

Kinson Road Medical Centre

Quality Report

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Bournemouth
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Date of inspection visit: 31 January 2018

Date of publication: 22/03/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this 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	

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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 Kinson Road Medical Centre on 31 January 2018, as part of our inspection programme.

At this inspection we found:

- The practice had formed a new legal entity in December 2017 with Dr Andrew Brewer as the provider; this had been following a merger and an increase in patient's numbers to 11,000. As a result of the recent change there is no published performance data.
- The practice had managed the merger well and developed cohesive teams who worked across both sites. They had kept patients informed of the changes throughout the process.
- 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.
- The practice used complaints they received to improve and responded openly and honestly to concerns raised and took appropriate action when needed.
- 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. Walk in appointments were available on a daily basis, these were also open to patients not registered at the practice.

Summary of findings

- The practice proactively identified patients who were carers. This was achieved by asking new patients when they registered and there was information on their website. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers.
- Patients told us they were routinely given sufficient time with clinicians to meet their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was a focus on staff wellbeing by the leadership team. Staff were able to work flexible hours to enable a work life balance, which allowed the practice to offer lunchtime appointments.
- Governance structures enabled staff to have clear roles and responsibilities and the leadership were approachable and visible in the practice.

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

Kinson Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kinson Road Medical Centre

The registered provider of Kinson Road Medical Centre is Dr Andrew Brewer. The legal entity changed in December 2017 following a merger with another practice. Kinson Road Medical Centre now provides care and treatment to approximately 11,000 patients at two sites.

The practice consists of a main location situated at:

Kinson Road Medical Centre

440 Kinson Road

Bournemouth

Dorset

BH10 5EY

There is also a branch surgery at:

West Howe Clinic

Cunningham Crescent

West Howe

BH11 8DN

Both sites were visited as part of this inspection.

- The mix of patient's gender (male/female) is almost 50%.
- 11% of the patients are aged over 75 years old.
- 29% of the practice population were under the age of 25 years, with 16% aged 5 to 18 years old.
- 34% of patients have a long standing health condition.
- There was no data available to us at this time regarding ethnicity of patients but the practice stated that the majority of their patients were white British.
- Information from the local clinical commissioning group (CCG) and Public Health England showed higher levels of deprivation and unemployment amongst patients registered at Kinson Road Medical Centre. This was in comparison to other primary medical services in Dorset, and across England.

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

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 conducted safety risk assessments. It had a suite of 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 regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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.
- 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). They had ensured that staff who remained after the merger had had appropriate checks carried out.
- All staff received up-to-date safeguarding and safety training appropriate to their role. All GPs had received safeguarding training for children to level 3. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were 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 induction system for temporary staff tailored to their role.
- 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, for example, 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.
- 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 medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. 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 audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- 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.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system 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, a GP prescribed a medicine during a home visit that the patient was allergic to. The patient contacted the practice to inform them of the error and another suitable medicine was prescribed. The GP concerned acknowledge that they should have read the home visit details thoroughly prior to prescribing the medicine and apologised to the patient. The GPs performance was monitored appropriately after this incident. This incident was shared at a practice meeting to alert all GPs.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

The registered provider for this service changed in December 2017, from a partnership called Kinson Road Medical Centre to Dr Andrew Brewer whilst maintaining the same name for the practice. As a result performance data on this provider is not yet available.

At the time of inspection there was no published data for the Quality and Outcome Framework (QOF) results for Dr Andrew Brewer.

The provider gave us unverified data which showed that they anticipated that their QOF results would be effected for the time period 2017/18 due to the recent changes. However they had identified areas where improvement was needed, in particular diabetes care, and had put an action plan in place to address this for 2018/19.

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.
- The practice used electronic prescriptions, text reminders and enabled patients to have on line access to their records. They also loaned out blood pressure monitors to enable patients to record their blood pressure whilst undertaking their usual activities.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.

- 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.
- The practice regularly held a 'virtual ward' meeting with community nurses, health and social care coordinators and social workers, to discuss patients care and treatment. This enabled appropriate services such as paid carers, support services for relatives and referrals to secondary services to be made and coordinated with all the health care professionals involved providing care.

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.

Families, children and young people:

- Childhood immunisations were offered in line with the national childhood vaccination programme.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- 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.

Are services effective?

(for example, treatment is effective)

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.

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

- Patients who were newly diagnosed with a mental health condition were reviewed within 12 months of their diagnosis.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. All patients living with dementia had received appropriate health checks and had a care plan in place.

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. This included audits of patients who were on medicines used to thin blood to prevent clot formation.

The practice ran a search on patients who were on dual therapy in December 2017, a combination of two blood thinning medicines. This was done to check that they had not received treatment for longer than the recommended 13 months and also to ensure a stop date had been put on their prescription. Results showed that 12 of the 35 patients had received the medicines for longer than needed, with none of the patients having a stop date on their prescription. The practice reviewed these patients and unless it was clinically needed, discontinued dual therapy. They also ensured that all patients on dual therapy had a stop date entered on their prescriptions.

Where appropriate, clinicians took part in local and national improvement initiatives. The practice was leading a transformation project to develop a model of working at scale and sharing resources and best practice, with five other practices in the locality.

- The practice used information about care and treatment to make improvements. They had audited the

number of patients who were on non-steroidal anti-inflammatory medicines (NSAIDs are a pain relieving medicine) to ensure these were relevant and in line with best practice. Results from this audit showed that the most appropriate NSAIDs were prescribed as first line treatments. Patients on other NSAIDs were found to be stable and still required these medicines.

- 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. 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, supervision meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. 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.
- 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, 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

Are services effective?

(for example, treatment is effective)

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 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, 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.

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 room to discuss their needs.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with feedback received by the practice.
- We saw a member of the reception team supporting a patient and their relative in the waiting area. The member of staff was aware of the patient being visually impaired and guided them to the seating area and made sure they were aware when it was time for their appointment.

As the provider registered in December 2017 there are no current patient safety results.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were 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):

- Interpretation 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. Other translation services included those for deaf or blind patients.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available on request.
- 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 patients who were carers. This was achieved by asking new patients when they registered and there was information on their website. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers.

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Carers were offered an annual flu vaccination and their health was also monitored.
- Staff told us that if families had experienced bereavement, their usual GP would visit the bereaved and provide support as needed including providing assistance in liaising with funeral directors.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

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 across all population groups.

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. A range of appointments were offered for patients which included on the day, pre-bookable routine and telephone appointments. Patients were able to book on-line, over the telephone or face to face. There were two duty GPs which enabled walk in appointments to be offered.
- Extended hours appointments were offered on two mornings and two evenings a week, with access to two GPs during this time.
- We were told by one patient that they needed an appointment on a specific day as requested by a GP, but there were no slots available. A member of reception staff spoke with the GP concerned and they were able to find an appropriate time for the patient to be seen as needed.
- Practice nurses routinely had 15 minute appointment times.
- Extended appointments were available on request or automatically for issues such as long term conditions; dressing changes and travel vaccinations.
- Reception staff had a list of the competencies of nursing staff and health care assistants' so they were able to book appointments with the relevant member of staff to meet patients' needs.
- Online services included repeat prescription requests.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they provided patients with details of voluntary car drivers who could assist with transport to the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited mobility.
- The practice worked with a community nurse designated to care for frail older patients to reduce unavoidable admissions to hospital.

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.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Contraceptive services and sexual health appointments were offered and there was a monthly women's health clinic.

Are services responsive to people's needs?

(for example, to feedback?)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and appointments during lunchtimes.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Extended appointments were offered for vulnerable patients when needed.
- 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. All staff had received dementia awareness training and the practice was accredited as dementia friendly.
- Patients were referred to appropriate support services according to their age, for example child and adolescence mental health or Age Concern.

Timely access to the service

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.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had reviewed 19 complaints received since December 2016 as part of the merger process as they had identified shortfalls in the system used by the practice they merged with. (Prior to the merger Kinson Road Medical Centre provided managerial support for four months). We found all were satisfactorily handled in a timely way.
- 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, one complaint was about being able to overhear a discussion between two members of staff about seeing the patient that day. The patient considered this to be disrespectful. This was discussed with the staff members involved and at a staff meeting. A reminder was given to all staff to ensure such discussions could not be overheard.

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 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.
- They had managed a merger with another practice which increased the number patients registered by approximately 3000. Due to strong leadership the transition was smooth and staff and patients were kept informed in a timely manner. Time was given for staff and patients to comment on changes and their views were acted upon.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- 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 leadership team including the current provider had worked with all staff before and after the merger to promote good working relationships. This had included shared learning days; staff working at all branches and social events.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, 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. GPs were offered flexible working patterns, which included later starts to enable a work life balance and provide more patient choice for appointments. Practice nurses told us that flexible and part time working patterns were available and staff hours were monitored proactively to ensure wellbeing.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

Good 

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

- 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a patient participation group (PPG) and the practice recognised this as an area for improvement. . The practice actively encouraged patients to become part of the group and was looking at hosting a virtual group. Kinson Road Medical Centre had a presence on social media and used this to gather patients' views and recruit to the PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

Good 

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

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.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.