

Hawes Lane Surgery

Inspection report

Hawes Lane
Rowley Regis
West Midlands
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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?

Requires improvement 

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? – Requires improvement

Are services well-led? – Good

We previously carried out an announced comprehensive inspection at Hawes Lane Surgery on 5 September 2017. The overall rating for the practice at the time was requires improvement. We found breaches in relation to regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report on the inspection can be found by selecting the ‘all reports’ link for Hawes Lane Surgery on our website at www.cqc.org.uk.

This inspection was undertaken to follow up progress made by the practice since their previous inspection. It was an announced comprehensive inspection on 23 May 2018. Overall the practice is now rated as Good.

At this inspection we found:

- The practice had effective 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 reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Feedback from Care Quality Commission comment cards we received and NHS choices reviews suggested that some patients found the appointment system difficult to use and reported that they were unable to access care when they needed it. The practice was taking action to address this.
- The practice had a number of policies and procedures to govern activity however, the recruitment policy lacked sufficient details to ensure a consistent approach to recruitment.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review the recruitment policy to ensure a consistent approach to pre- employment checks for all staff.
- Review the system for monitoring emergency medicines and equipment to ensure it is effective.
- Improve the uptake of immunisation for children aged 2 years.
- Continue to explore ways to improve satisfaction rates with regards to access.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Hawes Lane Surgery

Hawes Lane Surgery is a long established practice located in the Rowley Regis area of the West Midlands, with the current provider operating since July 2015. There are approximately 4,000 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The GP team consists of three long term-sessional locum GPs; two are male GPs and one is a female GP. The clinical team also includes a practice nurse and a health care assistant. The practice manager and two long term locum GPs have responsibility for the general day to day management of the practice. The practice manager is the registered provider manager at the practice and responsible for the overall leadership and governance at the practice. The practice manager is supported by an assistant practice manager, and a team of eight staff who cover reception, secretarial and administrative roles.

The practice was previously inspected in September 2017 and rated overall requires improvement.

Are services safe?

We previously carried out an announced comprehensive inspection at Hawes Lane Surgery on 5 September 2017. At the time the practice was rated inadequate for providing safe services. The system for recording and learning from significant events needed improvement. The practice was not signed up to receive all national safety alerts and unable to demonstrate that they had taken necessary action in response to specific safety alerts. The practice did not have safe systems and processes in place for the appropriate and safe use of medicines.

During this inspection we rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse. The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.

- Staff who acted as chaperones were trained for their role and 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We looked at four staff files and found that the practice had carried out appropriate checks at the time of recruitment for three of the staff. However, one non-clinical member of staff had no documented references in their file, following the inspection we were provided with a written reference. The practice recruitment policy did not include any details regarding which pre-employment checks were required as part of the recruitment process.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, when we found two syringes which had exceeded the expiry date in the medical emergency bag, this was actioned by the manager at the time of the inspection.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had NICE guidelines for sepsis available to staff. There was equipment to enable assessment of patients with presumed sepsis and training to ensure staff were aware of sepsis symptoms and how to respond was planned.
- 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 were procedures in place to manage test results which included daily checks by each of the GP's and ensuring appropriate cover for any absences.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Multi-disciplinary team meetings took place to ensure important information was shared about vulnerable patients including those receiving end of life care.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had developed effective systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. We also saw that adequate patient specific directions (PSDs) had been put in place to support health care assistants when administering specific vaccines, such as flu vaccines. (PSDs are written instructions by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- Staff prescribed, 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.
- 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.

Track record on safety

Since the previous inspection in September 2017 the practice had improved its system and process for recording and sharing significant events and safety alerts.

- There were comprehensive risk assessments in relation to safety issues. This included fire safety and infection prevention and control.
- There was a system for recording and acting on significant events as well as monitoring of themes and trends.
- Staff understood how to report incidents both internally and externally. There was evidence of learning and dissemination of information.
- The practice acted on and learned from external safety events and was signed up to receive all national safety alerts such as alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff were able to demonstrate that they had taken necessary action in response to specific safety alerts.

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 and told us that the manager 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.

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, except for population group Families, children and young people which was rated as requires improvement.

Effective needs assessment, care and treatment

There was evidence in place to support that the practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. For example, in the management of asthma and diabetes.

- 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. For example, a patient with no fixed address was able to register at the practice and access medical attention.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Patients aged over 75 were invited for a health check and offered personalised care plans. These patients had a named GP and a care co-ordinator in place at the practice. If necessary they were referred to other services such as secondary 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 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 and nurse 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.
- There was evidence that multi-disciplinary team meetings which took place on a regular basis to discuss the complexity of people's needs and assess and plan ongoing care and treatment.
- The practice operated a diabetes in community care extension (DiCE) specialist clinic every eight weeks jointly with a hospital diabetic specialist nurse and with the practice nurse for diabetic patients with complex needs.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children aged one were in line with the target percentage of 90%. However, the practice percentage for vaccines given to children aged two was 76%, this was below the target percentage of 80%.

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

- The practice's uptake for cervical screening was 72. %, which was in line with the national average.
- The practices' uptake for breast and bowel cancer screening was 74%, the national average was 70%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Are services effective?

- 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 offered annual reviews and flu vaccinations for vulnerable patients including patients with a learning disability. Vulnerable patients were regularly reviewed and discussed as part of the multi-disciplinary team meetings (MDT) to support the needs of patients and their families.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.

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

- The practice assessed and monitored the physical health of people with mental illness, and severe mental illness by providing access to health checks. There was a system for following up patients who failed to attend for administration of long term medication.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, with a 0% exception reporting rate. This was above the national average.
- 93% 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, 96% of patients experiencing poor mental health had received discussion and 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, the practice had completed an audit assessing the effectiveness of a medication prescribed to patients with high cholesterol.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 97%. The overall exception reporting rate was 6% which was comparable with local the national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The QOF results in the management of patients with diabetes was better than the local and national averages. However, the exception reporting for the diabetes indicators was higher than the local and national averages. The practice was aware of their high exception reporting and taking action to reduce the number of patients diagnosed with diabetes who were removed from QOF calculators.
- The practice told us they reviewed all diabetic patients effectively and held joint Diabetic Specialist Clinic (DiCE) with a Hospital Diabetic Specialist Nurse and the practice nurse for complex diabetics.
- The practice used information about care and treatment to make improvements. For example, by completing an audit on asthma. This resulted in patients being reviewed and referred to a specialist clinic where appropriate.

Are services effective?

- The practice was actively involved in quality improvement activity. The practice engaged with the local Clinical Commissioning Groups (CCG) and had signed up to the CCGs Primary Care Commissioning Framework (PCCF) for 2017/18. The practice was leading on a bid to secure funding for a social prescribing scheme within Sandwell and West Birmingham.

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 such as diabetes.
- 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. This included an induction process, one-to-one meetings and appraisals.
- The induction process for healthcare assistants included the requirements of the Care Certificate.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

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 all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when planning care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- The practice shared Information with, and liaised, with community services, social services, carers for housebound patients and with health visitors.
- 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 need 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 and tackling obesity.

Consent to care and treatment

Are services effective?

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 had consent protocols in place to support and guide staff and ensure consistency.

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.
- Staff provided support and advice to vulnerable patients such as those recently bereaved and patients living in vulnerable circumstances.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids, Interpretation services were available for patients who did not have English as a first language.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers and supported them.
- The practice sent birthday cards to patients aged 75 and over.

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.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We previously carried out an announced comprehensive inspection at Hawes Lane Surgery on 5 September 2017. At the time the practice was rated requires improvement for providing responsive services. The results from the most recent published national GP patient survey highlighted that some responses were below local and national averages in relation to access. Although we found that the practice had made some changes to improve access, at the point of our inspection the practice was unable to demonstrate sustained improvement and improved satisfaction in this area.

During this inspection we rated the practice as requires improvement for providing responsive services. The concerns which led to this rating apply to everyone using the practice, including all of the population groups which were rated as requires improvement.

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. For example, the practice held coffee mornings on Tuesdays and Thursdays for patients who may be socially isolated.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- There were facilities in place for people with disabilities and those with mobility difficulties. The practice was in the early stages of moving to a new purpose-built building which would improve facilities for patients and enable the practice to expand services
- Reasonable adjustments were made when patients found it hard to access services such as home visits.
- 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 offered an in-house phlebotomy service and diabetes clinic with specialist nurses.

Older people:

- Patients over the age of 75 had a named GP and a care co-ordinator in place at the practice.
- The practice was responsive to the needs of older patients, and offered urgent appointments for those with enhanced needs.
- The GP, practice nurse and healthcare assistant accommodated home visits for those who had difficulties getting to the practice. This included visits for blood tests and to administer the flu and shingles vaccines.
- The practice held a coffee morning every Tuesday and Thursday for patients to attend the aim was to benefit patients who may be socially isolated.

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.
- The practice operated a joint diabetic specialist clinic (DICE) every eight weeks with a hospital diabetic specialist nurse and with the practice nurse for their diabetic patients with complex needs.
- Patients receiving end of life care were discussed at multi-disciplinary team meetings so that information was shared in a timely manner.

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.

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, the practice had developed joint working in conjunction with six other

Are services responsive to people's needs?

general practices. This was part of a local federation. This enabled patients to access appointments across the six practices seven days a week which included weekday evenings and weekend mornings.

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 in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. Evidence seen that a vulnerable person with no fixed address was able to register at the practice.

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

- The practice worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Patients with complex needs and patients experiencing poor mental health were regularly discussed during MDT meetings.
- Performance for dementia related indicators for 2016/17 was 100%. No patients had been exception reported.
- Performance for overall mental health related indicators for 2016/17 was comparable to other practices nationally.

Timely access to care and treatment

During the previous inspection in September 2017, the results from the national GP patient survey published in July 2017, highlighted the practice was below local and national averages in relation to access and needed to explore ways to improve. At this inspection it was clear that the practice had made changes improve access for patients by implementing a number of actions. For example, the practice had developed joint working in conjunction with six other general practices as part of a local federation. This

enabled patients to access appointments across six neighbouring practices seven days a week which included weekday evenings and weekend mornings. Staff told us of plans to install a new telephone system at the end of May 2018. This would enable staff to manage demand and monitor call waiting times to improve efficiency. More telephone lines would be made available to reduce the time patients were waiting to get through to the practice by phone. However, some of the feedback from patients at this inspection indicated that access was still an area for improvement. At the time of the inspection there was insufficient evidence to suggest that all areas of the national GP patient survey which required improvement had been fully addressed. The actions taken to date by the practice would need further analysis to assess the impact on the ability of patients to access care and treatment in a timely manner and ensure long term sustainability.

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. For example, following a complaint about a delay in a report for a patient. The practice had written and apologised to the patient and made changes to ensure such reports were completed in a timely manner

Please refer to the Evidence Tables for further information.

Are services well-led?

We previously carried out an announced comprehensive inspection at Hawes Lane Surgery on 5 September 2017. At the time the practice was rated requires improvement for providing well led services. There was a lack of clinical oversight in some areas and a lack of evidence to support shared learning from significant events and complaints.

During this inspection we rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. This included the need for permanent GP's.
- The manager and GP's 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 and ensuring sustainable clinical leadership.

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 management and staff were passionate about the care they provided and took pride in being a caring compassionate practice.
- The practice had a realistic strategy and supporting business plans to achieve priorities this included the need for social prescribing and the need for a purpose-built premise.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.

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.

- 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.
- Although some of the clinical staff worked as locum, they 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.

- Systems and processes had been developed to support good governance and effective management. This included clinical leadership provided by one of the long-term locum. The practice manager who was also the provider had overall responsibility and oversight of the governance arrangements within the practice.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Overall the practice 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.

Are services well-led?

- 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 to improve efficiency.

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.
- There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care for example, implementing a new telephone system.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in place 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, staff and external partners to support high-quality sustainable services.

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to improve the service.
- There was an active patient participation group (PPG). The PPG worked alongside the practice to develop an in-house patient survey in response to results of the national GP survey. An action plan was developed and improvements made to help increase access for patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.
- The practice demonstrated proactive and innovative in ways to support vulnerable patients.

Please refer to the Evidence Tables for further information.