical system to deduct patients who were known to have left the area. We saw some improvement in uptake since our last inspection, for example, the percentage of children aged one with a full course of recommended vaccines had increased from 48% to 71%. In addition, we reviewed unvalidated data for 1 April 2017 to 31 March 2018 which since our inspection has been

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published on 1 November 2018 which showed the uptake for children aged two who had received their booster immunisation for Pneumococcal infection had increased from 47% to 77%; who had received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C had increased from 63% to 77%; and who had received immunisation for measles, mumps and rubella had increased from 60% to 84%.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening from Public Health England (PHE) data was 51% (CCG average 56%; national average 72%), which was below the 80% coverage target for the national screening programme. The practice was aware of this and had implemented a more systematic approach to the recall of patients and the follow-up of non-attenders, had produced cervical screening leaflets in different languages aligned to its patient demographic and easy read leaflets to encourage uptake, and had recently recruited an Arabic language-speaking female GP which the practice hoped would help encourage those patients who had previously been difficult to engage in the programme.
- The practice's uptake for breast and bowel cancer screening was comparable with the national average.
- 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.
- 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's performance on quality indicators for mental health showed that some mental health indicators were below local and national averages. The practice told us they had addressed this area in the last QOF year through a more targeted recall system. Unvalidated data for 2017/18 from the practice's clinical system showed that achievement for all mental health indicators had increased from 75% to 95%.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice offered help and advice to patients within this cohort, for example, guidance and mental health helpline posters were displayed in patient toilets with a QR code (a 2D bar code that is used to provide easy access to information through a smartphone), the crisis line telephone number was printed on prescriptions generated, and a leaflet had been designed which outlined help options which were available 24 hours a day.
- 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. We saw that staff had undertaken dementia awareness training.
- The practice offered annual health checks to patients with a learning disability. We saw that staff had undertaken learning disability awareness training.

Monitoring care and treatment

- The practice had a programme of quality improvement activity which aimed to review the effectiveness and appropriateness of the care provided, for example, through clinical audit and local initiatives which included prescribing improvement. The practice had undertaken five clinical audits in the last two years, two of which were complete cycle audits. The practice had not undertaken any audits in relation to NICE guidance. We reviewed one audit in detail and saw evidence of improvement from repeat audits.

Are services effective?

- The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2016/17, which showed the practice achieved 94% of the total number of points available (CCG average 94%; England average 97%). The overall exception reporting rate was 10% which was comparable to the CCG average of 10% and the national average of 10%. 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.

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 and we saw that a receptionist had recently been promoted into an administration role.
- There was an induction programme for new staff. The practice provided staff with ongoing support through one-to-one meetings and clinical supervision. At our previous inspection we found that staff had not received a formal appraisal since 2014. At this inspection we found all staff had received a formal appraisal and the opportunity to set some development objectives. The practice manager told us that appraisals would now be undertaken annually.
- 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 discussing care delivery for patient care, for example people with long-term conditions.
- 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.

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 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. The practice hosted a weekly smoking cessation clinic.

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.

Are services effective?

- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as Good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received 23 patient Care Quality Commission comment cards, all of which were positive about the service in relation to caring. Patients told us that staff were kind, helpful, patient and caring and they felt respected.
- The practice's national GP patient survey results were comparable to local and national averages for patient perception of care and treatment at the practice. For example, 90% of respondents stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (CCG average 93%; national average 83%).
- Patients we spoke with told us they had received good clinical care, felt involved in their treatment and care and was treated with dignity and respect.

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.
- 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 carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed, reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.
- Feedback from CQC Comments Cards indicated that patients felt they were treated with privacy and dignity.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The practice held a weekly meeting with the health visitors to discuss families of concern.
- 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.

- All parents or guardians calling with concerns about a child 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, extended opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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.
- Patients who failed to attend for appointments were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. Feedback from patients was positive about access to the service. Some patients commented on appointment times running over, which caused a delay but felt that the doctor was very thorough during consultations and so did not mind the delay.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. 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

Are services responsive to people's needs?

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?

At our previous inspection on 14 September 2017, we rated the practice as Requires Improvement for providing a well-led service as the arrangements in respect of the overarching governance framework required improvement.

At our follow-up inspection on 13 September 2018 we found that the practice had addressed the findings of our previous inspection.

The practice is now rated as Good for providing a well-led service.

Leadership capacity and capability

Leaders demonstrated they 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 to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence 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.
- There was an emphasis on the safety and well-being of all staff. We saw staff had undertaken health and safety-related training, for example display screen equipment (DSE) and moving and handling.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and the management team.

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 practice told us it held monthly clinical, staff and multi-disciplinary team (MDT) meetings. We saw minutes of meetings from June 2018 and saw that safeguarding, significant events and complaints/suggestions had been discussed. The practice told us that over the summer a couple of staff meetings had been postponed due to staff absences but it was planned to get back on schedule in September.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

- 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. Practice leaders had oversight of safety alerts, incidents, and complaints.
- The practice had a programme of quality improvement activity which aimed to review the effectiveness and appropriateness of the care provided, for example, through clinical audit and local initiatives which included prescribing improvement. Some patient outcomes, for example, the cervical screening programme and childhood immunisations fell below national targets. However, we saw that some improvements had been made and the practice had plans in place to further address these shortfalls.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice was registered with the Information Commissioners Office (ICO).

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.

- The views and concerns of patients and staff 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 was evidence of systems and processes for learning, continuous improvement and innovation. The practice had been responsive to the findings of our previous inspection and had addressed all issues identified.

Please refer to the evidence tables for further information.