Willesden Green Surgery

Quality 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 service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. The practice has not previously been inspected.

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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Willesden Green Surgery on 16 March 2018 as part of our 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. The practice received positive patient feedback about these aspects of the service.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The practice responded to complaints and used patient feedback to improve the service.
- There was visible and approachable leadership and a focus on continuous learning and improvement. Staff felt supported and able to develop in their roles.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Willesden Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser.

Background to Willesden Green Surgery

Willesden Green Surgery provides services to approximately 3800 patients in the Willesden Green area of West London through a general medical services contract. The practice is part of the Brent Clinical Commissioning Group. The practice is located in a converted residential property.

The service is provided through a partnership of two full-time GPs. The practice additionally employs two part-time practice nurses, two managers and several receptionists. Patients are not currently able to consult with a female GP at this practice.

The practice is open Monday to Friday from 9am to 1pm and from 4pm to 7pm apart from Monday when the practice remains open until 8pm. Appointments are available in both the morning and afternoon/evening sessions.

Out of hours primary care is contracted to a local out of hours care provider including the early morning and the early afternoon when the practice is closed. The practice provides patients with information in the practice leaflet, on an answerphone and on the practice door about how to access urgent care out of hours. The practice can also direct patients to the local primary care 'hub' service which offers appointments with GPs and nurses in the evenings and at weekends.

The local practice population is a little below the English average in terms of socio-economic indicators such as employment rates but in line with national levels of life expectancy. The practice has a high proportion of adult patients aged between 18-65 years, and a relatively small population (around 5%) of patients aged over 75. The practice population is ethnically diverse with 52% being from black or minority ethnic groups.

The practice is registered to provide the following regulatory activities: maternity and midwifery services; diagnostic and screening procedures; surgical procedures and treatment of disease, disorder or injury.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly 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.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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.
- 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 for all staff members. (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 systems in place 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. The practice staff had not maintained a comprehensive written record of the checks they carried out to ensure the oxygen and defibrillator were ready for use. The practice submitted evidence to show it was now keeping written logs of these checks shortly after the inspection.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate 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. The practice

Good

Are services safe?

had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal 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 had recently experienced a power cut and had followed its business continuity plan to remain open until the power was restored.
- 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.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. 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. For example the practice reviewed all patient deaths or new cancer diagnoses in the clinical meetings to identify any areas for improvement. As a result of a recent case, the doctors had reviewed the way they could more proactively identify patients at risk of depression.
- There was a system for receiving and acting on safety alerts. Any alerts were reviewed at the next clinical meeting and agreed actions documented in the minutes.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the 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' 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. Several patients commented that they were always listened to; their concerns taken seriously and treated as individuals.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or otherwise vulnerable received an assessment of their physical, mental and social needs. The practice identified patients aged 75 and over who were at risk of sudden deterioration or hospital admission. Those identified as at risk had a clinical review including a review of medication.
- The practice carried out regular medicines reviews for older patients taking multiple medicines. Prescriptions were adjusted or stopped when medicines were no longer needed or could lead to negative interactions in specific combinations.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services and supported by an appropriate care plan with input from a multidisciplinary team of health and social services professionals.
- 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 offered immunisations, for example against influenza and shingles, to older patients in line with NHS guidelines.

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.
- Where appropriate, GPs followed up patients who had received treatment in hospital or through out of hours services.
- The practice held a weekly diabetic clinic. It was able to initiate insulin treatment for eligible patients from its own list and those registered with other local practices.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above in 2016/17.
- The practice had arrangements for following up children who had failed to attend for their childhood immunisations or for specialist appointments.
- The practice supported pregnant patients and offered postnatal and baby checks at six and eight weeks.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university.

Good

Are services effective?

(for example, treatment is effective)

- 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 was able to refer carers to supportive services for example offering short breaks and respite care.

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

- 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.
- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 95% 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 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 100% of patients experiencing poor mental health had a documented record of their alcohol consumption. This is above the national average.

Monitoring care and treatment

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

The most recent published QOF results were 99.4% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.3% and national average of 95.6%. The overall clinical exception reporting rate was 8% compared with the 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. For example, it had taken action to ensure that it was prescribing hypnotic medicines in short courses in line with national guidance.
- The practice was actively involved in quality improvement activity. For example, the practice had undertaken multiple clinical audits over the previous two years. A recent example included a completed two-cycle audit of the management of patients prescribed warfarin, a type of anticoagulant. The practice was meeting expected quality standards but the audit highlighted some areas for improvement, for example additional patient education.
- Where appropriate, clinicians took part in local and national improvement initiatives. The practice was aware of its relative performance against various benchmarks and indicators shared by its clinical commissioning group and local prescribing team.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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, appraisals and support for revalidation.
- There was a clear procedure 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.

Good

Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.

Helping patients to live healthier lives

Staff were 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 health.
- 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. The practice was able to refer patients for dietary advice and to local exercise schemes.

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

Good

Are services caring?

Our findings

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.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- We interviewed five patients and received 23 completed Care Quality Commission comment cards. All of this feedback was positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and forty questionnaires were sent out and 83 were returned. This was a response rate of 24% and represented about 2.5% of the practice population. The practice achieved above average patient satisfaction scores for consultations with GPs and nurses when compared against other practices in the clinical commissioning group area. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 84%; national average - 91%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 84%; national average - 91%.

Involvement in decisions about care and treatment

Staff involved patients in decisions about their care. The practice was aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multilingual staff who might be able to support them, for example the doctors spoke Arabic.
- Staff communicated with patients in a way that they could understand, for example, some communication aids and easy read materials were available for specific tests or conditions.
- Staff helped patients and their carers find further information and access community and advocacy services. Several patients commented that the practice doctors were good at listening and took the time to ensure that they had covered patients' concerns and questions.

The practice identified patients who were carers when new patients registered and through the care planning process. The practice's computer system alerted staff if a patient was also a carer. The practice had identified 48 patients as carers (> 1% of the practice list).

- Staff told us that if families had experienced bereavement, their usual GP contacted them and offered a consultation. The practice provided advice on available bereavement counselling services.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local averages:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 84%; national average - 90%.

Good

Are services caring?

- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The receptionists took steps to reduce the risk of their conversations with patients being overheard in the waiting room

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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, it offered extended opening hours and online services such as repeat prescription requests and appointment booking.
- The practice had a large number of patients who were Arabic speakers. The practice had Arabic-speaking staff including the GPs.
- The facilities and premises were appropriate for the services delivered.
- The practice was accessible. Practice staff and receptionists were aware of individual patients who might have difficulty accessing the service or remembering appointments, for example patients with dementia.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was not able to offer GP consultations with a female GP at the time of the inspection. It was able to direct patients who wanted to consult a female GP to the local primary care 'hub' service.

Older people:

- All patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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 more complex problems.

Families, children and young people:

- 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 urgent concerns about a child under the age of 12 were offered a same day appointment.

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 was open daily outside of working hours.
- Telephone consultations were available which supported patients who were unable to attend the practice in person.

People whose circumstances make them vulnerable:

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability and carers. Alerts were added to the computer system to remind staff when these patients contacted the practice, for example to book an appointment.

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

- The practice had a number of registered patients who had entered the UK as refugees. The practice was responsive to the mental health needs of these patients and had noted high rates of post traumatic stress in this group.

Timely access to care

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.
- Patients reported that the appointment system was easy to use.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patient feedback indicated that appointments sometimes ran late. However patients we spoke with told us they understood that this occurred because the GPs took time during consultations when patients needed this.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and forty questionnaires were sent out and 83 were returned. This was a response rate of 24% and represented about 2.5% of the practice population.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone; CCG - 65%; national average - 71%.
- 87% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 77%; national average - 84%.
- 88% of patients who responded said their last appointment was convenient; CCG - 72%; national average - 81%.
- 80% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 39% of patients who responded said they don't normally have to wait too long to be seen; CCG - 44%; national average - 58%.

The practice was aware that it scored below average on patient experience of delays to appointments. As a result, the receptionists now sent an electronic reminder to the GPs when a consultation had been going on for 10 minutes and other patients were waiting.

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.
- The complaint policy and procedures were in line with recognised guidance. The practice had treated four incidents as complaints although only one of these was a written complaint. We reviewed the four complaints and found that they were satisfactorily handled in a timely way. Patients were offered a meeting to discuss their concerns.
- The practice learned lessons from individual concerns and complaints. For example, the practice had not upheld one complaint relating to parental consent as it had followed the correct procedures but had used the complaint as an opportunity to discuss the case with staff and review its procedures.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

The practice was led by the GP partners with the support of the managers and staff. They had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The GPs and managers were visible and approachable.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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 and local priorities for primary care.

Culture

The practice had a positive working culture and an ethos to provide individualised and compassionate patient 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. For example the GP had held meetings with patients to discuss complaints which were not upheld.
- The practice promoted a culture of openness although it did not have an explicit policy on the duty of candour at the time of the inspection for staff to refer to. It drafted a written policy and submitted this as evidence shortly after the inspection visit.
- 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 needed. This included appraisal and career development conversations. All established staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice promoted equality and diversity. Staff had received equality and diversity training.

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 set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- 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. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice took into account the views of patients when assessing performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group. Patient participation group members we met described the practice as responsive to their ideas and suggestions.
- The service was open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement. For example the practice had carried out multiple clinical audits over the last two years.
- The practice had a development strategy. For example it had identified a need to expand in line with an increase in patient registrations. It was looking to secure an additional GP (female if possible) and larger premises.
- 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 review individual and team objectives, processes and performance.