

Poverest 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. (Previous inspection - 26 March 2015– *Rating* – Good overall and requires improvement in effective)

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 Poverest Medical Centre on 18 April 2018 as part of our planned inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients told us that all staff at the practice were supportive and the care they received was excellent. Access to the service was good and patients told us they could book routine and emergency appointments when needed.
- The practice embraced integrated care and had referred 44 elderly patients onto the Integrated Care Network (ICN) programme, which is a scheme organised by Bromley Clinical Commissioning Group CCG that ensures elderly patients' social, emotional, mental and physical needs are met.
- The practice had a good understanding of its population and tailored its service accordingly.
- We saw many examples of feedback from patients thanking staff for the care and support they received.

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

- The practice should review role specific training for all staff.
- Reviewing the adequacy of the external risk assessments.

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 and an expert by experience.

Background to Poverest Medical Centre

The Poverest Medical Centre is located in Orpington in the London Borough of Bromley. The practice serves approximately 9,200 people living in the local area. The local area is diverse in terms of levels of deprivation including relatively affluent and relatively deprived locations. There is also a larger than average traveller community leading to a high turnover of registered patients.

The practice operates from a single site. It is situated in a two-storey building with seven consultation rooms and a minor surgery suite all consulting rooms are accessible on the ground floor.

There are five GP partners and one salaried GP working at the practice; three are male and three are female GPs. There is also a practice manager, three practice nurses and two health care assistants. Three of the GPs carry out minor surgery on site, for example, for joint injections or skin lesions.

The practice offers family planning services, including the fitting and removal of intrauterine devices (IUD). One of

the GPs offers a gynaecological services clinic and visiting hospital consultants carry out minor surgery for gynaecological issues on a weekly basis. This gynaecological service is open to all patients in the local area, regardless of whether they are registered with the practice. There are also antenatal and postnatal clinics with a GP on Tuesday afternoons, and antenatal appointments with a midwife on a Thursday afternoon.

The practice offers appointments on the day and patients can book appointments up to four weeks in advance. The practice has appointments from 8am to 6.30pm on Mondays to Fridays.

Patients are directed to call the '111' service for advice and onward referral to other primary care services when the practice is closed.

They are registered with the Care Quality Commission (CQC) to carry out the following regulated activities: Surgical procedures; Family planning; Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery services.

Are services safe?

Safety systems and processes

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

- The practice used an external company to conduct safety risk assessments, however the risk assessment did not identify the risk of the corded blinds in reception. This was discussed with the practice and after the inspection the practice told us they would be removing the blinds. It had safety policies which were regularly reviewed and communicated to staff.
- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- 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 the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- 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. Clinicians knew how to identify and manage patients with severe infections including sepsis. Whilst reception staff had not undertaken direct sepsis symptoms training, they had flow charts in reception which they would follow which indicated to them if a patient required urgent attention. The practice manager had also booked all staff members to attend Basic Life support training which would incorporate specific sepsis training in June 2018, we saw an email confirmation of this this had been booked before the inspection.
- 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, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Are services safe?

requirements and 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 to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The practice used an external company to conduct a

health and safety risk, the company had not identified the cord blinds in the reception area was a risk, however the day after the inspection the practice told us they would be removing the blinds.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had care plans for patients and GPs had a good awareness of their patient list, and the needs of complex patients

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 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 had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had weekly Integrated Care Network (ICN) video conferencing meetings initiated by the Clinical Commissioning Group (CCG) where they discussed older patients, other services attending included social services, a community matron, a district nurse, Age UK, a GP from the practice, a psychologist, a physiotherapist and someone from the mental health charity MIND. At

the time of the inspection the practice had referred 44 patients. Integrated Care Network would ensure the issue(s) for any patients identified as having a concern would be dealt within six weeks.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was in line with local and national averages.

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 slightly below the target percentage of 90% or above. The practice was aware of this and explained it was due to the practice's population and there being a large Traveller population with a turnover of these patients. Subsequently the practice had introduced new initiatives to improve the uptake of childhood immunisations. The practice manager set up a community engagement day where she liaised with the Traveller community where she and a lead GP discussed the importance of immunisations.
- 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.

Are services effective?

- 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 81%, which was above the 72% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had 20 patients on their learning disability register, 15 had received learning disability health checks within the last 12 months at the time of the inspection.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. We saw examples of when patients had care planning assessments and were seen opportunistically at times of emotional distress.
- There was a system for following up patients who failed to attend for administration of long term medication.

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (local average 82%, 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 is above the national average.
- The practice offered annual health checks to patients with a learning disability.

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 conducted an audit of prescribing Trimethoprim / Nitrofurantoin (antibiotics) which was done in association with the Clinical Commissioning Group (CCG). This showed an improvement compared to 2017. The Practice was still high in prescribing and was working to reduce antibiotic use. The practice also conducted an audit for female patients on Valproate which was a recurrent medicines alert. There was evidence of measures to review the effectiveness and appropriateness of the care provided through clinical and procedural audit.

The most recent published QOF results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96%. The overall exception reporting rate was 11% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Are services effective?

- 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 for most staff. On the day of the inspection out of four files checked we identified one non-clinical staff member had not undertaken basic life support training, fire, and infection control. We also identified that one clinical staff member had not undertaken fire training or infection control training. We discussed this with the practice who told us they were in the process of reviewing training for staff to ensure all staff were up to date with all role specific training. After the inspection the practice provided evidence to demonstrate staff were up to date with training. Staff were encouraged and given opportunities to develop.
- 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.
- 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 with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect.
- We saw many examples of feedback from patients thanking staff for the care and support they received.

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.
- Patients reported that the GPs were caring, responsive to their needs and always took the time to listen to all issues the patients had. All patients we spoke with were happy with the services the clinicians provided.

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.
- The practice complied with the Data Protection Act 1998.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice had a large Traveller community and they had set up initiatives to engage with them to encourage the uptake of immunisations.
- 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 was designed to accommodate disabled access all consultations rooms were on the ground floor. There were toilet facilities which were accessible for wheelchair users and a hearing loop available at reception.
- The practice was responsible for looking after a local residential/nursing home for Polish patients, they undertook weekly visits.
- The practice hosted onsite the GP Alliance extended access services. These provide extended hours in the evening and on the weekend for patients in Bromley.
- The practice provided minor surgery on site for "lumps and bumps" this was carried out by one of the practice GPs including referrals from other practices.

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 GP and Nurse Practitioner also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- All older patients had alerts on their records to say that they are vulnerable. This allowed staff to be sensitive to their needs.
- The practice held weekly Integrated Care Network (ICN) video conferencing meetings which is a scheme organised by Bromley Clinical Commissioning Group

CCG that ensures elderly patients social, emotional, mental and physical needs are met. Other services attending included social services, a community matron, a district nurse, Age UK, a GP from the practice, psychologist and physiotherapist and someone from the mental health charity MIND. At the time of the inspection the practice had referred 44 patients.

- The practice undertook quarterly palliative care meetings.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice worked with a local diabetic centre and Kings College Hospital in collaborative research studies.
- The practice provided Asthma and COPD Nurse led clinics.
- The practice offered smoking cessation and spirometry.

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.
- The practice worked with the Clinical Commissioning Group (CCG) to provide an increase in same day appointment availability specifically for children under 18. In addition, the practice saw children with urgent needs at any time of day if a GP was on site.
- The practice had GP led pre-conception counselling, ante-natal and post-natal care and baby checks.
- The practice had hosted a midwifery service on site to provide ante-natal care to patients, so patients could alternate appointments between the GP and the midwife.

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

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.
- Appointments were offered via Bromley GP Alliance clinical services and were available until 8pm on week days and weekends.
- Emergency telephone consultations were provided which began at 8am.

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.
- All patients with a learning disability had alerts on their records to say that they were vulnerable. The practice had 20 patients on their learning disability register, 15 had received learning disability health checks within the last 12 months at the time of the inspection.
- All clinicians had received in house training for domestic violence.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was evidence the GPs worked to provide responsive care for patients with severe mental health needs. The practice held meetings with a consultant psychiatrist to ensure patients' needs were met.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice provided a range of appointments and access options which allowed patients to access care and treatment within an acceptable timescale for their needs:
- Results from the patient survey showed patients satisfaction with how they could access care and treatment were in line with national and local averages
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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. Our review of the three out of eleven complaints received in the last year showed the complaints process was being followed effectively.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The partners prioritised providing high quality care to patients and were fully aware of all challenges facing delivery of the service long-term. Their assessment of quality and risk to patient care was consistent and comprehensive.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive 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 practice had a realistic strategy and supporting business plans to 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.
- Staffing levels and skill mix was continuously reviewed and adapted to respond to the changing needs and circumstances of people using the service.
- There were positive relationships between staff and the leadership team.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There was a complete and contemporaneous record kept of incidents and lessons learned.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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.
- 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 was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of 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.
- The practice undertook weekly clinical meetings and integrated care video conferencing meetings. The also undertook quarterly safeguarding, palliative, and all staff meetings.

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 and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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 an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice informed us they would be continuing having quarterly meetings, and incorporating training into these meetings.
- 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.