

Horden Group Practice

Inspection report

Sea View Health Centre
Fourth Street, Horden
Peterlee
County Durham
SR8 4LD

Date of inspection visit: 30 August 2018
Date of publication: 27/09/2018

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 November 2017 – Requires improvement)

We carried out an announced comprehensive inspection at Horden Group Practice 23 November 2017. The overall rating for the practice was requires improvement with requires improvement for the domains of safe and well-led and good for effective, caring and responsive.

We carried out an announced comprehensive inspection at the practice on 30 August 2018 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in November 2017. This report covers our findings in relation to those requirements.

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

The report on the November 2017 inspection can be found by selecting the 'all reports' link for Horden Group Practice on our website at .

At this inspection we found:

- The practice had systems to keep patients safe and safeguarded from abuse.
- 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 they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice scored higher than the local clinical commissioning group (CCG) average in every question in the National GP Patient Survey.
- Feedback from patients was consistently and strongly positive.
- The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.
- Access to appointments at the practice was good. Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- There was a focus on continuous learning and improvement at all levels of the organisation. The practice proactively used performance information to drive improvement.

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

- Review the process for the repeat prescribing and monitoring of high risk medicines.

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

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	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.

Background to Horden Group Practice

Horden Group Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 7,300 patients from two locations.

- Seaview Health Centre, Fourth Street, Horden, Co. Durham, SR8 4LD
- Peterlee Health Centre, Bede Way, Peterlee, Co. Durham, SR8 1AD

We visited the practice at Horden as part of this inspection.

Seaview Health Centre is situated in purpose-built premises in Horden; the health centre is shared with one other GP practice. All reception and consultation rooms are fully accessible for patients with mobility issues and are on the ground floor. There is car parking available at the front of the building with one dedicated disabled parking bay.

Peterlee Health Centre is a purpose-built premises, the health centre is shared with other primary medical services. The practice have their own dedicated consulting rooms. There are disabled parking spaces in the patient car park, with wheelchair and step free access.

The practice has three GP partners (two female and one male) whole time equivalent (WTE) 2.6. There is a female

salaried GP (WTE 0.4). The practice is a training practice who have GP registrars allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general medical training programme). There are two advanced nurse practitioners (WTE 1.6), two practice nurses (WTE 1.8), and two healthcare assistants (WTE 1.7). There is a practice manager and assistant practice manager. There are 13 (WTE 9) staff who undertake administration duties.

The opening times at Seaview Health Centre at Horden are 8am until 6pm Monday to Friday and at Peterlee Health Centre from 8am Monday to Friday and until 5pm Tuesday to Friday and to 8pm on Monday.

GP appointments are available at both sites from 9am until 12noon, 2pm until 5pm and on a Monday at Peterlee Health Centre until 7:40pm.

The practice is part of NHS Durham Dales and Sedgefield clinical commission group (CCG). The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice provides late evening, weekend and bank holiday appointments; they are part of the local GP federation of GP practices who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients can

contact the practice reception team to arrange appointments. When this service is not provided patients requiring urgent medical care can contact the out-of-hours provided by the NHS 111 service.

Are services safe?

At our previous inspection on 23 November 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect medicines management and infection control were not satisfactory. The system to manage patient safety alerts was ineffective and health and safety risk assessments had not been carried out.

These arrangements had significantly improved when we undertook a follow up inspection on 30 August 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. Reports and 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.
- At our previous inspection there was no risk assessment of non-clinical staff who had not received a DBS check. At this inspection we saw that the practice had carried out DBS checks on members of staff and other appropriate staff checks at the time of recruitment and on an ongoing basis.
- At our previous inspection arrangements in respect of infection control were not satisfactory. For example, there was no infection control audit for the branch surgery at Peterlee. At this inspection we saw that there was an effective system to manage infection prevention and control. The practice had spent time in training staff on infection control. The lead infection control nurse had received infection control specific training. They had a comprehensive infection control policy and infection control audits had been carried out.
- 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 was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. At our previous inspection we saw that the practice did not have a paediatric pulse oximeter. At this inspection the practice now had one in place. 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. There was a documented approach to managing test results.
- 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. At our previous inspection we saw that prescription pads in printers were not held securely. At this inspection we saw that this had been addressed. Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national

Are services safe?

guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- The process for the prescribing and monitoring of high risk medicines was open to error. There was no consistent process between the GPs in the monitoring arrangements. For example, patients could be prescribed medication, such as methotrexate, without routine safety monitoring reviews.
- At our previous inspection we saw that patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor. However, not all of the PGDs we looked at were appropriately signed. At this inspection we saw that all PGDs and PSDs had been appropriately signed and were in date.

Track record on safety

The practice had improved in the area of safety.

- At our previous inspection we saw that there were no health and safety risk assessments in place for either surgery. At this inspection we saw that health and safety risk assessments had been carried out at both surgeries in June 2018.

- 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.
- At our previous inspection the practice could not demonstrate that there was a system in place to ensure all patient safety and medicines alerts were actioned and followed up. At this inspection we saw the practice had devised and adopted a safety alert protocol. The assistant practice manager maintained a spreadsheet of the alerts received, when advice was sought on them and what action was taken. The practice pharmacist was involved with the monitoring of medicines 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 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 clinicians made decisions about patients' care and treatment.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 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. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice were working to improve diabetic care and there was a joint clinic held every three months with the local consultant diabetologist and specialist diabetic nurse. There were clinical leads for all chronic diseases.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

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 in line with the target percentage of 95% with the exception of one category.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- 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 80%, which was the same as the 80% coverage target for the national screening programme. At the inspection the practice provided us with unpublished and unverified data for 2017/18 which showed the practice had attained 81.6%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice planned to set up an initiative in the coming year to invite patients over age 60 who had no contact with the practice in the last five years for an extended health check.

People whose circumstances make them vulnerable:

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- 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.

Are services effective?

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.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.
- 96% 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 above the national average of 90%.
- 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.

Monitoring care and treatment

The practice had a 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 most recent public data for the Quality Outcomes Framework (QOF) data available to us was for 2017/18, the practice had received 98.9% of the points available to them for the 19 clinical indicators. The practice advised us that for the 2018/19 QOF year they had received 99% of the points available to them.
- The overall clinical exception reporting rate was 11.4% compared with a national average of 9.9%. We saw that this was appropriately audited.
- The practice used information about care and treatment to make improvements.

- At our previous inspection the practice could only demonstrate that they had carried out one two cycle clinical audit to drive improvement.
- At this inspection we saw that the practice had provided us with two examples of two cycle clinical audit which demonstrated improvement in urinary tract infection management and the standards of care in relation to minor surgery excisions. They provided examples of other audits which included monitoring of blood glucose and an audit of the effectiveness of the issue of rescue pack to patients who had chronic obstructive pulmonary disease (COPD).
- The practice provided us with a log of audits requested by the local CCG for monitoring purposes. This included audits of catheters, vitamin D rationalisation and prescribing of anti-histamines.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop, care navigation training for reception staff was planned.
- 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. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision-making, including non-medical prescribing.
- A new nurse practitioner was trained and mentored by the practice and the practice pharmacist was being supported to become an independent prescriber.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

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 deciding 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 considered 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, 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.

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 the Care Quality Commission comment cards was wholly positive. Patients praised the practice for providing an excellent service. Words used to describe the practice were great, good, professional and pleasant.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The results of the National GP survey for 2018 were published shortly before our inspection. The practice scored higher in all areas than the local and national averages for kindness, respect and compassion. For example, for the question, how would the patients describe their experience of their GP practice, they scored 97%, compared to the local average of 85% and the national average of 84%.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- 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. They took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- There were extended opening hours on a Monday evening until 8pm.
- The facilities and premises were appropriate for the services delivered.
- The practice offered minor surgery which included the fitting of intrauterine device (IUD).
- There was a sexual health and family planning service.
- There was in-house anticoagulation service. Anticoagulants are used to prevent and treat blood clots.
- The practice offered access to a minor injury service to reduce accident and emergency attendances.
- The practice had the facility to use a dermatology service where photographs of skin lesions were sent to the dermatologist for opinion which saved on hospital referrals.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, 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. The practice participated in a Vulnerable Adults Wrap

Around Service (VAWAS) where advance nurse practitioners attached to the practice managed patient care in nursing and care homes. They provided daily visits to the frail elderly in their own homes.

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. Housebound patients had reviews carried out at home by their named GP.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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.
- There was a weekly baby clinic held at the practice.

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 a Monday evening.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

Are services responsive to people's needs?

- The practice had an in-house counselling service three days a week and a community psychiatric nurse attended the clinic on Thursdays.
- Staff had received dementia awareness training and had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within good timescales 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.
- Staff told us that the appointments system was very good and usually patients could obtain an appointment within a day or two. On the day of the inspection there were appointments available on the same afternoon.
- The National GP Patient Survey data on appointments and getting through to the surgery on the telephone was much higher than the local CCG and national averages.

For example, patients were asked overall how positive they would describe their experience of making an appointment this was 91% compared to the local CCG average of 71% and national average of 69%.

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.

- At our previous inspection the practice could not assure themselves that patients knew how to complain about services from the practice. At this inspection we saw that their responses to complaints made reference to the Parliamentary Health Service Ombudsman (PHSO) and there was a practice specific leaflet for patients wishing to make a complaint.
- 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. They acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 23 November 2017, we rated the practice as requires improvement for providing a well-led service. The governance arrangements did not always operate effectively. Policies and procedures were not always comprehensive or up to date and there was not always an effective process to manage risks.

These arrangements had significantly improved when we undertook a follow up inspection on 30 August 2018. The practice is now rated 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 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.

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 consistent 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 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.
- The practice actively promoted equality and diversity. 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.

- At our previous inspection we saw that governance arrangements did not always operate effectively. At this inspection we saw that 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

Are services well-led?

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

At our previous inspection we saw that there were not always effective processes in place to manage risks such as health and safety and the management of medicines. At this inspection we saw that 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 national and local 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 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 a 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.
- 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.