The Wand Medical Centre

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 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 The Wand medical centre on the 2 of July 2018 as part of our inspection programme.

At this inspection we found:

- The practice ensured that safety was a priority, including the actioning of medicine safety alerts, safety risk assessments were completed and actions were taken to mitigate risks.
- The practice had established systems and processes to support good governance, and clear roles and responsibilities, which were shared with all staff.
- The practice was a member of a federation, offering greater access to patients, they also allowed community services to use rooms within the building for free, allowing ease of access to these services for patients at the practice.
- The practice provided services to six care/residential homes and two hostels for the homeless, one of which was specifically for young people who have just left care.
- The practice had identified that 30 separate languages were spoken by the patient population and provided interpreter services.
- Data provided by the Quality Outcome Framework (QOF) concerning cervical screening was below local and national averages. Data provided by Public Health England and NHS England concerning Childhood immunisations and breast and bowel cancer screening was generally below national averages or standards.
- Feedback from patients through the national GP survey generally showed patient satisfaction was in line with local and national averages, except with regards to access to appointments, specifically telephone access and waiting times on the day of the appointment. CQC comment cards and NHS choices supported this.

We saw one area of outstanding practice:

- The practice had responded to patient need within a residential care home by purchasing health monitoring equipment and training the staff to use it, so that enhanced monitoring of resident's health could be established. The residential home told us that this had had a positive impact on the patient's access to treatment and staff confidence to support patients with their health monitoring.

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

- Continue to consider ways to improve upon cervical screening and childhood immunisation uptake.
- Continue to consider ways of improving patient satisfaction relating to access, particularly in terms of telephone access.
- Ensure a system is in place so that the registration of nursing staff is monitored regularly.

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

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 CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a shadowing practice nurse specialist advisor and a second CQC inspector.

Background to The Wand Medical Centre

The Wand Medical Centre offers services for the patients in the Highgate area of Birmingham in a purpose-built building. The practice population is approximately 6260 patients with a higher number of patients under the of 65 years of old compared to the national average. Approximately 76% of the practice population identify as Black, Minority, Ethnic (BME). The level of deprivation in the area according to the deprivation decile is one out of ten (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks areas in England from one (most deprived area) to ten (least deprived area). For more information on the practice please visit their website at

The Wand Medical Centre is a group of four GP Partners both male and female, three salaried GPs, two registrars, a practice nurse manager, a Health Care Assistant (HCA) and a clinical pharmacist. The practice manager is supported by a secretary, administration and reception staff.

The practice's opening hours are 08.30am until 6.30pm Mondays through till Fridays, with consulting times being between 08.30 and 12 noon and 3.30pm until 6.30pm on Mondays, Wednesdays and Thursdays. Tuesdays the consulting times are 9am until 12 noon and then 3.30pm until 6.30pm. Fridays the consulting times are 08.30am until 12 noon and the 3pm until 6.30pm. The practice is closed on Wednesdays between 1pm and 3pm for staff training. The practice telephone lines are closed Wednesdays and Thursdays from 1pm to 8.30am the following morning, although doctors are available for patients who have appointments during that period, patients calling are redirected to the out of hours service. In addition to appointments at the surgery, patients can access at local hub centres on evenings and weekends through the My Healthcare federation.

The practice provides NHS primary health care services for patients registered with the Practice.
The Wand Medical Centre is registered with CQC to provide five regulated activities associated with primary medical services, which are; treatment of disease, disorder and injury, family planning, maternity and midwifery, diagnostic and

screening procedures and surgical procedures.

The practice's out of hours (OOH) provider is Birmingham & District General Practitioner Emergency Rooms (BADGER) and telephone lines are automatically diverted there when the practice is closed

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 whose files we viewed had received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns. There had been no safeguarding incidents but staff we spoke with explained where they would be able to access information, reports and learning if necessary.
- Staff who acted as chaperones and who were trained for their role had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice took steps, including working with other agencies and professionals such as health visitors, the CCG safeguarding lead and the local authority safeguarding team, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We saw that the practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. Not all staff had a Disclosure and Barring Service (DBS) check completed. For staff who did not have a DBS check in place, the practice had completed risk assessments to ensure the level of risk had been evaluated.
- The practice were unable to demonstrate that nursing staff registration was checked on an ongoing basis, although from files we viewed, we confirmed that this had been done at recruitment stage.
- 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 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 induction system for all staff, including temporary staff, tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff we spoke with 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. 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 systems for appropriate and safe handling of medicines.

Good

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff we spoke with prescribed and administered to patients and gave advice on medicines in line with current national guidance. The practice reviewed its antibiotic prescribing regularly in order to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients whose records we viewed were involved in regular reviews of their medicines.

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 activity. The practice understood risks and gave a clear, accurate and current picture of safety which had led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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 as good for providing effective services overall.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.*)*

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.
- The practice was able to demonstrate that they utilised technology within the practice including their clinical system and standard document management systems.
- Staff we spoke with demonstrated that they used appropriate tools to assess the level of pain in patients.
- Staff we spoke with knew how to advise patients about what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice demonstrated that they used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail or who may be vulnerable had a clinical review including a review of medicines and received an assessment of their physical, mental and social needs.
- Patients aged over 75, whose records we viewed were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff we spoke with had knowledge of treating older people including their psychological, mental and communication needs.
- The practice was taking part in a virtual frailty clinic, run through the federation, consisting of a multi-disciplinary team (MDT) meetings.

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 whose files we viewed who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients were invited for their chronic condition reviews on a monthly basis based on their month of birth. Patients were also opportunistically invited to attend for reviews if they attended the practice for another reason.
- The percentage of patients with asthma who had had a review in the last 12 months was higher than local and national averages.

Families, children and young people:

Good

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were generally below the target percentage of 90% and above. The practice had met this standard in one out of the four indicators.
- The practice were aware of their immunisation uptake and had made efforts to address this.
- 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.

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

- The practice's uptake for cervical screening was 65%, which was below with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line with local averages but below the national average.
- The practice were aware of the low uptake rates and had recently recruited a dedicated member of administration staff whose role it was to call and recall patients regarding bowel, breast and cervical screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients we spoke with had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. From the records that we viewed 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 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 medicines.
- 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.
- 94% 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.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 92% of patients experiencing poor mental health had received advice about alcohol consumption. This was comparable to the national average.
- 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.

Good

Are services effective?

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. For example, the practice ran an oral nutritional supplement audit to ensure appropriate prescribing of fortified foods to patients. Where appropriate, clinicians took part in local and national improvement initiatives. For example, local improvement schemes run by the clinical commissioning group (CCG).

- The practice's quality outcome framework (QOF) score for hypnotic prescribing was better than local and national averages.
- The practice overall exception reporting was in line with local and national averages. Clinical exception reporting was below local and national averages.
- The practice used information about care and treatment to make improvements to care delivery.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice had introduced software that enhanced their ability to run reports easily, which was integrated into the practice clinical system.

Effective staffing

Practice staff we spoke with demonstrated the skills, knowledge and experience to carry out their roles.

- The staff that we spoke with had the knowledge to fulfil their roles, 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 explained that they were encouraged and given opportunities to develop.
- The practice demonstrated that they provided staff with ongoing support. This included an induction process, appraisals and coaching and mentoring for medical students. Clinical staff whose files we viewed were provided with 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.
- 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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The practice shared information and liaised with, community services, social services, health visitors and community services for children who had relocated to the local area.
- Patients whose records we viewed 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 gold standard framework (GSF) meetings, special care notes to the out of hours (OOH) service and multi-disciplinary team (MDT) meetings.

Good

Are services effective?

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 we spoke with encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- We saw that 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 clinics.

Consent to care and treatment

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

- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Patients whose feedback we saw confirmed that they were supported to make decisions. Where appropriate, the practice knew how to assess and record a patient's mental capacity to make a decision.
- The practice management team 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 generally positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff we spoke with helped patients to be involved in decisions about care and treatment and 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.)

- The practice was able to demonstrate that staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The practice helped patients and their carers find further information and access community and advocacy services. They supported them to ask questions about their care and treatment.
- The practice identified carers and supported them with signposting to various support groups and organisations, health checks and flu vaccinations.

Privacy and dignity

The practice respected patients' privacy and dignity.

- The reception staff we spoke with knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All staff we spoke with recognised the importance of people's dignity and respect.

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 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.
- 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 were more vulnerable or who had complex needs.
- 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 demonstrated that they supported a number of residential and nursing homes in the area. For example, they supported them to access services both within and outside the practice. the practice had purchased health monitoring equipment for a residential home and had trained the home's staff how to use the equipment in order to ensure that health information about patients to monitor them could be easily passed to the practice.
- The practice offer a home visiting phlebotomy service for house bound patients.

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.
- Patients who were on the long-term conditions registers were offered support through referral to other services such as structured education courses for patients with diabetes to help them manage their condition.
- The practice was able to refer to services they hosted within the building. For example, community matrons to monitor complex patients and a consultant led weight loss clinic.
- The practice took part in virtual clinics run through the federation for conditions such as chronic kidney disease (CKD) and diabetes.

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.
- The practice told us that they offered urgent sit and wait clinics each day for those patients needing an emergency appointment, these were run throughout the day and at the end of surgery. Records we viewed confirmed this.

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

Good

Are services responsive to people's needs?

- 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 and weekend appointments at hub centres via the federation.
- The practice offered online services including prescription ordering and appointment booking.
- The practice have recently commissioned a dedicated prescription ordering telephone line known as the prescription ordering department (POD) to divert patients needing repeat prescriptions during busy periods from reception.

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 staff whose files we viewed had had domestic violence awareness training.
- The practice developed a dedicated telephone line for patients who are vulnerable or living in care homes, and for their carers, to allow rapid access to the surgery and the attention of a GP.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated regular mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from reception staff.
- The practice held annual health reviews for patients with mental health conditions and dementia. Patient records we viewed confirmed this.
- The practice used summary care records (SCR) in order to document individual patient need. For example, communication needs and double appointments for those with an additional learning disability.
- Patients with mental health conditions were signposted by the practice to support organisations where appropriate.
- The practice provided space within the waiting area to accommodate information stands with leaflets together with a staff member from various organisations at different times to educate patients on services available and give face to face advice. For example, dementia awareness information.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patient feedback from the national GP patient survey indicated that waiting times occurred more than local and national averages. The practice were aware of this and had produced a leaflet for patients entitled "why have I had to wait?" explaining the possible reasons for delays including emergencies and vulnerable patients.
- The appointment system had recently been updated with new software from the CCG and the practice told us that patients had experienced delays as a result, patients had reported through the patient survey and NHS choices that the appointment system was not easy to use. The practice demonstrated that they had adapted the software in response to this and they were confident that these problems had been addressed.
- Following the inspection, the practice had performed their own survey, which showed that satisfaction scores were improving and had commissioned a private company to survey their patients in September 2018.
- Since the inspection, the national GP patient survey had published new data, which indicates that patient satisfaction has improved in areas relating to access, however patient satisfaction with telephone access to the practice remains lower than local and national averages.

Good

Are services responsive to people's needs?

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them in line with their policy 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.
- The practice used complaints about access to the appointment system and waiting times to ensure changes were made to address these including making changes to the telephone system software and adding an hour telephone consultation to three doctor's appointment schedules each morning to ease the need for face to face appointments.

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 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.
- The practice did have a structure for roles and responsibilities but had no lead role for overall governance.
- 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. For example, training all non-clinical staff in multiple roles including phlebotomy.

Vision and strategy

The practice management we spoke with were able to articulate the practice values and vision to deliver high quality, sustainable care, but this had not been shared with the staff team.

- The practice were unable to demonstrate a formal vision or set of values. The practice had a strategy and supporting business plans to achieve priorities.
- 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 sustainable care.

- Staff we spoke with stated they felt respected, supported and valued.
- The practice demonstrated that they had a focus on the needs of patients.
- 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. We saw a whistleblowing policy and staff were aware of it and what to do if they had concerns that needed to be escalated outside of the practice.
- There were processes for providing staff with the development they need. This included appraisals, which included career development conversations. All staff whose files we viewed had received annual appraisals in the last year. Clinical staff whose files we viewed, were supported to meet the requirements of professional revalidation where necessary.
- The practice told us that all staff were considered valued members of the practice team. Feedback from staff we spoke with confirmed this. Clinical staff 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 whose files we viewed had received equality and diversity training. Staff that we spoke with told us that they felt they were treated equally.
- There were positive relationships between staff and management teams.

Governance arrangements

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

Good

Are services well-led?

- Structures, processes and systems to support governance and management were clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The practice had produced a comprehensive roles and responsibilities diagram that showed which staff member was responsible for each governance area.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Performance of employed clinical staff was generally demonstrated through audit of their consultations, prescribing and referral decisions but we did see examples of where this had not happened. The practice recognised the need to ensure that supervision was in place for all clinical staff. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audits 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to 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. Team meetings took place for the clinical team and for the non-clinical team but there were no whole team meetings held.
- 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 sustainable services.

- 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 (PPG) but meetings were sometimes poorly attended. The practice told us that the PPG had struggled to recruit active members but were looking for ways to improve this including placing an information stand and representative in the waiting area to speak with patients and answer questions.
- The service was transparent, collaborative and open with stakeholders about performance.

Good

Are services well-led?

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 we spoke with 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.

Please refer to the Evidence Tables for further information.