

Bury Road Surgery

Inspection report

Gosport War Memorial Hospital
Bury Road
Gosport
Hampshire
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating March 2018 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced focused inspection carried out on 15 November 2018 to confirm that the practice had carried out actions to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 March 2018.

At the inspection on 15 November 2018 we found there were continuing shortfalls in the safe domain and service requirement notices in relation to: appropriate support, training, professional development, supervision and appraisal of staff employed by the practice.

We therefore carried out a full comprehensive short notice announced inspection on 23 November 2018, due to the concerns identified on 15 November 2018.

At this inspection we found:

- The practice managed risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, this was not supported by suitable systems and processes to demonstrate that learning and improvements were embedded in practice and shared appropriately with relevant staff.
- There were shortfalls in the monitoring of prescription stationery.
- There were shortfalls in the management of risk from Legionella.

- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The systems and processes in place for staff appraisals did not show that the practice policy had been consistently followed; and all staff had received appropriate supervision and appraisal.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Systems and processes to support the management and running of the practice were unclear and records were not consistently complete to enable the practice to show it was meeting the regulations at all times.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review arrangements for consultations with patients under the age of 16 years.
- Review arrangements for the safe monitoring and storage of emergency medicines.
- Review arrangements for identifying themes and trends from complaints and acting upon these.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Bury Road Surgery

The provider for Bury Road Surgery is Dr Carl Wyndham Robin William Anandan. A change of legal entity occurred in July 2017 with one of the previous partners taking on the sole legal responsibility of the practice.

The practice is purpose built and based within Gosport War Memorial Hospital and has approximately 4,092 patients on its register. The practice is registered to provide the regulated activities of treatment of disease, disorder or injury; surgical procedures; family planning; maternity and midwifery services and diagnostic and screening procedures.

The practice operates from one registered location:

Gosport War Memorial Hospital

Bury Road

Gosport

Hampshire

PO12 3PW

The practice population is in the fifth least deprived decile for deprivation. (In a score of one to ten the lower the number the more deprived an area is). The practice

has a higher than national average proportion of patients who are aged over 65 years, and the overall population is predominantly from white British ethnicity, averaging 97%.

The practice has one principal GP, one salaried GP, an advanced nurse practitioner, three practice nurses, and a healthcare assistant. The practice also uses locum GPs to provide cover for annual leave, one of whom is a previous partner of the practice.

The administrative team comprises of one practice manager, one assistant practice manager, and a team of administrative, secretarial and reception staff members.

The practice is open on Mondays from 8.30am to 7.45pm and Tuesdays to Fridays from 8.30am to 6.30pm. Telephone lines are open from 8am. Out of hours services (OOH) are provided by the GP Extended Access based within Gosport War Memorial hospital from 6:30 pm to 8pm Monday to Friday as well as 8am to 4.30pm. on Saturdays and Sundays. Patients can access the OOH service via the NHS 111 number which is provided by Partnering Health Limited.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The practice was unable to demonstrate that there were consistently safe systems and processes in place to minimise the risk of harm to patients. This included recruitment checks; infection control processes, in particular Legionella management; safe management and monitoring of prescription stationery; and ensuring appropriate emergency medicines were readily available, stored securely and were safe to use.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

At our inspection on 15 November 2018 we found:

- The practice had systems to safeguard children and vulnerable adults from abuse. Staff knew how to identify and report concerns, but this was not consistently underpinned by relevant training. The practice was unable to demonstrate that all staff had received training to the recommended level. We found that 10 out of 19 staff members had completed safeguarding adults training and seven out of 19 staff had completed safeguarding children training to a level appropriate to their role. The training records indicated that all clinicians had undertaken appropriate safeguarding training with the exception of a nurse practitioner and a practice nurse, for which there were no records. Three out of eight clinicians had completed Mental Capacity Act 2005 training.
- The practice carried out staff checks at the time of recruitment and on an ongoing basis. The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, the practice was not able to demonstrate that a DBS check had been received for a practice nurse.
- There was a system to manage infection prevention and control. However, not all staff had completed infection prevention and control training.
- The practice was located within Gosport War Memorial Hospital which was run by Southern Health Foundation Trust (SHFT). SHFT was responsible for ensuring facilities and equipment were safe and that equipment

was maintained according to manufacturers' instructions. The practice had not sought assurances that risk assessments relating to the safety and security of the premises had been carried out by SHFT.

At this inspection on 23 November 2018 we found:

- There were separate policies in place for adult and child safeguarding which contained relevant information on actions staff should take if they suspected a patient was at risk of harm. However, some further updating was needed.
- Staff were able to identify the safeguarding lead for the practice and give examples of actions they had taken when they were concerned about a patient's welfare.
- Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were usually 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 were in the process of reviewing and updating training records. We found the revised records showed that not all staff had received safeguarding adult and children training.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a nominated infection control lead who had received specific training for this role.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety but these were not adequate and effective.

There were shortfalls related to staff training and management of fire safety.

- At our inspection on 15 November 2018 we found there were shortfalls training records and the practice could not demonstrate that all relevant staff had received necessary training in line with practice policy. Shortfalls were identified in training provision for Basic Life

Are services safe?

Support and fire safety training. The practice did not have oversight of the intervals for when necessary training was due to be completed. We served a requirement notice with regard to these shortfalls.

- At this inspection on 23 November 2018, we reviewed training records and found that there were still shortfalls with training provision. This will be followed up at our next inspection once the provider had implemented changes in accordance with the action plan that they sent us following the inspection on 15 November 2018.
- 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.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented 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.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

At our inspection on 15 November 2018 we found:

- The practice had systems for the handling of medicines, but these were not consistently safe. There were shortfalls regarding monitoring of emergency medicines and equipment and the use of Patient Group Directives (PGD) to administer medicines.
- The practice had a procedure to check emergency equipment and medicines each month. The practice's record of monthly checks indicated that emergency medicines and equipment had not been checked at all between March 2018 until October 2018. The practice had reviewed its antibiotic prescribing and taken action 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. Patients were involved in regular reviews of their medicines.
- Staff prescribed and supplied medicines to patients and gave advice on medicines in line with current national guidance. PGDs were not consistently signed meaning that medicines could be administered without the correct legal authority.

At this inspection on 23 November 2018 we found:

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not fully minimise risks.
- There were systems and processes in place for monitoring prescription stationery. Prescription printer paper usage was appropriately logged and monitored. However, prescription pads were not logged and monitored in accordance with the practice's own policy.
- We looked at the types of emergency medicines held by the practice and noted that not all recommended medicines were readily available. We found out of date emergency medicines in an unlocked drawer and these were disposed of on the day of inspection.
- Systems for managing the cold chain for medicines requiring refrigeration were not consistent.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Are services safe?

- 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

At our inspection on 15 November 2018 we found:

- The practice's track record on safety required improvement. The practice had not consistently acted on risks that had been previously identified from our inspection in March 2018.
- There were some risk assessments in relation to safety issues, however, procedures had not been imbedded to ensure potential risks were mitigated. For example, necessary training had not been completed by all staff.
- The practice did not have oversight of risk assessments relating to premises and security.
- We did not review this aspect of the safe domain at our inspection on 23 November 2018, due to a requirement notice being served.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

- The system and processes for monitoring patients' health outcomes were not fully established. The practice were unable to demonstrate how it ensured patients' needs were effectively met.
- There were shortfalls in the appraisal system which did not enable the practice to demonstrate that all staff were appropriately trained.
- The practice had a programme of quality improvement activity, but this was not supported by effective planning and monitoring.
- Staff had the skills, knowledge and experience to carry out their roles, but this was not underpinned by appropriate training.

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:

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- Older patients who are 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 medicines.

- 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:

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was below local and national averages, apart from patients with COPD and cardio vascular disease. We also found that exception reporting for long term conditions were usually higher than local and national averages.

Families, children and young people:

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- Childhood immunisation uptake rates were in line or above 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.

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

Are services effective?

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- The practice's uptake for cervical screening was 69%, which was below the 80% coverage target for the national screening programme. On the day of inspection (23 November 2018) we were unable to speak with relevant staff about how they planned to promote and improve uptake.
- The practice's uptake for breast screening was above the national average. The practice's uptake for bowel cancer screening was in line with 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:

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- 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):

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- 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 medicines.

- 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's performance on quality indicators for mental health was below local and national averages. Exception reporting was low for these areas.

Monitoring care and treatment

The practice had a programme of quality improvement activity, but this was not supported by effective planning and monitoring. The practice reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results were in line with local and national averages, but there were areas where exception reporting was higher than 10%.
- The practice used information about care and treatment to make improvements.
- The practice was 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, but this was not underpinned by appropriate training.

- 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, but

Are services effective?

the system in place did not fully show what training staff had received. Up to date records of skills, qualifications and training were not maintained, this is subject to a requirement notice served following our inspection on 15 November 2018.

- The practice had some systems in place for providing ongoing support for staff. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. However, there were shortfalls in the appraisal process. Practice policy was that staff had an annual appraisal, with a six-month review to include a review of training undertaken since previous appraisal.
- We looked at five appraisal records which were incomplete. Of these documents three were pre-appraisal forms, with no outcome detailed. The others related to appraisals being carried out. One of these was a nurse appraisal which included the appraiser's conclusion, but there was no information on specific training required by the member of staff to ensure they were competent and had completed training in line with practice policy. Staff reported that they had received an appraisal each year, but records were not completed to show that this had occurred.
- 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 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.
- We found that multidisciplinary meetings were held, but minutes from these meetings were handwritten in a book kept by the lead GP. The practice was unable to

show how information from these meetings were shared with practice staff who did not have access to the handwritten notes. The practice could not demonstrate how handwritten minutes were shared with relevant staff.

- 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 receiving palliative care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We noticed that there was a sign in the waiting room which stated that patients under the age of 16 years old would only be seen with a responsible adult present. Staff told us that these patients would be seen on their own if needed.
- 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.

Are services effective?

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment. The practice were aware that patient overall experience of the practice was lower than local and national averages and were taking steps to address this.

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.
- 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:

This population group was good for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was good for responsive because:

- 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:

This population group was good for responsive because:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group was good for responsive because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

This population group was good for responsive because:

- 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.
- The practice was aware of support services and other health providers they could refer patients to if needed. For example, there was a specialist clinic in the area for Trans People who were transitioning gender.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice referred patients to a memory clinic, which was held in the same building and provided appropriate care and treatment for patients with mental health needs. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Patients who presented with depression were assessed for suicide risk and followed up as needed.

Are services responsive to people's needs?

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints, but did not fully identify themes and trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

The practice was rated as requires improvement for well-led because:

- Leadership roles and responsibilities were not fully defined to show how staff were appropriately support, training and supervised to carry out their role.
- There was a lack of clarity on how the practice planned to develop their strategy to achieve their vision and values.
- There were shortfalls in governance systems, which did not enable the practice to demonstrate that governance systems were safe and effective and risk was minimised.
- Systems and processes for ensuring effective communication and sharing of information to all relevant staff members required improvement.

Leadership capacity and capability

Leaders had the capacity and skills to deliver sustainable care, however there was a lack of information available to demonstrate roles and responsibilities of staff members. We requested information on leaders' roles and responsibilities and any management structures at the practice. This information was not provided.

The lead GP was not available on the day of inspection. Our GP Specialist advisor was able to talk with them via telephone and discussed areas such as: significant events; safeguarding; Duty of Candour; staffing levels; and Quality and Outcome Framework indicators.

The practice manager said they the authority to implement changes and was able to discuss concerns freely with the lead GP.

The lead GP was aware of the need to work with other GP practices in the local area to promote business continuity and sustainability.

Vision and strategy

- The practice had a vision to deliver high quality, sustainable care. There was a vision and set of values. However, the practice were unable to provide us with a documented strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values.

Culture

The practice aimed to provide 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, information from complaints was consistently shared with relevant staff, due to recording systems used by the practice. There were shortfalls in the complaints handling system to ensure trends and themes were identified. 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 required. This included appraisal and career development conversations. However, these were not sufficiently embedded to ensure there was effective oversight of the system. We found that not all staff had received an annual appraisal and there were gaps in training provision.
- There was an emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. Some staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The practice was unable to demonstrate fully responsibilities, roles and systems of accountability to support good governance and management.

- Systems and processes in place to support good governance were not fully embedded, to demonstrate business resilience and ongoing improvement. Quality and sustainability were not routinely discussed with all relevant staff.
- The information used to monitor performance and the delivery of quality care was not consistently accurate and useful. There were limited plans to address any identified weaknesses; action taken to address issues.

Are services well-led?

- There was a shortfall in the provision of a governance framework to support the delivery of the strategy and good quality care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- There were policies, procedures and activities to ensure safety which were currently under review. We were not provided with an indication of when the review would be completed.

Managing risks, issues and performance

We found that the practice was unable to demonstrate fully how it managed performance and risk.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety, but this was not consistently effective. Risk assessments were undertaken in relation to premises and equipment. The practice did not seek assurances from their landlord to ensure all necessary actions had been completed.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information, but there were shortfalls in ensuring all staff were kept up to date with relevant information.

- Quality and operational information was used to ensure and improve performance, but there were limited systems and processes in place to demonstrate this was effectively communicated with staff. Meeting minutes were not consistently produced in a standard format and not all staff were aware of how to access them.
- Performance information was combined with the views of patients.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were limited 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.

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. However, there were some shortfalls.

- The practice engaged with patients via surveys and the patient participation group was there were delays in acting on feedback received to improve performance and patient experience. A patient survey had been carried out in March 2018 and the practice had yet to analyse results from this survey and formulate an action plan if needed,
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a system in place to monitor the staff training required and provided, but this did not demonstrate fully that all necessary training required by the practice had been undertaken.
- The practice made use of internal reviews of incidents and complaints, but did not fully identify themes and trends. Learning was shared and used to make improvements.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Prescription stationery was not logged so that use could be monitored.• The practice did not have suitable arrangements in place to ensure they have appropriate emergency medicines available if needed.• There was no full assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. <p>In particular:</p> <ul style="list-style-type: none">• Legionella management was limited and did not protect patients and staff from harm. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p>

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Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- The process for monitoring Quality and Outcome framework indicators did not fully ensure that recall systems in place were effective.
- Staff appraisal records were incomplete.
- Information related to the running and management of the service was not readily accessible.
- There were delays in providing information requested, or the information was not available.
- Relevant staff were not always able to access information to enable them to carry out their role.
- There was a shortfall in the provision of a governance framework to support the delivery of the strategy and good quality care.
- We found that the practice was unable to demonstrate fully how it managed performance and risk.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.