The Gateway Medical Practice

Quality Report

Fleet Health Centre
Vale Road
Northfleet
Gravesend
Kent
DA11 8BA
Tel: 01474 546699
Website: www.thegatewaymedicalpractice.co.uk

Date of inspection visit: 15 March 2018
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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?	Requires improvement
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 October 2015 – Requires improvement and two shoulds regarding:

- Ensure that all staff that do not have a disclosure and barring service (DBS) check in place are appropriately risk assessed, in order to ensure patient safety.
- Review processes for checking that prescription pads and confidential patient records are stored securely in line with the practices policies on safe prescription storage and confidentiality).

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 comprehensive inspection at The Gateway Medical Practice on 15 March 2018 as part of our scheduled 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; however, not all patients reported that they were able to access care when they needed it. The practice had taken action to address low data scores in the patient GP survey and staff and patients reported that this had a positive impact.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

The areas where the provider should make improvements are;

- Continue to develop and embed the actions taken to improve patient access to appointments.

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

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Continue to develop and embed the actions taken to improve patient access to appointments.

The Gateway Medical Practice

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 Practice Manager Specialist Adviser and a GP Specialist Advisor.

Background to The Gateway Medical Practice

The Gateway Medical Practice provides primary medical services Monday to Friday from 8am to 6:30pm, with extended opening hours on Tuesday mornings from 7.30am and Tuesday evenings until 8pm for patients in Northfleet, Kent and the surrounding areas. The practice provides a service for approximately 7000 patients in the locality and is situated in one of the most deprived areas in North Kent. The practice is situated in a large purpose built health centre and is next door to a seven day GP walk in service.

Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by Integrated Care 24.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and the nursing team. There are a range of patient population groups that use the practice.

The practice has two partner GPs (one male and one female), a regular locum GP providing one session a week and a regular locum GP providing four sessions per week as required. The GPs are supported by a practice management support team, an assistant practice manager, a nursing team of one female advanced nurse practitioner, one female locum advanced nurse practitioner, one female registered nurse and one female health care assistant, and an administrative team. The practice has a physiotherapist service based at the practice which is available for both NHS and private referrals.

The practice offers clinics for immunisations, diabetes and cervical screening. Services offered include, phlebotomy for adults, minor surgery, anti-coagulation, ambulatory ECG and blood pressure monitoring and family planning procedures.

Services are delivered from;

The Gateway Medical Practice

Fleet Health Centre

Vale Road

Northfleet

Gravesend

Kent DA11 8BA

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. Recommendations made as the result of a risk assessment were actioned, for example, a health and safety risk assessment completed in September 2017 identified that hand hygiene training should be carried out. This was completed by all staff along with training regarding the cold chain and how to use spill kits.
- 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. For example, a member of staff was able to describe taking action to raise a safeguarding alert when concerns were noted.
- 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. An audit had been conducted in February 2018 using the Clinical Commissioning Group template and all recommendations were met. For example, a needlestick flowchart was placed on the wall in the treatment rooms and a re-set column was added to the fridge temperature log.
- 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 and recruitment was ongoing. For example the practice had recently recruited a GP locum for four sessions a week as required and a regular locum Advanced Nurse Practitioner who worked for 30 hours per week.
- There was an effective induction system for temporary staff tailored to their role. This included a comprehensive induction pack
- 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 and staff spoken with were aware of the symptoms.
- 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.

- 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 practice had reliable systems for appropriate and safe handling of medicines.

Good

Are services safe?

- 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had carried out a CCG audit of antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship and the practice were comparable to other practices in the area.
- 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. The practice had introduced monthly audits of all patients on high risk medicines, to help ensure that all blood test, results and monitoring were up to date. Blood forms were sent to patients where further information was required.

Track record on safety

The practice had a good safety record.

- 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 that led to safety improvements. For example, the fire risk assessment had a number of recommendations including the purchase of high visibility jackets. All of the recommendations were met.

Lessons learned and improvements made

The practice learned and 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 and staff spoken with were aware of the process. 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. There were fourteen significant events recorded in the last twelve months and action was taken to help ensure that the risk of reoccurrence was reduced. For example, when a vaccine fridge thermometer was not re-set, the vaccines were all destroyed and the whole staff team including admin and reception were trained in fridge temperature recording. Furthermore, when the practice identified a delay in responding to a hospital recommendation to change a patient's medicine, the practice implemented a change whereby all letters were seen by a GP prior to scanning to help ensure the timely auctioning of information.
- There was a system for receiving and acting on safety alerts. Where patients may have been adversely affected by their medicines, the practice had contacted the patients. They had been made aware of side effects or contra-indications and this was recorded on the patient care and treatment notes. 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. The practice used an IT system to access information as required and to print this off in leaflet form to give to patients where appropriate. For example,

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was comparable to the local and national averages for the daily quantity of Hypnotics prescribed per Specific Therapeutic group.
- The practice were comparable with the local and national number of antibacterial prescription items prescribed per Specific Therapeutic prescribing data.
- The practice were comparable to the local and national averages for prescribing antibiotic items that are Cephalosporin's or Quinolones.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used an electronic call system to alert patients that the next appointment slot was ready. The patients name was then displayed on a board in the waiting area.
- The used an electronic system to request blood tests and to access the results at Darenth Valley Hospital. Staff informed us that this had a positive impact on timeliness in retrieving results for patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. Reception staff have undertaken training to help them recognise the symptoms of sepsis.

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 had a named GP and 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:

- 66% of the practice patient population reported long standing health 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.
- The prevalence of patients at the practice with hypertension was 15% which was comparable to the CCG and national average of 14%. The practice had recorded the blood pressure of 92% of their patients who were over 45 years of age, which was the same as the CCG average and comparable to the national average of 91%.
- The practice were comparable to the CCG and national averages for their management of patients with long term health conditions. For example, the percentage of patients with diabetes at the practice whose last measured total cholesterol was 5mmol/l or less was 78%. This was the same as the local average and comparable to the national average of 80%.
- CQC data reflected a positive variation regarding the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12months) was 140/80 mmHg or less. The practice percentage was 90% compared to 76% at CCG level and 78% as a national average.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below being 7.6 out of 10 rather than the expected national target of 9 out of 10. The practice were aware of this and had introduced dedicated immunisation clinics to help ensure ease of

Good

Are services effective?

(for example, treatment is effective)

access for patients. These were booked up, indicating high patient uptake. All patients who did not attend their immunisation appointment were contacted by letter to rearrange. Where required, the letter was followed up with a telephone call to make a new appointment. Information regarding immunisations were shared with patients in the practice newsletter. The practice nurse also liaises with the health visitor if there were potential safeguarding concerns.

- 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 in line with the 80% coverage target for the national screening programme. The practice had introduced dedicated cervical screening clinics to help ensure ease of access for patients and had alerted patients to the need for screening on their social media page. The practice also sent a third letter to patients who had not responded to the initial letters and patients were able to sign a disclaimer where they selected not to be screened. Where a result shows an inadequate outcome, the practice nurse telephoned the patient in addition to sending a letter.
- 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 which were carried out by the Healthcare Assistant. 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.
- Multidisciplinary meetings were held with the palliative care team.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 76% of patients diagnosed with depression had received a review within 10 to 56 days of their diagnosis. This was above the local average of 69% and the national average of 65%.
- 83% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the local average of 89% and the national average of 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 83%; 88%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 93%; CCG 94%; national 95%).
- 77% of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months (CCG 84%; national 84%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The clinicians had undertaken a number of two cycle audits and had a clear audit schedule for the year ahead. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the clinicians had worked with the CCG to optimise the control of diabetes for patients. An audit of patients with Type 2 diabetes was carried out which showed improvement for patients across a 12 month period. The practice implemented a dedicated diabetes clinic and the practice nurse completed Merit insulin initiation training in September 2017.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 97%. The overall exception reporting rate was 12% compared with a CCG average of 11% and a national average of 10%. (QOF is a system intended to improve the quality of general

Good

Are services effective?

(for example, treatment is effective)

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.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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. Clinical staff attended protected learning time sessions and non-clinical staff carried out regular training updates. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, one member of staff had started working at the practice as an apprentice and a second was being supported into the role of assistant practice manager.
- 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. The practice used an external human resources organisation.

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.

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.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 57% compared to 51% as a CCG average and 52% as a national average.
- 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 campaigns, tackling obesity. The practice patient cohort had a higher smoking prevalence of 22% compared to the local and national average of 18%. The practice had offered support and treatment to 98% of applicable patients within the last 24 months including offering cessation support.

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.

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. This information was displayed in the waiting area.
- All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Six of the cards also contained some areas for improvement. Comments referred to a good quality of care and treatment, professional provision of care and treatment, where clinical staff listened and the admin team were helpful. Areas for improvement remained access to appointments, however, two of the comment cards referred to improvement in accessing appointments.

Results from the July 2017 annual national GP patient survey showed some patients felt they were treated with compassion, dignity and respect. 267 surveys were sent out and 98 were returned. This represented a response rate of 38% and 1% of the practice population. The practice was comparable to or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 96%.
- 76% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average – 97%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 66% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 82%; national average - 86%.
- 61% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; 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.
- Staff communicated with patients in a way that they could understand. 2% of the practice patients reported deafness or severe hearing impairment.
- 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. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 203 patients as carers (3% of the practice list).

- The practice records carers at registration and provided an information sheet signposting to available services such as Carers First. There is information for carers on the practice website.
- Staff told us that a card with information on counselling was sent to palliative patients, and that a GP contacts these patients directly to offer support. If families had experienced bereavement, their usual GP sent them a condolence letter and referrals could be made to grief counselling services.

Good

Are services caring?

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 or below local and national averages:

- 76% 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 83% and the national average of 86%.
- 80% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
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- 65% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.

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.

Requires improvement

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 caring.

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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.

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. For example, the partners had a clear future vision that they were working towards.
- 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 care and promote good outcomes for patients.

- 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.
- The practice told us they were looking at their National GP patient survey data and improving their recommendations. Currently 29% of their respondents would recommend the surgery to someone new to the area compared with 72% at local level and 77% at national average. This was marked as a significant negative variation according to CQC data. The practice told us that there were a number of challenges to their delivery, but that they were proactive in addressing these challenges. For example, there were two GP partners providing services to 7000 patients in a deprived area and although they had taken action to recruit additional partners, this had proved difficult. The practice told us that they had replaced the GP First approach with a hybrid system to help enable access to as many patients as possible. This involved one GP acting as duty doctor and one GP providing consultations each day, with telephone consultations where appropriate and the use of a regular locum GP once each week and a second regular locum GP for four sessions per week as required. This also included access to two Advanced Nurse Practitioners for appointments, the reintroduction of the self-check in for patients and dedicated clinics to help improve patient access to services.

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.
- 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, including nurses, 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.

Are services well-led?

Good

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. 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 partnerships, joint working arrangements and 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

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 audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA 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 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.
- There was an active virtual 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. For example, all admin and reception staff had completed handwashing, spill kit and infection control training. They had also been trained in re-setting the medicine fridge thermometers. The practice nurse had recently completed training in insulin initiation.

Are services well-led?

Good

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

- 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. The practice held regular meetings, including a weekly clinical meeting, quarterly significant event meetings, weekly nurse team meetings and regular practice meetings. These meetings were used to share learning from complaints and significant events as appropriate.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.