

Balaam Street Surgery

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

The key questions at this inspection 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 Balaam Street Surgery on 26 September 2018 as part of our inspection programme and following a change to the provider's registration. The practice was previously registered as a partnership, and this inspection was of the new individual provider who registered with the CQC in March 2018.

At this inspection we found:

- There were no recent fire drills documented by the practice.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff had received up to date safeguarding training appropriate to their role.
- Staff had the skills, knowledge and experience to carry out their roles.
- The practice reviewed and monitored the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to relevant and current evidence based guidance and standards.

- The practice had an active patient participation group who were involved with the development of the practice.
- The practice had implemented a new online booking and triage system to improve access to appointments.
- There was a clear leadership structure, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- There was a focus on continuous learning and improvement.

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

- Take action to ensure that fire evacuation drills are completed and documented appropriately.
- Review where documents relating to staff checks and training are saved on the computer system.
- Develop a system for ensuring that electrical and medical equipment in the doctor's bag is in good working order.
- Take action to ensure there is a functioning hearing loop which staff know how to use.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Balaam Street Surgery

Balaam Street Practice is situated within the Newham Clinical Commissioning Group (CCG) at 113 Balaam Street, Plaistow, London E13 8AF. The practice provides services under a Personal Medical Services contract to approximately 5734 patients and is located within a purpose-built health centre it shares with a local health visitor service. The practice website is: balaamstreetsurgery.nhs.uk. Balaam Street Surgery is registered with the CQC to carry on the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury. The practice was previously registered as a partnership, and this inspection was of the new individual provider who registered with the CQC in March 2018.

The staff team at Balaam Street Surgery at the time of inspection includes: the lead (male) GP working ten sessions per week, two locum GPs (one female working one session and one male working six sessions per week), two female practice nurses (one working four sessions and the other two sessions per week), a female healthcare assistant working four sessions per week, a full-time practice manager, a part-time business manager, and a team of reception and administrative staff working a mixture of part time hours.

The practice is open Monday to Friday from 8am to 6.30pm. Face to face GP appointments are available on Monday, Tuesday and Friday from 9.30am to 6.30pm, and on Wednesday and Thursday from 10am to 1pm and 3pm to 6.30pm. Telephone GP consultations are available Monday to Friday from 8am to 6.30pm.

Appointments include home visits, telephone consultations, and same-day and pre-bookable appointments. Urgent appointments are available for patients who need them. Extended hours are not provided by the practice but are available at other GP practice locations through the Newham GP Co-Op service every weekday from 6.30pm to 10pm and on Saturday and Sunday from 8am to 8pm. Patients who telephone when the practice is closed are transferred automatically to the local out-of-hours service provider.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Sixty five percent of people in the practice area were from Black and Ethnic Minority (BME) groups. The practice area has a relatively high population of people whose working status is unemployed at 11%, compared to 4% nationally, and a lower percentage of people over 65 years of age at 7%, compared to 17% nationally.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse and staff knew how to identify and report concerns.
- We saw evidence of appropriate adult and child safeguarding training for all staff, except there was no evidence that one of the nurses had completed any adult safeguarding training in their staff file. However, following the inspection the practice provided evidence that the nurse had completed adult safeguarding training in July 2017 and said that the certificate had been saved elsewhere on the computer system.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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.) However, one non-clinical staff member was trained to act as a chaperone but they only had a standard rather than an enhanced DBS check and there was no risk assessment in place to support this decision. Following the inspection, the provider sent evidence demonstrating that an enhanced DBS check had been requested for this staff member.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- Arrangements for managing waste and clinical specimens kept people safe and an up to date audit was in place.
- The practice had arrangements to ensure that facilities and equipment at the practice were safe and in good working order. However, there was no system to check the testing and calibration of medical and electrical equipment in the doctor's bag for home visits (although, when we checked, the equipment was in good working order as it was still within a year of purchase).

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety, except in relation to one aspect of fire safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role, which was documented in induction meeting minutes.
- 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.
- Evidence demonstrated that the most recent fire drill had taken place in May 2017; there was no documentation of any more recent fire drills completed by the practice. On the day of inspection, we found that some staff had not completed any fire safety training. Following the inspection, the provider sent evidence demonstrating that all staff had now completed this training.

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 and there was an effective system for managing tests and results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- We checked medicines and found they were stored securely and were only accessible to authorised staff. We saw evidence the practice completed daily monitoring of the refrigerator temperatures.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- We saw the practice had taken action and reduced prescribing in response to data from the CCG which evidenced high prescribing of Benzodiazepine in the practice compared to other practices within Newham.
- 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.
- The nurses used Patient Group Directions (PGDs) to administer medicines (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). PGDs had been produced in line with legal requirements and national guidance. Nurses had received appropriate training to administer the medicines referred to.

Track record on safety

The practice had risk assessments in relation to some safety issues, but not others.

- Although the practice did not have sight of any health and safety risk assessment completed for the whole shared building (owned by NHS Property Services), one of the nurses completes a monthly health and safety risk assessment for the practice.
- A fire risk assessment had been completed in June 2018 with the overall fire safety risk identified as 'low' for the premises.
- There was an effective system for receiving and acting upon safety alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. 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.

Please refer to the evidence tables for further information.

Are services effective?

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

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.
- The practice had implemented a new online booking and triage system which enabled clinicians to efficiently assess patient need.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Patients aged over 75 were invited for an annual health check. If necessary they were referred to other services such as voluntary services. The practice had 177 patients aged over 75, and 82% of these patients had received an annual health check in the last 12 months.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that care plans and prescriptions were updated to reflect any changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, clinicians 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.

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients 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's performance on quality indicators for 2016/2017 for long term conditions was generally in line with or above national averages, except in relation to the percentage of patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (practice 70%, CCG 74%, national 80%) and in relation to the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (practice 73%, CCG 83%, national 83%). We reviewed unverified data for 2017/2018 for these quality indicators which demonstrated some improvement:

- The percentage of patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months remained the same as the 2016/2018 figures. The provider told us they were aware of these figures and the nurse was working to improve this.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less had improved at 82% which is in line with the CCG and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. We reviewed the data which the practice had submitted for the period 1 January 2018 to 31 March 2018, which demonstrated that the practice was exceeding the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation, which included telephone calls, re-booking appointments, and contact with the health visitors.
- 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):

Are services effective?

- The practice's uptake for cervical screening was 55%, which was below the 80% coverage target for the national screening programme. We reviewed more recent unverified data in relation to the practice's cervical cancer screening rate. The 2017/2018 percentage had improved at 70%. The percentage as of 22 September 2018 had again improved at 80%. The practice had created an immunisations and screening process map which set out the steps for staff members to take when patients do not attend for these appointments, which involves telephoning patients and re-booking appointments.
- The practice's uptake for breast screening and bowel screening was below the national average (practice 58% and 46% respectively, national 70% and 55%). The lead GP was aware of this data and said that the practice calls patients when notified that they have not engaged with screening. The practice escalates any new cases to the CCG; Newham CCG also has its own department to follow-up patients who do not engage with bowel cancer screening.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 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 experiencing poor mental health. The practice had 99 patients on this register and 81% of these patients had received an annual health check in the last 12 months.
- The practice's performance on quality indicators for 2016/2017 mental health was below local and national averages. 38% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was significantly below the CCG average and the national average of 90%. The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the previous 12 months was 52%. This was significantly below the CCG average of 93% and the national average of 91%. We reviewed unverified data for 2017/2018 for these quality indicators which demonstrated significant improvement:
 - The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the previous 12 months was 89%.
 - The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the previous 12 months was 95%.

People whose circumstances make them vulnerable:

- The practice had a palliative care register and held regular palliative care meetings as needed (although the practice did not have any patients on this register at the time of inspection).
- The practice held a register of vulnerable patients.
- The practice had 20 patients on the register who were identified as vulnerable, and 75% of these patients had received an annual health check in the last 12 months.

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

- The practice assessed and monitored the physical health of people with poor mental health. The lead GP reviewed and followed-up patients who failed to collect or attend for administration of long term medication and shared information with Community Practice Nurses.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

Monitoring care and treatment

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

- The most recently published Quality Outcome Framework (QOF) results were 86% of the total number of points available, compared with the CCG average of 96% and national average of 96% (QOF is a system intended to improve the quality of general practice and reward good practice).
- The provider had registered as an individual with the CQC in March 2018. However, the new provider was the lead partner of the previous GP partnership and there was continuity of care, clinical staff and governance. The

Are services effective?

provider had reviewed the QOF outcomes and prioritised areas for improvement. Unverified data for 2017/2018 showed improved outcomes for patients with overall QOF results of 93% of the total number of points available.

- The overall exception reporting rate for 2016/2017 was 5.8%, which was in line with the national average of 5.7% (exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with particular 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. 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, including one to one meetings, appraisals, supervision and revalidation.
- There was an induction programme for new staff and locum GPs.
- There was a system for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for patients.
- 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 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.

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 supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes such as exercise on prescription and referrals to local 'Befriender' or bereavement services and mental health counselling.
- 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.

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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- 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 that they are given.)

- Staff communicated with people in a way that they could understand.
- 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. Carers were offered an annual flu vaccine. The practice was in the process of setting up a Carers Group in conjunction with Newham Carers Network.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff told us they would offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We 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 and took account of patient preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available for 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 had signs up in the reception area advising that a hearing loop was available. However, staff told us that this had not been working for some time (since prior to January 2018). Following the inspection, the practice provided evidence that a new hearing loop had been ordered.
- 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:

- The practice was responsive to the needs of older patients, and offered home visits for those with enhanced needs or who had difficulty travelling to the practice. Appointment requests from older patients were prioritised.

People with long-term conditions:

- Patients with a long-term condition received reviews to check their health and medicines needs were being appropriately met.
- The practice worked with other health and care professionals to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Appointment requests from parents attending with children were prioritised.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice maintained a Child Protection Register which was reviewed and discussed at clinical meetings when required.

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, telephone consultations and extended opening hours and Saturday appointments through the Newham GP Co-Op service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances.
- Appointment requests from vulnerable patients were prioritised.
- People in vulnerable circumstances were able to register with the practice. The practice manager told us photographic identification was required to register as a patient, but that specific cases involving vulnerable people who did not have such identification would be discussed with the lead GP.

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.

Timely access to care and treatment

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.
- Some patients reported that the 'AskMyGP' appointment system was easy to use, and had improved access, although others expressed that the new system

Are services responsive to people's needs?

was difficult to understand. The practice had created information leaflets and videos to assist patients, and had hired two 'Digital Eagles' to teach patients how to access the online system using their own devices.

- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. The lead GP and practice manager were aware of the low results regarding access to the service. The GP explained that the new 'AskMyGP' online system was implemented in April 2018 to help improve access and free up same-day appointments for patients who needed them. This system requires patients to log-in securely online and write a short summary of why they need an appointment. Once the form is complete it is sent to the GP; depending on the issue, the GP will email or telephone the patient, or call the patient into the surgery the same day. Patients are able to log-in and complete appointment requests 24 hours a day. There is an explanation of how to use the 'AskMyGP' system for appointments or queries in the practice's leaflet and videos on the website which demonstrate how it works.
- The GP patient survey results related to the period prior to the implementation of the new appointment system and therefore would not reflect any changes to patients'

views and experiences regarding access. We checked the appointments diary and saw that there were many appointments available for face to face GP consultations on the day of inspection, the remainder of the week and the following week, which indicated that the new online system may be having a positive impact upon appointment availability.

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 respectfully and compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders 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.

Vision and strategy

The practice had a clear vision and 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 care 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.
- There were positive relationships between staff and teams.
- 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 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, including annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice promoted equality and diversity. The practice had an equality and diversity policy, a bullying and harassment policy, and a blame free culture policy. Staff felt they were treated equally.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, complaints, 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 effective processes for managing risks, issues and performance.

- There were processes 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 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 considered and understood the impact on the quality of care of service changes or developments.

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.

Are services well-led?

- 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.
- 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice had hired two 'Digital Eagles' to assist and train patients on how to use the new online 'AskMyGP' system.

Please refer to the evidence tables for further information.