

# Dr Naz Asghar

## 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.** (Previous rating 08/2017 – Requires improvement)

We carried out an announced comprehensive inspection at Dr Naz Asghar on 10 August 2017. The overall rating for the practice was requires improvement. The service remained in special measures following an initial inspection on 2 August 2016. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures. The full comprehensive reports on the August 2017 and August 2016 inspections can be found by selecting the 'all reports' link for Dr Naz Asghar on our website at .

This inspection was an announced comprehensive inspection carried out on 15 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 10 August 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

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

Our key findings were as follows:

- 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.
- During the August 2017 inspection we found the practice were not maintaining the newly introduced cleaning schedule for clinical equipment, the business continuity plan did not contain emergency contact telephone numbers, and some clinical staff were not aware of the location of an emergency alert button. At this inspection we found the clinical equipment

cleaning schedule had been completed as required, the business continuity plan had been updated with emergency contact numbers, and clinical staff were aware of how to raise the alarm in an emergency.

- During the August 2017 inspection we found the practice had failed to assure themselves that the healthcare assistant (HCA) had the skills and knowledge to deliver effective care and treatment, and there were no formal protocols to determine when the HCA should refer a patient for review by a clinician. At this inspection the practice could demonstrate that the HCA had the knowledge and skills to carry out their clinical duties, and there were detailed protocols in line with their role.
- 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.
- During the August 2017 inspection we found patients were not routinely provided with a copy of their care plan, clinical audits showed limited evidence of systemic change, and exception reporting from the Quality and Outcomes Framework (QOF) 2016/17 remained higher than local and national averages. At this inspection we saw evidence that patients were provided a copy of their care plan, clinical audits demonstrated systemic change and improved clinical outcomes for patients, and unverified practice data for 2017/18 showed exception reporting had been reduced.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Feedback from patients and comment cards showed patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Continue to improve uptake rates for cervical and bowel cancer screening.
- Review and take appropriate action in improving access to nursing appointments outside of school hours.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

# Overall summary

**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

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

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

## Background to Dr Naz Asghar

Dr Naz Asghar, also known as Welcome Practice, is an NHS GP practice located in Southall, Middlesex. The practice is part of NHS Ealing Clinical Commissioning Group (CCG) and provides GP led primary care services through a General Medical Services contract to approximately 3,300 patients. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

Services are provided from:

- 70a Norwood Road, Southall, Middlesex, UB2 4EY

Online services can be accessed from the practice website:

- [www.welcomepractice.nhs.uk](http://www.welcomepractice.nhs.uk)

The practice is led by a GP principal (female) who is supported by a salaried GP (male); a practice nurse (female); a health care assistant (male); a practice manager; an administration manager; and three administrators / receptionists.

The age range of patients is predominantly 15 to 64 years and is comparable to the national average. The practice population is ethnically diverse with 65% Asian, 14% white, 12% black, 3% mixed race and 6% from other ethnic groups. The practice area is rated in the third deprivation decile (one is most deprived, ten is least deprived) of the Index of Multiple Deprivation (IMD).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, and treatment of disease disorder and injury. The provider had applied to add the regulated activity of maternity and midwifery services to their registration.

# Are services safe?

**We rated the practice as good for providing safe services.**

**At our previous inspection on 10 August 2017, we rated the practice as requires improvement for providing safe services as not all staff were aware of the systems for summoning help in an emergency and there was no schedule or record of cleaning clinical equipment. These arrangements had significantly improved when we undertook a comprehensive inspection on 15 May 2018. The practice is now rated 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.
- 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. There were records to confirm cleaning of clinical equipment.
- 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, and busy periods.
- There was an effective induction system for all staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures, including how to raise an alarm and summon for help in an 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 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 practice had taken action to improve their prescribing rates compared to local and national averages.
- 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.

## Are services safe?

### 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.**

# Are services effective?

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

**At our previous inspection on 10 August 2017 we rated the practice as inadequate for providing effective services as the practice had failed to assure themselves that the healthcare assistant had the skills and knowledge to deliver effective care and treatment; there were no formal protocols to determine when the HCA should refer a patient for review by a clinician; clinical audits showed little evidence of systemic change; and patients being excepted from the Quality and Outcomes Framework remained higher than local and national averages. We issued a requirement notice and warning notice in respect of these issues and placed the practice in special measures.**

**When we undertook a follow-up inspection of the service on 15 May 2018 we found the practice had made significant improvements. The practice is now rated as good for providing effective services.**

## 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.

### Older people:

- Older patients who are 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.

- Patients over the age of 88 were included in the practices 'avoiding unplanned admissions' register and had personalised care plans in place. These patients were reviewed at monthly multidisciplinary meetings.
- Patients over 65 years could be referred to a strength and balance programme to reduce the risk of falls.
- Patients over 65 years attending flu clinics were offered pulse checks to identify possible atrial fibrillation.
- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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):



## Are services effective?

- The practice's uptake for cervical screening in 2016/17 was 61%, which was below the 80% coverage target for the national screening programme. The practice were aware of this and had carried out clinical audits to increase cervical smear uptake. Unverified practice data indicated this had improved in 2017/18.
- The practice's uptake for breast cancer screening was in line with the national average.
- The practice's uptake for bowel cancer screening was below the national average. The practice were aware of this and were trying to increase patient awareness of screening by providing information to patients in the waiting area and participating in the bowel cancer screening local incentive service.
- 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. Patients were sent a birthday card and invitation for a health check and since April 2017, 147 patients had received an NHS health check. 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 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 practice's performance on quality indicators for mental health was in line with local and national averages.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The most recent published QOF results (2016/17) were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%.
- At our previous inspection on 10 August 2017 we found patients being excepted from the Quality and Outcomes Framework remained higher than local and national averages. At this inspection published data for 2016/17 showed clinical exception reporting was 16% (CCG 10%, national 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). Unpublished and unverified practice data for 2017/18 showed clinical exception reporting had reduced to 6% and exception reporting rates for all clinical domains was below 10% with the exception of peripheral arterial disease which had been reduced from 22% to 17%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. During the last nine months, five audits had been carried out and all had second cycles to check improvements had been achieved. The areas for audit had been identified in discussion with practice leaders and in line with CCG and national priorities. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing



# Are services effective?

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

- At our previous inspection on 10 August 2017 we found the practice had failed to assure themselves that the healthcare assistant had the skills and knowledge to deliver effective care and treatment. At this inspection the practice could demonstrate that the HCA had the knowledge and skills to carry out their role. The HCA had received mentoring, supervision and a competency assessment, and their clinical work was evaluated via audit and patient feedback. The HCA was supported with detailed protocols in line with their role (including when to refer patients to a GP or nurse), an extended appraisal, and daily supervision from the GP principal and salaried GP.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, 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 and falls prevention. There was an in-house smoking cessation service.

## 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.

## Are services effective?

**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.
- Results from the GP patient survey showed that the practice performed comparably to local and national averages in relation 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 and supported them. In addition to carers being invited for health screening, the flu vaccination and signposted to support services, the practice established a carers group who attended meetings at the practice.
- Results from the GP patient survey showed that the practice performed comparably to local and national averages in relation to being involved in decision making.

## **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.**

# 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 practice planned to introduce video consultations in June 2018.
- The facilities and premises were appropriate for the services delivered. There was no lift access to the first floor which had one treatment room. Patients with mobility difficulties were seen in one of the three consulting rooms on the ground floor.
- 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.
- The practice provided a consultation room on a complimentary basis for a local counselling service to assess and treat patients.

### 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 scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a dedicated telephone line for health professionals (from hospitals, care homes, residential homes, and community teams) to access the clinic.

### 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 held group consultations for patients with diabetes. These sessions involved patient education and setting goals to help patients self-manage their condition. The practice planned to extend these educational sessions to patients with other long-term conditions.

### 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had recently recruited a practice nurse. We noted nursing appointments were not available outside of school hours.

### 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 on Tuesday evening and pre-bookable appointments at the local hub service on weekday evenings till 8pm and weekends from 8am to 8pm.

### 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.
- Patients who were housebound had telephone access to order repeat prescriptions.

# Are services responsive to people's needs?

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 appointments were followed up.

## 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.
- Feedback from patients we spoke with and comment cards showed patients found the appointment system easy to use.

- Results from the GP patient survey showed that the practice performed comparably to local and national averages in relation to timely 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.**

# Are services well-led?

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

**At our previous inspection on 10 August 2017 we rated the practice as requires improvement for providing well-led services as in some areas the practice did not have the governance arrangements in place to deliver the vision and ensure that risks to patients were minimised.**

**When we undertook a follow-up inspection of the service on 15 May 2018 we found the practice had made significant improvements. The practice is now rated as good for providing well-led services.**

## 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. They had expanded their practice team to meet the needs of patients and staff.

## 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 and the practice's vision.
- 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 and teams.

## Governance arrangements

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

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

- At our previous inspection on 10 August 2017 the practice did not ensure that risks to patients were

# Are services well-led?

minimised. At this inspection we found the practice had reviewed these risks and there was now 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 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 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 diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- The practice was proactive in enlisting external support and developing a detailed improvement plan to address the concerns identified at the previous inspection.
- 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.**