

Cranbrook 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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as Requires Improvement overall. (Previous rating 12 2017 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

We carried out an announced inspection at Cranbrook Surgery on 5 December 2018. This inspection was undertaken in line with our inspection programme of re-inspecting practices where a breach or breaches of regulations was identified at our previous inspection.

At our previous inspection in December 2017, we issued the practice with requirement notices in respect of regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Act (Regulated Activities) Regulations 2014, as the practice had not addressed all concerns identified at a previous inspection held in August 2016.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Not all the practice systems to manage the day-to-day governance at the practice functioned well. We noted that there was no system in place to ensure blank prescriptions pad were logged when delivered to the practice.

- Some patients found they could not always gain appointments which suited their needs.
- Patient Group Directions (PGD's) used by the practice nurses to allow them to administer medicines, were not kept in an organised manner, making it difficult to identify patients who should be in receipt of medicines.
- The practice and PPG worked together to ensure that quality care was delivered and could be accessed easily at the practice.
- Staff appraisals had not been completed during the last 12 months for the majority of administrative staff.
- Some actions on the latest NHS England infection and prevention control audit had not been actioned, despite a timescale for completion being agreed.
- The practice premises are in need of refurbishment and one of the clinical rooms was not compliant with the criteria identified in the national infection and prevention control standards.

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

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

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

- Monitor systems and process to address continuing patient concerns in relation to access to care at the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Cranbrook Surgery

Cranbrook Surgery is located in an area which has residential housing alongside commercial shops, in Ilford, Essex. The practice is located in a converted terraced house. There are no bays for parking for patients with disabilities, but disabled patients can park at the front of the practice. There are two bus stops within five minutes' walk from the practice.

There are approximately 4500 patients registered at the practice. Statistics shows moderate income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 24-44. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western European, Eastern European and Afro Caribbean. Of the practice population, 52% have been identified as having a long-term health condition, compared with the CCG average of 48% and the national average of 53%.

Care and treatment is delivered by two GP partners (female) who between them provide approximately 20 clinical sessions weekly. There are two Practice Nurses (female) who provide four sessions weekly. The practice

also employs a GP long term locum (male) who provides two sessions monthly. A part-time practice manager is on site once a week and is assisted by an assistant practice manager and five administrative/reception staff.

The practice is open from the following times: -

8am – 7:15pm (Monday & Wednesday)

8am – 6:30pm (Tuesday, Thursday & Friday)

Clinical sessions are run at the following times: -

9am – 1:10pm; 4:30pm – 7:15pm (Monday & Wednesday)

8:30am – 2:30pm; 4:30pm – 6:30pm (Tuesday)

9am – 2:30pm; 4:30pm – 6:30pm (Thursday)

9am – 1:10pm; 4:30pm – 6:30pm (Friday)

Extended hours surgery runs every Monday and Wednesday between 18:30pm and 19:20pm.

Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP appointment outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111. The local CCG provided enhanced GP services which allowed patients at this practice to see a GP or Nurse at weekends.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities: -

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

- Family planning
- Surgical procedures

Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body

Are services safe?

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

At our previous inspection on 5 December 2017, we rated the practice as requires improvement for providing safe services. At this time we identified the practice as not having a system in place to ensure patient safety alerts were distributed in a timely manner within the practice, no fail-safe system for following up on cervical screening results, no pre-assessment questionnaire for patients requiring travel vaccinations and several actions on the latest infection and prevention control audit had not been actioned. We issued the practice with a requirement notice to comply with the relevant regulations in respect of the identified issues.

At this inspection, the practice was rated as requires improvement for safe services because:

- *The practice could not provide the inspection team with evidence that on-going staff checks were being undertaken. There was no evidence that blank prescriptions which came into the practice were logged on arrival and several actions on the latest infection control audit had not been actioned within the specified timeframe. Patient Group Directions (PGD's) did not meet the criteria to allow nurses to administer medicines legally.*

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse, but these were not always adequate.

- 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. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice did not always carry out appropriate staff checks at the time of recruitment and on an ongoing basis. For example, we could not find the most recent performance list verification for the long-term locum GP at the practice. The last check we found on file dated back to 2014.
- There was not an effective system to manage infection prevention and control. We found several actions that had not been completed within the agreed timescale on the latest NHS England infection and prevention control audit.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- Public Health data for October 2017 to September 2018 for the number of antibacterial prescription items prescribed per specific therapeutic group age-sex related prescribe unit was below the national average (0.53 for the practice compared to the national average of 0.94). This indicates lower antibiotic prescribing by the practice.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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.
- 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.
- There was no effective system of storing Patient Group Directions (PGD's) used by the practice nurses to administer medicines to identified patients.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues, however we noted that the practice did not have a premises security assessment in place.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, 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 good for providing effective services overall and across all population groups.

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:

- 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 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 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 comparable to local and national averages. For example, the percentage of patients with diabetes, on the practice register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 76%, compared to the local CCG average of 71% and the national average of 79%.

Families, children and young people:

- Childhood immunisation uptake rates were not in line with the target percentage of 95% or above. The practice was below target on all four of the four child immunisation indicators. We spoke with the practice about this and they told us that they were aware of the figures and were continuing with their programme of contacting parents/guardian of infants who had not received their required vaccinations. In addition, the practice also offered opportunistic vaccinations of infants who came to the practice for reasons other than for a vaccination (subject to consent of a parent/guardian).
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care. Once the practice had been notified of a non-attendance of patient for a secondary care appointment, the practice would contact the parent/guardian to ask whether they wanted to re-book and reason for non-attendance at first appointment.
- Appointment with the nurse could be scheduled for before and after school times.

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

- The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and was able to demonstrate their recall system (put in place since our last visit) for women who had not attended the practice for screening.

Are services effective?

- The practice's uptake for breast and bowel cancer screening was below the national average but comparable to the local average. The practice was aware of this figure and spoke with patients regarding the importance of this type of screening.
- 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 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.
- 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.

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 most recent published Quality Outcome Framework (QOF) results were 93% of the total number of points

available compared with the local clinical commissioning group (CCG) average of 95% and the national average of 96%. The overall exception reporting rate was 4% compared with the national average of 10%.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice 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.
- 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

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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 and patients at risk of developing a long-term condition.

- 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

At our previous inspection on 5 December 2017, we rated the practice as requires improvement for providing caring services as data from the National GP Patient Survey at that time showed that patients rated the practice lower than others for aspects of care such involvement in decisions about their care and treatment and being treated with dignity and respect.

At this inspection we found that the results attained by the practice for the most recent National GP Patient Survey showed improvement in patient satisfaction and as a result the practice is now rated good for the provision of caring services.

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 National GP patient survey results for the practice were comparable to local and national averages for questions relating to kindness, respect and compassion. For example, 81% of patients said that the last healthcare professional they saw or spoke to was good at treating them with care and concern during their last appointment, compared to the local Clinical Commissioning Group (CCG) average of 83% and the national average of 87%.

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 identified carers and supported them, however there was no information held within the practice signposting carers to local support services.
- The practice GP patient survey results were comparable to local and national averages for questions relating to involvement in decisions about care and treatment. For example, 91% of patients (compared to the local and national average of 91% and 93% respectively) stated they were involved as much as they wanted to be in decisions about their care and treatment during their last appointment.

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.

At our previous inspection on 5 December 2017, we rated the practice as requires improvement for providing caring services as data from the National GP Patient Survey data at that time showed that patients rated the practice lower than others for aspects of care such involvement in decisions about their care and treatment and being treated with dignity and respect. In addition, the practice building needed refurbishment as we noted that the flooring in one of the clinical rooms did not meet the required standards of being sealed that the edges.

At this inspection we rated the practice as good because: -

- We found that the results attained by the practice for the most recent National GP Patient Survey showed improvement in patient satisfaction levels. However, the issues around the practice premises were yet to be resolved. The practice informed us that they are currently in discussion with the local clinical commissioning group (CCG) regarding the premises. As result of the improved patient satisfaction levels and sight of evidence that the practice is in discussions with the CCG regarding improvements to the practice premises, we have rated the practice as good for the provision of 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 and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were not always appropriate for the services delivered. The practice is in a rented converted house which has a steep staircase to access the upstairs consultation room. The steep staircase has rendered the upstairs consultation room out of bounds to patients with mobility issues. The practice told us that patients with mobility issues would always be booked to see a clinician in a downstairs consultation room.

- The consultation rooms on the upper floor is not fully compliant with national infection and prevention standards. We were told that this consultation room is only in use once a week.
- 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP partners also accommodated home visits for those who had difficulties getting to the practice due to mobility issues.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

Are services responsive to people's needs?

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, the practice offered extended hours surgery two times a week.
- Appointments were available after working hours at the local GP hub.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were comparable to local and national averages for questions relating to access to care and treatment. For example, 72% of patients (compared to the local and national average of 65% and 74% respectively) stated that they were satisfied with the type of appointment they were offered.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

At our previous inspections on 19 August 2016 and 5 December 2017, we rated the practice as requires improvement for providing well-led services as the practice did not have systems in place to assess, mitigate and monitor the risks relating to the health, safety and welfare of service users, with reference to limited oversight of the nursing provision at the practice. In addition, the practice had not provided one of the nurses who worked at the practice with a job description, which had the potential for that member of staff to act outside of their remit and knowledge.

We rated the practice as inadequate because: -

- *Governance arrangements had not improved since our last visit. Although the practice had addressed the concerns regarding oversight of the work of the practice nurses and the lack of a job description for one of the nurses, we found at this inspection one governance issue that we highlighted at the last inspection, which was completing actions highlighted by the most recent infection prevention and control audit within the agreed timeframe. The governance surrounding staff files and ensuring that annual appraisals were up to date had not been monitored and on-going staff checks had not been completed. Finally, paperwork relating to nurses at the practice being able to administer medicines were not kept in an easily accessible fashion.*

Leadership capacity and capability

Leaders had capacity and skills to deliver sustainable care.

- Leaders had knowledge about issues and priorities relating to the quality and future of services. They understood the challenges and had plans to address them.
- Leaders at all levels were visible and approachable. They worked with staff and others to make sure they could provide compassionate and inclusive leadership.

Vision and strategy

The practice had a vision to deliver quality, sustainable care.

- There were a set of values which staff at the practice adhered to. There was evidence the practice had formal strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of providing 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. 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 was a policy for providing all staff with the development they need, but this was not being adhered to. This process should include appraisal and career development conversations for all staff. However, we found evidence that only one member of the administrative team had received an annual appraisal in the last year. Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- There was an 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. However, not all systems in place were being adhered to.

- Structures, processes and systems to support good governance and management were set out, but not always effective. Governance within the practice did not

Are services well-led?

always ensure that systems and processes complied with legal requirements necessary to their role. Patient Group Directions (PDG's) were stored on the shared drive, making it difficult for the inspection team to identify current PDG's. We looked at seven PDG's and found that six of them had been signed two-three months after the PDG had come into effect. In one case, a PDG which came into effect in September 2018 had yet to be signed by either of the two practice nurses.

- Staff were clear on their roles and accountabilities including in respect of safeguarding, but not in respect of infection prevention and control. All staff knew who the safeguarding lead at the practice was. However, we were concerned when the practice nurse told us that she was the infection control lead and that she had not been involved with an NHS England infection control audit since 2017. The practice had their most recent infection prevent and control audit in June 2018. Subsequent to our inspection, we were informed by the practice that the practice nurse we spoke with had taken part in the most recent infection and prevention control audit held in June 2018.
- Practice leaders had established policies, procedures and activities to ensure safety, but they did not always assure themselves that they were operating as intended. A member of the clinical team could not access a spreadsheet to identify patients on high risk medicines stored on the shared drive.

Managing risks, issues and performance

Not all processes for managing risks, issues and performance were clear or consistent.

- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints, but not recent safety alerts.
- Clinical audit had an 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.
- The practice most recent premises risk assessment conducted in July 2018 had not been signed or dated by the person who had conducted the assessment.

- Several actions identified following the last infection prevention and control audit had not been completed, including compiling an up-to-date register of vaccinations undertaken by staff.

Appropriate and accurate information

The practice acted on appropriate information (when available).

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We noted that the practice had monthly all staff meetings, where issues such as complaints and significant events were discussed.
- The practice used performance information which was reported and monitored, and management and staff were held to account. The information was used to monitor performance and the delivery of quality 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 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.
- There was evidence that the practice conducted internal clinical staff meetings.

Continuous improvement and innovation

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Are services well-led?

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had systems or process in place that failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users, in particular with reference to the service not having up-to-date records of staff immunity.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or process in place that did not enable the registered person to provide effective management of blank prescription scripts received at the service. Processes at the service did not ensure that actions with a specified timeframe on the latest infection and prevention control audit had been conducted. Systems at the service did not provide evidence that staff appraisals were conducted annually and that there was effective system to highlight training gaps for staff.