

# Open Door Surgery

## Inspection report

47 Boundaries Road  
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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 rating September 2016 – Good)

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 Open Door Surgery on 21 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients had access to walk-in GP service Monday to Friday where they could attend the surgery without an

appointment; the patients we spoke to and comments cards we received indicated they found this system very helpful and reported that they were able to access care when they needed it. The provider offered pre-bookable nurse appointments in the main and branch surgery and pre-bookable GP appointments in the branch surgery.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review procedures in place to ensure there is a system in place to monitor the implementation of medicines and safety alerts.
- Review procedures in place to ensure appraisals for healthcare assistants have clinical input and their clinical support is generally improved.
- Review service procedures to ensure staff get protected learning time for training.
- Review procedures in place to ensure the patient participation group is led by patients.

**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

<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 Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector and a GP specialist adviser.

## Background to Open Door Surgery

Open Door Surgery, 47 Boundaries Road, Wandsworth, London SW12 8EU provides primary medical services in Wandsworth to approximately 9300 patients and is one of the 44 member practices in the Wandsworth Clinical Commissioning Group (CCG). The provider operates a branch surgery Bec Family Practice at 62 Upper Tooting Road, Tooting, London SW17 7PB. The practice website can be accessed through

Both the main surgery and branch surgery was visited as part of this inspection.

The clinical team at the practice is made up of two full-time male GP partners, one full-time male and two part-time female locum GPs, five part-time female nurses and two full-time female healthcare assistants. The

non-clinical team is made up of a management partner, a practice manager, a reception manager, a practice accountant and seven administrative and reception staff members.

The practice population is in the fifth more deprived decile in England. The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is below the CCG and national averages. The practice population of older people is above the CCG and below the national averages.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

# 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. Learning from safeguarding incidents were available to staff. 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.)
- 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. During the inspection we found that recruitment records were not maintained in an organised manner. For example, the provider was not able to show us employment contracts and references for some of the staff we looked at during the inspection; however, they sent copies of these the day following the inspection.
- There was an effective system to manage infection prevention and control.
- 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.
- 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Data for 2017-18 indicated that the antimicrobial prescribing was significantly lower than the local and national averages.
- 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.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues; however, the provider had not undertaken a health and safety risk assessment for the

## Are services safe?

branch surgery. After we raised this issue with the provider, they undertook a risk assessment for the branch surgery and sent us evidence the day following the inspection.

- The practice monitored and reviewed safety using information from a range of sources.

### **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts and we saw evidence of discussion of alerts in practice meetings; however, the practice did not have a system in place to monitor the implementation of medicines and safety alerts. After we raised this issue with the provider, they put a system in place to monitor the implementation of medicines and safety alerts and sent us evidence the day following the inspection.

**Please refer to the evidence tables for further information.**

# Are services effective?

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

## 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 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 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 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 took part in Planning all Care Together (PACT) programme commissioned by the local Clinical Commissioning Group. The programme aimed to redesign community health and adult social care services, and transformation of primary care. The provider informed us that they had 133 patients who were eligible patients who took part in this programme; the practice provided one-hour appointments to review these patients.

### 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 an acute exacerbation of asthma. Quality and Outcomes Framework (QOF) data for 2017-18 indicated that 93% of patients with asthma had received an annual review which is significantly higher than local and national averages.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). QOF data for 2017-18 indicated that 99% of patients with COPD had received an annual review which is significantly higher than local and national averages.
- The practice prevalence for diabetes was 11% of the practice population which is significantly higher than the local (3%) and national (5%) averages. The 2017-18 national audit on diabetes indicated that the practice achieved 77.9% in terms of patients having all eight care process compared to local average of 61%; the practice achieved all three treatment targets in 50.3% of patients compared to local average of 39%.
- The practice had appointed a diabetic specialist nurse in February 2018 and aimed to reduce referrals to secondary care.
- The practice had a significant number of Monoclonal Gammopathy of Uncertain Significance (MGUS) who were kept on a register and monitored closely for regular blood tests. These are patients who could develop Myeloma (cancer of bone marrow). The practice actively monitored 27 (of 49) patients who were stable and thus discharged from the Haematology clinic. This practice informed us that this has reduced the need for patients to attend hospital outpatient appointments.

### Families, children and young people:

- Childhood immunisation uptake rates for 2016-17 were below the target percentage of 90% in all four indicators. The practice was aware of this and provided dedicated nurse clinics on Saturday mornings and late evenings to

## Are services effective?

improve uptake. Unverified results for 2018-19 provided by the practice indicated that the practice had achieved the target of 90% in three out of four indicators with four months left in this year.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided shared antenatal services for eligible patients.

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

- The practice's uptake for cervical screening was 64.5%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and were participating in a pilot scheme and provided two early morning dedicated smear clinics from 7:30am to 9am to improve uptake.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice was aware of this and had plans to improve awareness and educate patients to improve uptake.
- 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. The practice target for NHS checks was 20% (168 patients) of their eligible population and the practice informed us they completed 234 health checks.
- As part of the new patient registration checks the practice offered HIV point of care testing for patients aged between 18 to 59 and offered latent tuberculosis testing for patients registering from high risk areas. The practice informed us that they had tested 71 patients in 2018 for tuberculosis and found seven patients with this condition; all other local practices managed to test 71 patients and they found four patients with this condition. The practice had 54 patients with HIV and 29 were diagnosed since 2010; the practice informed us that this was due to attending education sessions and through engagement with patients.
- The practice offered opportunistic chlamydia testing for patients aged between 16 and 24 for all residents in Wandsworth. During 2017-18 the practice had tested 185 eligible patients and the practice informed us that they are the highest for testing chlamydia in the area.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had offered annual health checks to patients with a learning disability; 91.3% (21 patients) of 23 patients with learning disability had received a health check in the last year.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice referred patients with drug and alcohol problems to a fortnightly counselling service which was offered in their branch site in Tooting.

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.
- 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.
- 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 informed us that they proactively identify patients who may have dementia and refer them appropriately. The practice informed us that they had only identified nine patients with dementia in 2011 and currently they have 58 patients.
- The practice referred patients to their in-house counsellor who attended the practice once a week.
- The practice hosted a mental health recovery worker from the community mental health team (CMHT) who assisted and followed-up patients who had been

## Are services effective?

discharged from the CMHT so they can have their care closer to home; the practice also directly referred patients to the mental health recovery worker to reduce referrals to the CMHT.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed/did not review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- Quality and Outcomes Framework (QOF) data for 2017-18 indicated that the practice had achieved 98.9% of the total points available which is higher than the local average of 95.9% and national average of 96%; clinical exception reporting was 3.9% which is significantly lower than the local average of 7.4% and national average of 10.1%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- GPs at this practice had special interests in a range of specialties including respiratory health, diabetes, hypertension, ischaemic heart disease, HIV, sickle cell, dermatology, elderly patients, vulnerable patients, paediatrics, sports medicine, psychiatry, women and children health and gynaecology.
- 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; however, some of the staff we spoke to indicated that

they do not always get protected learning time to complete mandatory training. 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. However, during the inspection we found that healthcare assistants do not receive clinical input during their yearly appraisals; healthcare assistants we spoke to indicated that they would like more clinical support. Locum GPs we spoke to during the inspection indicated that the support received from the practice was very good.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked 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 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives



## Are services effective?

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

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

### **Consent to care and treatment**

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

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

**Please refer to the evidence tables for further information .**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- 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 offered 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.

**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.
- Patients had access to walk-in GP service Monday to Friday in the main surgery and on Monday and Thursday mornings in the branch surgery where they could attend the surgery without an appointment; the patients we spoke to and comments cards we received indicated they found this system very helpful and reported that they were able to access care when they needed it.
- The provider offered pre-bookable nurse appointments in the main and branch surgery and pre-bookable GP appointments in the branch surgery.
- Telephone and web GP 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.
- The waiting area had a range of information for patients on health promotion, carers, health screening, child health and local 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 local public transport availability.

- 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. 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.

### 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 Saturday appointments.
- The practice offered out of area registrations for those who worked within their catchment area.

### 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.

### 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.

## Are services responsive to people's needs?

- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

### Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

### 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. 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 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, 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.
- 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. 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- 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 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice held regular governance meetings where they discussed significant events, incidents, safeguarding, medicines and safety alerts, comments and complaints and administrative issues.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of 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.

## Are services well-led?

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

### Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG). During the inspection we spoke to two members of the PPG and they reported that the care received from the practice was good and the practice was honest and listen the PPG and make improvements. However, we found that the PPG was chaired by a long-term locum GP and not a patient representative. After we raised this issue with the provider they informed us that they will appoint a patient as a chair for the PPG.
- 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 was a level three research centre part of the primary care research network and actively participated in research trials. The provider informed us that they participated in four clinical trials for example Chronic Headache and Self-Management, Children with Cough, Shingles Protection and Targeting Physical Activity in patients who are Smokers

**Please refer to the evidence tables for further information.**