

# Dr Jayesh Bhatt

## Inspection report

Park Medical Centre  
57 Hawkstone Road  
London  
SE16 2PE  
Tel: 02072322243  
www.parkmedicalcentresouthwark.co.uk

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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 October 2017 – Requires Improvement)

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 Dr Jayesh Bhatt, known to patients as Park Medical Centre, on 17 May 2018 to follow up on breaches of regulations identified in our previous inspection in October 2017.

At our previous inspection we told the provider they must make improvement to:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

We also identified areas where the provider should make improvement including:

- Advertise translation in waiting area.
- Take action to increase the proportion of patients who receive appropriate and timely reviews.
- Assess and take action to increase the uptake of the MMR vaccine

The full comprehensive report from the inspection undertaken in October 2017 can be found by selecting the 'all reports' link for Dr Jayesh Bhatt on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found:

- The practice had put in place systems and processes which addressed the concerns raised at our previous inspection.
- 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.
- Most patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Review the practice policy and procedure for receiving, reviewing, acting on and learning from external safety events as well as patient and medicine safety alerts, ensuring the policy reflects working practice.
- Consider the requirement for and benefit of having pulse oximeters for use on children.
- Review cleaning schedules, practices and record keeping ensuring clinical equipment cleaning is recorded and checked in line with other cleaning.
- Continue to monitor and improve childhood immunisation uptake rates.

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

## Population group ratings

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

## Our inspection team

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

## Background to Dr Jayesh Bhatt

Dr Jayesh Bhatt operates from Park Medical Centre, London, Southwark SE16 2PE which are purpose built premises located on ground level. The service is accessible for those with mobility problems. Dr Jayesh Bhatt is part of Southwark CCG and serves approximately 5,800 patients. The practice is part of a GP federation.

The demographics of the practice population is broadly comparable to national averages. The practice is ranked in the second most deprived decile on the Index of Multiple Deprivation and the levels of deprivation affecting children and older people is approximately twice the national average.

The practice is open between 8am and 7.30pm on a Monday, 8am and 6.30pm on Tuesday, Wednesday and Friday and 7am to 6.30pm on a Thursday. The practice could also refer patients to a local extended primary care clinic open 8am until 8pm every day. Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice is run by two GP partners. There are four salaried GPs, one clinical pharmacist, one practice nurse and one healthcare assistant. The practice is also supported by locum GPs who work between five and six sessions per week. The practice provides 32 clinical sessions per week. The non-clinical team is led by a practice manager, supported by a secretary, an IT lead, a medical reception administrator, a senior receptionist and three receptionists.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is registered with the CQC for the following regulated activities: Family Planning; Treatment of Disease, Disorder or Injury; Maternity and Midwifery Services; Diagnostic and Screening Procedures.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Since our last inspection, the practice had developed and introduced a new system for carrying out robust staff checks at the time of recruitment and on an ongoing basis. The practice had used the system in employing a new member of staff and were evaluating the system to identify improvements. We saw that the system was now effective in checking and recording clinical staff professional registration and medical indemnity status.
- There was an effective system to manage infection prevention and control; however, the practice did not clearly record when clinical equipment, such as the nebuliser, spirometer and ear irrigator, had been cleaned.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays,

sickness, busy periods and epidemics. The practice had increased its clinical and non-clinical staff to respond to service requirements including improving patient access to appointments and clinical reviews.

- 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.
- 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.
- Since our last inspection, the practice had made improvements to their clinical correspondence system including a new computer programme, clinicians viewing documents within 48 hours of the practice receiving them, and a dedicated member of staff with oversight of the new system, including regular reviews assessing effectiveness and improving the system.

## 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, emergency medicines and equipment, minimised risks. The practice had reviewed their emergency equipment policy and had clearly documented checks of emergency equipment and medicines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with

## Are services safe?

current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance. This included employing a clinical pharmacist to assist with medicines and prescribing audits.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Since our last inspection the practice had implemented a new system which kept prescription stationery secure including monitoring prescription use.

### Track record on safety

The practice had a good track record on safety.

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

### 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 acted to improve safety in the practice.
- The practice had an effective system for receiving, reviewing, acting on and learning from external safety events as well as patient and medicine safety alerts, however the systems used did not follow the service policy and procedure which required review.

**Please refer to the Evidence Table for further information.**

# Are services effective?

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

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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 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 medicines. The service had carried out 28 reviews and referrals under this system since February 2017.
- Older patients were invited for a holistic health and wellbeing assessment under a multi-agency care coordination scheme. The assessment was carried out either at the practice or in the patients' home with a nurse and followed up with a GP appointment to identify and agree proactive patient centered goals and care planning. The practice identified 58 eligible patients for scheme, 31 patients were further identified as being appropriately monitored on different schemes. Of the 27 patients offered a health check, four declined and the practice had completed 23 health assessments since October 2017, against a federation target of 18 assessments.

- 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 worked with the local GP federation to provide weekly GP visits to a local residential care home.

#### 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services, for example for an acute exacerbation of asthma.
- 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

#### 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, averaging 89% across the four indicators for 2016/17. However, the practice also provided figures for the 2017/18 submission year, showing a decline in uptake to an average of 81% across the four indicators. The practice was aware of this and had reviewed how they offer appointments, when and how they remind patients to include an electronic reminder and the actions taken for non-attendance. The practice had also introduced a new clinic offering

## Are services effective?

parents the opportunity to attend the service with their child and attend all of the recommended appointments including immunisations, during one session to improve uptake in this population group.

- 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.
- The practice had arrangements for following up failed attendance of children's appointments for example 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 67%, which was in line with the CCG average of 66% and the national average of 72% but below the 80% coverage target for the national screening programme. The practice had an effective call and recall system and opportunistically approached relevant patients to provide them with information to make an informed decision about attending a screening appointment.
- 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 considered the needs of those whose circumstances may make them vulnerable.
- The practice worked with a local GP practice to review and develop their registration policy to include arrangements for registering homeless people in response to the closure of a nearby walk in centre often used by this patient group.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice took part in a wide range of social prescribing schemes including food bank vouchers and sports and leisure activities.

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.
- There was a system for following up patients who failed to attend for administration of long term medication.
- 77% of patients (20 out of 26) diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to other practices locally and nationally.
- 77% of patients (56 out of 73) 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 other practices locally and nationally.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 81% of patients (61 out of 75) experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to other practices locally and nationally.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

### Monitoring care and treatment

Since our last inspection the practice had introduced a comprehensive programme of quality improvement activity, considering areas of improvement, identifying audit topics based on shared information and new guidelines as well as emerging risks. The programme enabled the practice to routinely review the effectiveness and appropriateness of the care provided. For example, the practice regularly engaged in virtual clinics, multidisciplinary reviews and referrals for patients with hypertension, diabetes and respiratory conditions. These clinics also supported practice audit themes including prescribing and treatment audits for hypertension and urinary tract infections, carried out with the assistance of the practice clinical pharmacist. Each of the audits

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identified key themes and improvement actions which were shared with staff in a timely manner including prescribing guidelines and further information for patients. The practice reviewed their actions for effectiveness and found marked improvement in the blood pressures of hypertensive patients and more use of social prescribing and lifestyle advice. There was also better compliance with guidelines for the treatment of urinary tract infections and prescribing antibiotics. For example, the percentage of patients in at risk groups who had a urine sample sent for further analysis had increased from 56% to 90% in the second audit cycle.

Where appropriate, clinicians took part in local and national improvement initiatives. The practice took part in a local medicines optimisation initiative where results demonstrated consistently high performance in the appropriate prescribing of high risk antibiotic medicines.

### 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.
- 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, 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.

### 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. They 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may need extra support and provided that support themselves and/or 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 and had identified and trained a staff member in the role of care navigator to coordinate these efforts.
- 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.

## Are services effective?

- 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 as good for providing caring services.**

### **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.

### **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 or accessible.
- 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.

### **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 and had systems in place to manage challenging behaviour of patients.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

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.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice introduced a dedicated post-natal clinic where post-natal and baby checks could happen on the same day as a visit to the health visitors and the baby's scheduled immunisations at 8 weeks old, improving uptake and providing easy access for parents.

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, offering extended opening hours and directing patients to the local primary care clinic open 8am to 8pm 7 days per week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice made use of a wide range of social prescribing schemes relevant to this group.

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.
- The practice held annual reviews for these patients and were engaged with local CCG initiatives for supporting mental health.

## Timely access to care and treatment

Patients could 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.

## Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most patients reported that the appointment system was easy to use.
- The practice worked with the local GP federation to direct people to the local primary care clinic when routine appointments were not available. Further salaried GPs had been recruited to increase the number of appointments available and provide better access for patients.

### **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 looked for trends. It acted as a result to improve the quality of care.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

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

## Leadership capacity and capability

Leaders had developed additional capacity and skills to improve the quality and sustainability of the care provided.

- Leaders, including recently appointed salaried GPs, were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice leadership team 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.
- Leaders had engaged with the local GP federation to make improvements identified in our previous inspections.

## 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.
- Leaders and managers acted on behaviour and performance inconsistent 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 could 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 appraisals since our last inspection and there were plans to continue these on an annual basis. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their work.
- There was a culture promoting the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff across the practice.

## 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 and had improved since our last inspection.
- 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.

## 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.

### 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 leaders, 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 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.

- The practice demonstrated a focus on continuous learning and improvement by implementing systems and processes to address concerns raised at previous inspections. For example, by implementing, monitoring and reviewing a new clinical correspondence system and appointing a lead member of staff to oversee the system.
- 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.

**Please refer to the Evidence Tables for further information.**