

# Red Lion 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.** (Previous rating August 2017 – Good overall). The practice was rated as requires improvement for providing safe services. A breach of legal requirement was found and a requirement notice was served in relation to safe care and treatment. The full comprehensive report on the August 2017 inspection can be found by selecting the ‘all reports’ link for Red Lion Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).)

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 Red Lion Surgery on 11 October 2018. This was to follow up on breaches of regulations and confirm the practice had met the legal requirement in relation to the breach in regulation that we had previously identified.

At this inspection we found:

- The practice leaders had used the findings from the previous CQC inspection to improve the services provided and patient safety and care. The breach in regulation had been addressed and most of the best practice recommendations we made at the previous inspection had been addressed.
- 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 had effective systems, processes and practices in place to protect people from potential abuse and staff had received safeguarding training appropriate to their role.
- There were systems in place for identifying, assessing and mitigating risks to the health and safety of patients

and staff. The system for managing patient safety alerts had improved, but had not been effectively sustained. The practice had reviewed this and were in the process of reinstating the planned improvements.

- The practice routinely reviewed the effectiveness and appropriateness of the care 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 found the appointment system easy to use and reported that they could access care when they needed it.
- The practice actively worked with the patient participation group (PPG) to meet the needs of their patients and had increased the membership of the PPG.
- Systems had been put in place to monitor the use of prescriptions to include prescriptions pads (as recommended in the previous report).
- The practice had pro-actively identified and increased the number of carers registered and were preparing to formalise the support they could offer to carers.
- 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:

- Update all core business plans which relate to the running of the service.
- Further develop clinical audit to promote quality improvement.
- Develop a written vision and strategy for the service.

**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 GP specialist advisor and a practice manager advisor.

## Background to Red Lion Surgery

Red Lion Surgery is registered with the Care Quality Commission (CQC) as a GP partnership provider in Cannock, Staffordshire. The practice is part of the Cannock Chase Clinical Commissioning Group. The practice holds a Primary Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed contract between NHS England and the general practice and offers variation in the range of service which may be provided by the practice.

The practice area is one of lower deprivation when compared with the national and local indicators.

At the time of our inspection the practice 3973 patients were registered at the practice. The practice has a lower than average number of patients aged 0 to 39 years and a higher than average number of patients aged 40 years and over.

Red Lion Surgery is located on the lower ground floor of Cannock Chase hospital, alongside other services provided by a local NHS Trust. The practice is situated within a communal area; with both patients and staff accessing other services, walking through the practice and their reception area.

The practice staffing comprises two male GP partners and a regular male locum doctor. Three, part-time female

nurses; one, part-time female health care assistant; one, part-time practice manager; one, part-time advanced clinical pharmacist, funded by NHS England. One part-time senior receptionist and a team of five, part-time reception, admin and secretarial staff.

The provider is registered to provide the following regulated activities:

Diagnostic and screening procedures, family planning, maternity and midwifery, surgical procedures and treatment of disease, disorder or injury.

The practice is open from 8 am to 6.30 pm Monday to Friday. The practice has opted out of providing cover in the out of hours period. During this period services are provided by Staffordshire Doctors Urgent Care via NHS 111.

The provider is registered to provide the following regulated activities: Diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Additional information about the practice is available on their website: [www.redlionsurgery.nhs.uk](http://www.redlionsurgery.nhs.uk)

# Are services safe?

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

At our previous inspection in August 2017, we rated the practice as requiring improvement for providing safe service. This was because the provider had failed to obtain all the relevant information required by law for staff they employed. The practice had failed to ensure that clinicians employed were registered with the required professional body.

At this inspection we saw that improvements had been made and that all recruitment documents for new and existing staff, contained proof of identity. Suitable checks were in place to monitor that staff were appropriately registered with the professional body e.g. the Nursing and Midwifery council (NMC).

### 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 was 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.) Only clinical staff undertook chaperone duties.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice now ensured that they carried out
- At the previous inspection, we made a recommendation that the practice carry out an updated infection prevention and control audit. We saw this had been carried out and significant improvement had been made in the November 2017 infection control audit compared to the 2016 audit. A further audit was planned for November 2018. However, some outstanding areas which required action were the

responsibility of the landlord. The practice raised this with the landlord and recorded discussions that had taken place to show the steps they had taken to address the issue.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. They had obtained a copy of the electrical installation certificate recommended at the last inspection.
- 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. Reception staff followed a written rota system which included capacity for holiday or sickness cover. All staff we spoke with knew where the rota was, how to use it and which week they were on at the time of inspection.
- There was an induction system for temporary staff tailored to their role. At our previous inspection we had made good practice recommendations in relation to induction packs being available for locum staff. At this inspection we found that this had been actioned but required further improvement. The practice needs to obtain a copy of the documents detailing vaccinations and training undertaken by the locum, rather than recording they had checked this verbally.
- 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. There were guide guides to sepsis in every clinical room and in reception.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

# Are services safe?

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. At the last inspection we made a good practice recommendation that the practice assessed the need to keep emergency medicines to manage seizures. At this inspection we found a detailed risk assessment had been completed.
- 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 acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately to include patients with long term conditions as recommended at the last inspection. 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.
- 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. However, the root cause analysis process used lacked detail to demonstrate the steps taken. The practice staff could tell us in detail what they had done, but had not recorded this effectively. For example, they sometimes included the phrase, resolved by telephone, but no details of the conversation had been recorded. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. At our last inspection we made a recommendation that the practice improve the recording of action taken in response to alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). At this inspection we found that the practice had documented the action taken on a spreadsheet but had not kept an up to date record of the alerts which were relevant to them with the actions taken. The practice had since reviewed this and were in the process of updating their spreadsheet to include relevant alerts and actions taken.

**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 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Patients over the age of 75 years had a named GP.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.

### 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.
- 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 could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. However, the practice exception reporting rate was lower than the CCG and the national averages, meaning more patients had been included.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%. The practice achieved 100% and 97% for each respective target. Nurses described how they took every opportunity to encourage parents to bring their children for immunisation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. However, they had not recorded the response in the patient record for failed appointments in secondary care.

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

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme but comparable with other local practices. The practice was aware of this and they had employed a nurse with specialist experience in sexual health. Staff spoken with told us they opportunistically encouraged female patients to have the screening.
- The practice's uptake for breast and bowel cancer screening was in line with the national average



# Are services effective?

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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 a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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 appointments 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 offered annual health checks to patients with a learning disability. The practice told us they were working towards signing up for the learning disabilities enhanced service (LES).
- The practice's performance on quality indicators for mental health was broadly in line with local and

national averages. Areas that were underperforming for example patients with schizophrenia, bipolar affective disorder and other psychoses having suitable care plans and support with alcohol consumption; were being monitored. From their current monitoring these figures were improving.

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results for 2016/17 showed the practice had achieved 454 points out of the 559 number of points available compared with the clinical commissioning group (CCG) average score of 547 and the national average score of 539 points. The practice used information about care and treatment to make improvements. The overall exception rate was significantly lower than the CCG or national averages, which meant more patients were included.

- 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.
- The practice made use of its protected learning time and applied the learning and best practice to inform audit and quality improvement.

## 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.

# Are services effective?

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams 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

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

- The practice identified patients who were 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.
- 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 and conducted an annual audit within minor surgery.

**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, published in August 2018, 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'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 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. For example, home visits were offered to housebound and patients with limited mobility.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Home visits were also accommodated for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice was part of a locality initiative to offer 30-minute appointments for patients with the most complex needs; enabling a full care needs assessment to be carried out along with medication review.
- Elderly frail patients were identified and coded on the clinical system.
- Shingles and pneumonia vaccination programmes are offered.

### 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 concerned about a child under the age of 18 were offered a same day appointment when required.
- A midwifery service ran a clinic one morning a week (every Wednesday).
- A sexual health clinic was offered by the practice.

### 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, through the Cannock Network offering weekday appointments up to 8pm and Saturday mornings.
- Online services were promoted particularly online appointments.

### 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.
- Chaperones were available upon request.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The surgery had been involved in a pilot to hold joint clinics with a community psychiatric nurse and the practice nurse. Referrals were sent to external agencies for support where identified.
- One member of staff had received dementia friends training. A dementia awareness noticeboard was in place in the waiting area.
- Reception staff telephoned patients who had difficulty remembering appointments and followed up these calls with confirmation letters.
- The surgery gained Dementia Action Alliance (DAA) status this year. The DAA is the alliance of over 150 national organisations across England who connect, share best practice and take action on dementia. Everything they do was informed by people living with dementia, and those that care for them.

## Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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 and from analysis of trends. It acted as a result to improve the quality of care. At our previous inspection August 2017, we had made a recommendation for the practice to record verbal complaints. At this inspection we found that verbal concerns and complaints were recorded in the reception area, and analysed for learning points in the same way as formal complaints.

**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 did not have a clear vision although it had a motto which staff told us was about delivering safe care. The underpinning strategy, business continuity and business plan had not been updated to ensure suitable arrangements were in place in case of interruption to service. The service were aware that these plans required work and had commenced revision and review of their arrangements.

- The practice was aware of the Clinical Commissioning Group (CCG) local initiatives and had a set of values to meet these.
- Staff were aware of and understood the practice motto and values. Staff described their role as part of a team that delivered safe care.
- The intent of 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.

## 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.

## Managing risks, issues and performance

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

## Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. 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, however, the business continuity plan required updating.
- 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 effective 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.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal 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.**