

Chapel End Surgery

Inspection report

10 Camphill Road
Nuneaton
Warwickshire
CV10 0JH
Tel: 024 7639 3388
www.drchaudhuri.warwickshire.nhs.uk

Date of inspection visit: 16 October 2018
Date of publication: 28/11/2018

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 under previous registration as Dr A K Chaudhuri and Dr M Motala May 2017 – 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 Chapel End Surgery on 16 October 2018 as part of our inspection programme.

At this inspection we found:

- Urgent same day patient appointments were available when needed. All patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments and access care when needed.
- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.

- Results from the national GP patient survey revealed a high level of patient satisfaction about the care given at the practice. For example, 91% of patients who responded said that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern and 98% had confidence and trust in the healthcare professional they saw or spoke to.
- 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.
- Patients said GPs gave them enough time and treated them with dignity and respect.
- A business development plan was in place which since our last inspection had led to the takeover of another practice which operated from the same building.

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

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

Population group ratings

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

Our inspection team

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

Background to Chapel End Surgery

- The practice name is Chapel End Surgery.
- Located at 10 Camphill Rd, Nuneaton, Warwickshire, CV10 0JH.
- Telephone number: 024 7639 3388. Website: www.drchaudhuri.warwickshire.nhs.uk
- The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.
- At the time of our inspection, 4,700 patients were registered at the practice.
- The practice has two partner GPs (one male and one female), one Advanced Nurse Practitioners (ANP) and two practice nurses (working the equivalent of one full time nurse). They are supported by a practice manager, a deputy practice manager and administrative staff.
- A locum GP (male) is regularly used by the practice.
- The practice was previously inspected under a previous registration of Dr A K Chaudhuri and Dr M Motala (known locally as Chapel End Surgery) in May 2017 when it was rated as good. Since our last inspection, the practice has had a new CQC registration following the retirement of Dr Chaudhuri and has also taken over another practice which shared the same building. This second practice was also known as Chapel End Surgery (registered under the name of Dr Ganapathi) and was taken over following the retirement of the lead GP.
- Please see the evidence table for details of opening hours and extended hours provision.
- Chapel End Surgery is located in a semi-rural area with one of the largest levels of deprivation in Warwickshire.

Are services safe?

We rated the practice and all of the population groups as good for providing safe services.

Safety systems and processes

Chapel End Surgery 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 at a higher level (level three for children). They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. All staff, including those 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's safeguarding policies which were based on guidelines issued by Warwickshire's Multi-Agency Safeguarding Hub (MASH) and in conjunction with the local authority.
- 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 last full infection control audit had been carried out in April 2018.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. Equipment had been calibrated and PAT (portable appliance) tested.
- Arrangements for managing waste and clinical specimens kept people safe. A contract for its disposal was in place with an appropriate organisation.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent and a staffing needs assessment was in place.
- There was an effective induction system for temporary staff tailored to their role. This included locum GPs used by the practice, although the practice very rarely needed to use any.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had a defibrillator (which provided an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. There was a first aid kit and accident book available. Clinicians knew how to identify and manage patients with severe infections, for example, 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.

- Staff described how care records contained 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. Referral letters included all of the necessary information and patients were followed up if they failed to attend these appointments.

Appropriate and safe use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. This included forms used in computer printers.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for the handling of repeat prescriptions and the practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients 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.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, the practice had recently reviewed and changed its process for identifying patients with similar names.

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. For example, with administering vaccines at the correct dosages appropriate to age.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.
- All significant events and incidents were reviewed in a monthly practice meeting.
- There was a system for receiving and acting on safety alerts. Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE). Searches were made to identify any patients affected by alerts and they were discussed in clinical meetings. The practice learned from external safety events as well as patient and medicine safety alerts.
- GPs and nurses described alerts where appropriate changes had been made as a result

Please refer to the evidence tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

Chapel End Surgery 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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.
- The practice used the Warwickshire North Clinical Commissioning Group (CCG) care pathway guidance.
- Data available for the practice showed it performed in-line with local and national averages and had no outliers (significant variations).
- 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, including local out of hours services if necessary.

Older people:

- Older patients received a full assessment of their physical, mental and social needs. Those who were frail and vulnerable received appropriate help and signposting to other services if appropriate. This included an annual clinical review with a medicines review.
- All patients aged over 75 were invited for a health check. Over a 12 month period the practice had provided health checks on 85% of patients aged over 75.
- The practice offered an 'elderly housebound service' for blood tests and home visits.
- Exemptions were made to the prescribing protocol to enable the very elderly to telephone the practice to request repeat prescriptions.

- The practice followed up on older patients discharged from hospital. Discharge summaries were reviewed and the practice ensured medicines and care plans, if in place, were amended to reflect any extra or changed 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. At the time of our inspection, the practice was part way through changing these reviews to occur during the patient's birthday month to make these easier to manage and easier for patients to remember.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. The practice reviewed its position on a monthly basis compared with other practices.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- There were appointments outside of school hours and any child who needed an appointment was seen on the same day.
- The practice building was suitable for children and babies.
- We saw positive examples of joint working with midwives. Ante-natal appointments could be booked with the midwife team at the practice on a weekly basis. A message book was kept for the duty midwife and they were invited to every practice meeting.
- There was a good working relationship with the health visitor team who attended practice meetings.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Are services effective?

- The practice used the Hatters Space service for teenage health issues, drugs, contraception and teenage pregnancy advice and support.

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

- The practice's uptake for cervical screening was 72%, which was below the national target of 80% and similar to the Clinical Commissioning Group (CCG) average of 73%.
- The practice's uptake for breast and bowel cancer screening was above 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 40-74. 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 had devised and used an end of life care questionnaire to establish the wishes of patients and family members. Regular meetings were held face to face with the palliative care team and the practice took part in the new local enhanced service for end of life care.
- The practice had close links with Stretton Lodge, a local home which housed many of the practice's learning disability patients. The practice had regular email contact with the manager and staff and planned home visits to update care plans.
- 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 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. We saw how the practice had recently reviewed this procedure.
- 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 and had signed up to a learning disabilities enhanced service.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

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 team had worked to ensure Quality Outcome Framework (QOF) results remained in-line with local and national averages following its takeover of the other practice located within its building. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- Latest published QOF results were 99% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was 4%; this was below the CCG and national averages of 6%.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Are services effective?

For example, end of life care had been improved by a programme of discussing and recording the wishes of patients and family members by using a practice devised questionnaire and then analysing the results.

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. This was supported by evidence contained within the staff training records.
- 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, coaching and 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. For example, minutes of meetings showed attendance by midwives, health visitors and palliative care team members when appropriate.
- 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 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 and through involvement with the local Fitter Futures scheme in conjunction with a local leisure centre.
- 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.
- Patients in need of support to stop smoking were referred to the full programme of advice and support offered by the pharmacy located next door to the practice.

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. This included the requirements of the Mental Capacity Act 2005.

Are services effective?

- 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. All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- 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, easy read materials and a translation service 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 patients who were carers when they first registered with the practice, through discussion and by information displayed in the waiting room. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 166 patients as carers (3.5% of the practice list).
- Carers were given carer's assessments to determine any additional support that could be provided.
- 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.
- The practice complied with the Data Protection Act 1998 and staff had received appropriate training along with annual updates.

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. For example, patients who worked were given appointments outside of their working hours whenever possible and the practice actively encouraged the use of online services to book and cancel appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice had a plan to introduce web consultations with a GP in the future.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- There was an urgent primary care assessment service to offer urgent care to older people within a two hour assessment window.
- 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.

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. This was carried out more frequently if required. Multiple conditions were reviewed at one appointment. Patients who failed to attend for their annual health check were contacted by telephone.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues and they were invited to practice staff meetings when required.

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. If possible, these were timed to avoid school hours.
- The practice worked closely with an organisation called the Hatters Space service which promoted and empowered young people to make informed choices about teenage health issues, drugs, contraception and teenage pregnancy.

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 were available on Monday evenings.
- The practice had signed up to the Prescription Ordering Direct service (POD). This gave patients a dedicated telephone number to the POD to order their own prescriptions. The POD had working protocols and kept in direct contact with the Practice.

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):

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 practice held mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Patients could be referred to counselling through Improving Access to Psychological Therapies (IAPT).

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 explained how they would treat patients who made complaints with compassion. No complaints had been received in the last year.
- The complaint policy and procedures were in line with recognised guidance and included verbal 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 experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them, for example by planning future measures to accommodate more patients as programmes for building new houses were planned for the local area.
- The practice team had successfully formed a new partnership with the takeover of the other practice that shared the same building. Further developments were planned in the future, including changes to lead roles as the team expanded.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with were complimentary about GPs and practice management and told us they were well supported.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice and a future need to provide increased clinical capacity. For example, by recruiting an advanced nurse practitioner.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values which placed treating patients with dignity and respect at its core. This was based on the values of providing high quality care with high levels of training and education – referred to throughout our inspection. Appropriate strategies and plans were in place to support this.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. This included the local authority and other local NHS services.
- A business development plan was in place. Plans included examining options to develop the building or re-locate within the local area.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Practice performance was reviewed in the light of this at a practice meeting held every four to six weeks.
- 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. They told us how leadership had an 'open door' policy and were always approachable.
- The practice focused on the needs of patients.
- Leaders and managers had procedures in place to act on behaviour and performance inconsistent with the vision and values of the practice, although they had not been needed in recent years.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw evidence to demonstrate that patients were fully communicated with when incidents occurred or complaints were made. 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 and they would be treated fairly.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary and all professional registrations were up to date.
- 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.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally and fairly.

Governance arrangements

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

- The staff structure was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. The practice provided additional support and training to ensure staff were developed within those roles.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- 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.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. This included future demand that would be placed on the practice as the local population grew.

The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. When we discussed the management of these with practice staff, it was clear procedures were appropriately followed.

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. A business continuity plan detailed what would happen in a range of emergency situations, including the sudden unavailability of the practice building. Copies of this were kept by key staff off-site for use in emergency.

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 which was regularly reviewed in practice meetings and clinical meetings. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account. This was linked to staff appraisal and training.

Are services well-led?

- 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. For example, the practice had started to encourage a greater use of its on-line services by discussing it with patients who had not registered.
- 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.
- The practice had a newly re-formed patient participation group (PPG) which had its first meeting planned after our inspection took place.
- The service was transparent, collaborative and open with stakeholders about performance.
- Many members of staff were long-serving and the practice had a low staff turnover rate.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. GPs had a clear plan of future developments and a 'wish list' which had been openly discussed with staff.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was going through the process to register as a training practice.

Please refer to the evidence tables for further information.