Rydings Hall Surgery

Inspection report

Church Lane
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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 previous inspection, carried out on 8 March 2016 rated the practice as good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Rydings Hall Surgery on 23 May 2018. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- The practice had clear governance policies and protocols which were accessible to all staff
- There were well developed systems to identify and manage risks within the practice.
- Processes for recognising, reporting and learning from incidents were embedded
- Care and treatment was delivered in line with up to date evidence based guidance.
- There was evidence of quality improvement activity within the practice
- The appointment system provided a number of options for booking urgent and non-urgent appointments. In addition the improved access scheme, as part of a local hub, provided options for appointments outside normal GP hours
- Staff described feeling supported and involved in the delivery of care to patients
- There was a strong focus on learning and development for staff at all levels
- There had been a number of changes to the staffing team within the last two years. The practice had taken the opportunity to adjust management structures and review role allocations
- Patient feedback in the main described a positive and caring service from the practice

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

- Review and improve the range of vaccinations and immunisations offered to staff in line with Department of Health Guidelines.
- Continue to monitor disease prevalence registers to ensure they are up to date and accurate in order to optimise patient outcomes.

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

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 CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Rydings Hall Surgery

Rydings Hall Surgery is situated at Church Lane, Brighouse HD6 1AT. The website for the practice is www.rydingshallsurgery.org.uk

There are currently 8,507 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The practice is housed in a two storey building. There are a limited number of parking spaces available on site. Additional parking can be accessed at a nearby pay and display car park. All patient areas, including waiting areas and consulting rooms, are located on the ground floor. The patient areas are accessible for people with limited mobility, or those who use a wheelchair.

The Public Health General Practice Profile shows the majority of the practice population to be of white British origin; with approximately 2% Asian and 1% mixed origin ethnicity.

The level of deprivation in the practice is rated as six, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest. The age/sex profile of the practice shows a slightly higher than average percentage of patients aged 75 years and older, at 9%, compared to the local average of 7% and the national average of 8%. Average life expectancy for patients at the practice is 79 years for men and 83 years for women, which is the same as the national average.

The practice is staffed by five GP partners, two male and three female. The clinical team is completed by two female practice nurses and one female health care assistant. Supporting the clinical team is a practice manager, and a range of administrative, reception and secretarial staff. The practice is a teaching and training practice, which means it provides opportunities for medical students, physician associate students and nursing students to gain experience of general practice; as well as providing additional training for qualified doctors wishing to specialise in general practice.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Family planning

Out of hours care is provided by Local Care Direct which can be accessed by calling the surgery telephone number or by calling the NHS 111 service.

When we returned for this inspection we checked, and saw that the previously awarded inspection ratings were displayed, as required, on the practice website and in the practice premises.

Good

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 described examples from practice which showed they recognised and took appropriate action when concerns arose. 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.)
- The practice worked with other agencies to support patients and protect them from neglect, harassment, discrimination or abuse. Staff described how steps were taken to protect patients in this way.
- 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.
- The practice were supported by an external agency in relation to health and safety risk assessments. Steps were taken to ensure that facilities and equipment were safe and in good working order.
- During the inspection we identified that blind loop cords were not sufficiently secured to prevent the risk of accidental strangulation. On the day of the inspection the practice provided proof that appropriate restraining clips had been ordered and were due to be fitted within two weeks of our visit.
- Arrangements for managing waste and clinical specimens were appropriate.

Risks to patients

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

- Staff rotas were developed for planning and monitoring the number and skill mix of staff required on a daily and weekly basis. The practice had contingency plans in the event of unplanned or emergency staff absences.
- Induction systems were in place for all staff, including temporary staff when applicable.
- 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. At the time of our inspection not all non-clinical staff had been appropriately briefed. Following our feedback the practice responded by producing an information leaflet designed to assist reception staff to recognise the 'red flag' signs in relation to sepsis, and how to respond appropriately.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Staff were offered hepatitis B and flu vaccines. At the time of our visit the practice was not offering all vaccines in line with department of health guidelines. They told us they would adopt this practice in future.

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 clear 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. Regular multidisciplinary meetings were held, and patient records were updated in line with discussions. We were given examples where additional patient specific multidisciplinary forums were held to develop detailed care planning where patient's needs were particularly complex.
- 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 were safe and appropriate.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with

Good

Are services safe?

current national guidance. The practice participated in the Clinical Commissioning Group's (CCG) medicines optimisation scheme, with support from a CCG pharmacist, to work towards optimal prescribing costs.
- 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 safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, incidents and near misses. Staff understood their duty to report on such events. They told us they felt able to do so, and that support was available from GPs and the practice management team at such times.
- There were clear 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.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

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 clinical assessment 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:

- The practice made use of a frailty tool to identify and assess frail older patients. Regular medication reviews were carried out
- The practice had patients registered in a number of residential or nursing homes for older people. We sought feedback from one before the inspection. They confirmed that any changing health needs or concerns were appropriately assessed and treated by the practice. The practice benefited from the services of 'Quest' matrons who were able to provide an assessment and triage service to make best use of GP skills and expertise. Quest matrons are advanced nurse practitioners. As part of a CCG initiative they visit people resident in nursing and residential homes for older people and offer clinical support and assessment, including liaising with GP practices.
- The practice followed up on older patients discharged from hospital. Care plans and prescriptions were updated when appropriate to reflect any new or changed needs.

People with long-term conditions:

- Patients with long-term conditions had an 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 when appropriate.
- 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 was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice had recently been accredited to deliver level three diabetic services. This meant that injectable treatments for diabetes could be initiated and monitored in the practice.

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.
- 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 responded appropriately to a recent alert relating to risks related to a specific treatment for epilepsy which posed a risk to women of childbearing age.
- The practice liaised closely with the health visiting service. Children who failed to be presented for appointments were followed up as appropriate.
- A weekly clinic for six week baby checks and immunisations was held, run jointly by GPs and practice nurses.

Good

Are services effective?

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

- The practice's uptake for cervical screening was 83%, which was higher than the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was higher than the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. We saw that in the previous year 51% of eligible people had received this check.

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 had close links with the district nurses, community matron and palliative care nurses to manage and plan care for this group of patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Before the inspection we sought feedback from a residential home for people with learning disabilities. They told us they received an efficient and caring service from the practice.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. Practice nurses offered vaccinations for shingles opportunistically in order to increase uptake.

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 and cancer. Smoking cessation services were available in-house delivered by the health care assistant. Patients who failed to attend for administration of long- term psychiatric medicines were followed up and reviewed as appropriate.
- The practice had access to support services such as the crisis team when patients were assessed to be at risk of suicide or self-harm.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the local and national average of 92% and 91% respectively.
- 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. Home visits were available when required to complete these for those patients living in residential home.

Monitoring care and treatment

The practice carried out quality improvement activity, where the effectiveness and appropriateness of care was assessed. For example, an audit had been carried out to identify disease prevalence to ensure that long-term conditions registers were accurate. In addition, a template for hormone replacement therapy (HRT) had been developed, to ensure consistency and adherence to NICE guidelines in relation to prescribing or treatment choices.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, they participated in the local medicines optimisation scheme to optimise cost effective prescribing choices.

- Exception reporting rates were higher than average for depression and coronary heart disease. We explored this during the inspection. The practice told us patients were exception reported only when patients had reached their maximum tolerance rate for medicines, where there were reasons for not prescribing certain medicines due to side effects or adverse reactions; and/or after they had failed to attend for review on three occasions.

Good

Are services effective?

- The practice results were slightly below average in relation to some diabetes and chronic obstructive pulmonary (COPD) disease indicators. We explored the practice processes for recalling patients for reviews when appropriate. The practice told us they had reviewed their disease prevalence registers to ensure they were up to date and accurate; and continued to monitor their outcomes indicators in all cases.
- 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.
- 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 had a strong teaching ethos, and staff were encouraged and supported to attend in-house teaching sessions as well as external teaching and training opportunities.
- Staff were able to access hepatitis B and flu vaccinations. At the time of our visit staff immunisation status was not reviewed in full in line with Department of Health guidelines. They practice told us they would review their approach in this regard.
- The practice provided staff with support they needed to fulfil their roles. Staff received an annual appraisal and a six monthly review. The practice told us there were also plans to introduce more regular, informal one to one 'catch-ups' to give staff the opportunity to voice any new concerns or make suggestions.
- From discussion with staff, we learned that appropriate performance management mechanisms were put into place where staff performance was in question.

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. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children.
- 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.
- The practice held monthly multidisciplinary meetings with community staff such as district nurses, health visitors and community matron. We heard that patient records were updated at the time of the meetings to reflect decisions agreed or any required changes to care plans.

Helping patients to live healthier lives

Staff were involved 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. Local services, such as "staying well" and "better living" were able to offer additional support to complement medical care and advice to patients to improve health and well-being.

Good

Are services effective?

- 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. Staff had received training in mental capacity to the appropriate level for their role.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

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 they were treated by staff.
- Although the number of patients from diverse ethnic and cultural backgrounds was relatively small, staff described how the personal, social, cultural or religious needs were accounted for when delivering care.
- Reception staff had received 'care navigation' training. This helped to ensure that patients were signposted to relevant support services when applicable.

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, alerts could be placed on patient records indicating additional needs, such as hearing impairment. A hearing loop was available in the practice. Letters and other patient information could be provided in large font for patients with visual impairment.
- Telephone interpreter services were available for those patients who did not have English as a first language.
- Staff were able to signpost patients to relevant support services such as 'voluntary action Calderdale' to access community and advocacy services.
- The practice identified carers at the time of registration with the practice and opportunistically during consultations.

Privacy and dignity

The practice respected patients' privacy and dignity.

- A private room was available adjacent to reception if people required additional privacy or appeared distressed.
- The practice had developed a 'chitty' system whereby patients were able to write down a brief summary of their presenting concerns to reception staff to avoid conversations being overheard in the patient waiting area.
- From discussions, staff demonstrated their understanding of the need to maintain the privacy and dignity of patients at all times.

Please refer to the Evidence Tables for further information.

Good

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. 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 were more vulnerable or who had 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 worked closely with the multidisciplinary team, including palliative care and district nurses to co-ordinate and plan care for this group of patients.
- The practice provided GP services to several local nursing or residential homes for older people. Before the inspection we sought feedback from one of these. They told us the practice worked in alliance with the Quest matron to respond appropriately when the residents' needs changed.
- The practice made use of a frailty register which enabled them to identify patients at higher risk of illness or injury.
- Home visits were available when patients were too frail or unwell to attend surgery in person.
- Birthday cards were sent to patients on their 100th birthday.

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.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had received support from the diabetic specialist nurse, and had been accredited to deliver level three diabetic services. This enabled them to initiate and monitor injectable treatments, which reduced the need for patients to attend hospital outpatient appointments.

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. The practice liaised with the link health visitor for their practice as appropriate.
- Children were given same day appointments when requested.
- The practice held a weekly baby clinic which included new baby checks and immunisations. Congratulations cards and new baby packs were sent to families on the birth of a baby.

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

- The practice offered online access to book or cancel appointments, and request prescriptions.
- The practice offered extended hours on Monday between 6.30pm and 8pm (or Tuesday if Monday was a bank holiday). In addition, patients were able to access appointments at a nearby practice, as part of the improved access scheme, Monday to Friday 6.30pm to 8pm. This service was due to be extended to include weekend access at the end of May 2018.
- Telephone consultations were available for patients unable to attend the surgery during working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- People with no fixed abode were able to register as patients. These people were able to use the practice address as a home address to enable them to receive written communication.

Good

Are services responsive to people's needs?

- The practice had a register of carers, and offered them an annual seasonal flu vaccination. They contacted this group of patients on an annual basis to review their circumstances, and make note of any additional or changing needs.

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

- The practice held a dementia register, and utilised appropriate tools to help identify early signs of dementia.
- Patients had access to support from community mental health services and counselling services.
- The practice liaised with local mental health support services to co-ordinate care for patients experiencing mental health difficulties.

Timely access to care and treatment

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

- The practice appointment system had been adapted to allow for optimal flexibility in booking appointments. One third of appointments were available to book on the day; one third could be booked one week ahead, and one third could be booked four to six weeks ahead.
- Two duty doctors were available each day to respond to new or urgent inquiries.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.

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 also from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint had been received that patients were not always kept up to date with changes to practice opening times. As a result the practice ensured they updated any changes to their opening times or other changes on their website in a timely way; and made use of other websites, such as NHS choices, to do so as well.

Please refer to the Evidence Tables for further information.

Good

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 hands on, visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had experienced a number of changes to the non-clinical staff team in recent months. They had utilised the opportunity to re-evaluate job roles and skills, and reconfigure the team.
- The practice had effective processes to develop leadership capacity and skills. There were succession planning strategies in place in anticipation of the retirement of the lead GP later in the year.

Vision and strategy

The practice had a clear vision and credible strategy to deliver a friendly and efficient primary health care service.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Consultation with the whole staff group had been carried out in developing the vision and values of the practice.
- 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 prioritised personalised care for patients.
- Where behaviours or performance were out of step with the practice vision and values the leadership team had policies and procedures in place to address these.
- 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 annual appraisals and six monthly 'catch ups' The practice also had plans to introduce more regular, monthly one to ones to enable staff to raise any new issues or concerns. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. The practice provided examples where they had accommodated the additional needs of staff to enable them to fulfil their role effectively.
- Staff described positive relationships amongst colleagues and the management team.

Governance arrangements

Good

Are services well-led?

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

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

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Quality improvement activity had a positive impact on quality of care and outcomes for patients. There was evidence of action to change or adapt practice to improve quality.
- The practice had plans in place and had trained staff for emergencies.
- 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 and regularly shared with the patient participation group (PPG).
- 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 aware of their roles and responsibilities.
- 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 arrangements, in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice was preparing for the additional requirements in relation to general data protection regulation (GDPR) requirements.

Engagement with patients, the public, staff and external partners

The practice involved patients, 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 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.

Good

Are services well-led?

- There was a focus on continuous learning and improvement. The practice had recently been accredited as a training practice to accommodate GP registrars.
- Other trainees and learners were encouraged and supported, including medical students and physician associate students.
- 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...