Lea Road Medical Practice

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

This practice is 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

We carried out an announced comprehensive inspection at Lea Road Medical Practice on 5 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had developed an electronic patient record pop up alert for clinical staff to consider 'the voice of the child' for example in the event that domestic abuse was suspected.

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

- Consider improvements to the identification of carers.
- Keep under regular review and monitor the emergency medicines held at the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the 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)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Lea Road Medical Practice

The Royal Wolverhampton NHS Trust (RWT) has been the registered provider for Lea Road Medical Practice since 1 June 2016. The practice became part of RWT through a model of care called vertical integration. The model of care allows the practice to formally pool its resources and become a single organisation with RWT. For example, all staff were transferred to RWT and are salaried employees of the trust. Vertical integration aims to improve care co-ordination between primary and secondary care.

Lea Road Medical Practice is a well-established GP practice located on Lea Road in Wolverhampton. The practice was first established in the 1950s and was a purpose-built surgery. Forty percent of patients are from ethnic minority groups and the practice is in the second most deprived decile in the city. This may mean that there is an increased demand on the services provided.

At the time of our inspection the practice had 6,700 patients. The practice premises have been extended twice and comprises of a single-storey wing on a double storey building. Parking bays for patients with a physical disability were located to the front of the premises and to the rear a shared car parking area. The ground floor of the building has level access for wheelchairs and pushchairs and automated doors to the reception entrance.

The practice does not provide an out-of-hours service to its own patients but patients are directed to the out of hours service Vocare via the NHS 111 service when the practice is closed.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. Services provided at Lea Road Medical Practice include the following clinics; new patient medical health checks, asthma, diabetic, high blood pressure, childhood vaccination, substance misuse, physiotherapy, phlebotomy and screening clinics.

The team of clinical staff at Lea Road Medical Practice is made up of three full time salaried GPs (one female, two male), one part-time salaried GP, two practice nurses, one nurse practitioner, two healthcare assistants, one clinical pharmacist and one medicines management administrator. The practice is supported by a practice manager and assistant practice manager, two medical secretaries, a reception manager, reception staff, administrators, prescription clerks, information coding staff member, two apprentice staff, a handyman and cleaners.

Lea Road Medical Practice is an approved GP training practice for Registrars (qualified doctors who undertake additional specialist training to gain experience and

higher qualification in General Practice and family medicine) and medical students. The practice also provides training opportunities for student nurses, physician associates and clinical pharmacists.

Additional information about the practice is available on their website: www.learoadmedicalcentre.nhs.uk

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. 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).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- Staff had received training and had knowledge of safeguarding vulnerable adults and children including female genital mutilation and modern slavery. The practice policy in place needed to be updated to include the process and detail for staff to refer to. Immediately following the inspection, the practice forwarded the appropriately amended policy. The practice had actively sourced information from the hospitals safeguarding child protection list to ensure the practice child concern/child protection register was as accurate as possible. One of the GPs at the practice had implemented a pop up electronic system alert whereby should for example domestic abuse be coded in the practice electronic system a 'voice of the child' alert prompted clinicians to consider the child.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice emergency medicines were reviewed, we found that there were three medicines the practice had chosen not to stock. We discussed this with the GPs and they were able to verbally inform us of their rationale. The practice completed a written risk assessment of those medicines not held in stock during the inspection. The GPs advised this would be regularly monitored and reviewed to ensure they could meet any potential medical emergency.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered 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.

Good

Are services safe?

- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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. The practice completed patient medicine reviews which were triggered by a set review date, of the sample reviewed all were in date. Housebound patients' medicines were reviewed and the practice arranged domiciliary phlebotomy for appropriate blood tests to be completed. Changes in medicines from secondary care were made by the practice pharmacist who contacted the GPs with any queries or questions. The practice pharmacist at the time of the inspection was not a prescriber.
- We reviewed the process in place for patients uncollected prescriptions. We found that a few were over three months old. Staff explained that these were normally reviewed monthly. Immediately following the inspection, the process was reviewed and the practice forwarded information to evidence that a weekly check had been implemented.

Track record on safety

The practice had a good track record on safety.

- 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.

Good

Are services effective?

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice described a daily push email from the provider on the current inpatients, the previous days accident and emergency attendances and frailty scores. This provided the practice with the ability to create a frailty list to discuss with the multidisciplinary teams which they could readily discuss with secondary care.
- The practice had invested in a device to assist with atrial fibrillation (AF) patient assessment (AF is a heart condition that causes an irregular and often abnormally fast heart rate).
- The practice provided patients requiring monitoring with ambulatory blood pressure monitoring devices.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long- term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD a collective name for lung disease), AF, and hypertension (high blood pressure).
- The practice monitored its performance through the Quality Outcomes Framework (QOF) "how am I driving" and through their clinical and Public Health data checks and monitoring. We found for example, that patients on the diabetes register represented 8% of all patients at the practice. We reviewed the exception report and found appropriate rationale was recorded in patient electronic records.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. The practice demonstrated their awareness of the specific areas of higher exception reporting. The practice action plan included for example their aims to improve outcomes for patients with hypertension (high blood pressure), diabetes and the patient uptake of cervical cytology and cancer screening.
- Patients newly diagnosed with cardiovascular disease (CVD) were commenced on high intensity statins (medicines that lower the body's cholesterol level) by secondary care following a discussion about the risks and benefits. The practice provided ambulatory blood pressure monitoring and used a device to screen patients for AF. The practice used the CHADs score to assess for anticoagulation (blood thinning medicines). People with suspected high blood pressure were offered ambulatory blood pressure monitoring and patients with AF were assessed for stroke risk and treated as appropriate.

Families, children and young people:

- Childhood immunisation uptake rates were just below the target percentage of 90% at 87.5%, for children aged

one having a completed primary course of the 5:1 vaccine. For the remainder of the childhood vaccines the practice performance was above the World Health Organisation (WHO) targets.

- 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 was 62.4%, which was below the 80% coverage target for the national screening programme. The practice demonstrated their awareness for improvement which included an action plan with aims to increase patient uptake of cervical cytology.This included engaging more widely with the local community and holding in house events to increase awareness.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice demonstrated their awareness for improvement which included an action plan with aims to increase patient uptake of screening.
- 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 homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice overall QOF results were better than the CCG and national averages.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

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.

Good

Are services effective?

- 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. There was an induction programme for new staff. This included one to one meetings, appraisals, clinical supervision and 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 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 people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which 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.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Good

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.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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. The number of carers on the practice register was 70 which represented just over 1% of the practice list. The practice suggested that patients in the practice demographic did not always recognise themselves as carers for family members and recognised that work was needed to improve the practice carer register.

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. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

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 patients' 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.
- Same day appointments were made available on a daily basis and the practice had pre-bookable appointments for patients named GPs.
- Patients had a choice of a male and female GP.
- Several staff including the GPs spoke up to four languages including Punjabi.
- Staff were trained for care navigation.
- The practice provided an in-house physiotherapy service.
- The practice could refer patients to their social prescribing clinics
- Familial hypercholesterolemia (FH) clinics were run at the practice. FH is an inherited condition that means the patients cholesterol levels are higher than normal from birth.
- Minor surgery including contraceptive implant insertions and removals were provided at the practice.

Older people:

- 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 schemes.
- The practice had a shared home visiting team which consisted of advanced nurse practitioners who visited patients for four of the provider practices including Lea Road Medical Practice.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice pharmacist provided support for the practice repeat prescription system and medicine reviews and support to patients in nursing homes.
- Fifteen-minute consultation appointments were available for older people.
- The practice utilised electronic frailty tools and scores with alerts on the practice electronic patient records and a register to identify and discuss patients' needs with the multidisciplinary team.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice pharmacist provided support for the practice repeat prescription system and medicine optimisation and compliance support to patients for example at blood pressure and asthma clinics.
- The practice provided support to patients with diabetes with specialist trained GPs and nurse experts providing in house assessments and insulin initiation.
- The practice provided telephone appointments for diabetes reviews from qualified and trained staff.

Families, children and young people:

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

Good

Are services responsive to people's needs?

- The practice provided some family planning services at the practice which included contraceptive implant insertions and removals.

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 were available on Saturday and Sunday and Bank Holidays with appointments from 8am to 2pm.

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 in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice offered annual health checks for patients with a learning disability.
- The practice provided end of life care with proactive identification.
- The practice utilised electronic frailty tools and scores with alerts on the practice electronic patient records and a register to identify and discuss patients' needs with the multidisciplinary team.
- The practice provided an interpreter service and one of the practice receptionists was trained in sign language.

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

- Staff interviewed had a good understanding of how to support patients experiencing poor mental health and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice provided a substance misuse clinic.

Timely access to care and treatment

- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and 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. 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.

Good

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff teams.

Governance arrangements

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

- The provider, The Royal Wolverhampton NHS Trust (RWT) worked with the practice to ensure that there was an organisational structure in place with clear lines of accountability and responsibility. The systems of accountability to support good governance and management were accessible to staff. For example, policies, procedures and protocols were available via the specific practice name on the providers electronic shared drive.
- RWT Primary Care Services management structure included a Deputy Chief Operating Officer. The Group Manager, Head of Nursing and Divisional Medical Director report directly to the Deputy Chief Operating Officer. Lea Road Medical Practice links to this management structure in the following way:
  - The Primary Care Directorate Team, practice managers and non-clinical staff reported to the Group Manager.
  - The Senior Matron and nursing workforce reported to the Head of Nursing.
  - The Clinical Director, practice directors, clinical leads and salaried GPs reported to the Divisional Medical Director.
- 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 co-ordinated person-centred care.

Good

Are services well-led?

- Staff were clear on their roles and accountabilities at both a practice and wider organisation level. This included in respect of safeguarding and infection prevention and control.
- Clinical staff with extended roles such as the advanced nurse practitioner and practice nurse were in receipt of competency reviews in the form of appraisals, one to one observation and both verbal and written feedback.

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. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service 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 together with the provider 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 practice was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

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

Please refer to the evidence tables for further information.