

West View Surgery

Inspection report

Stanhope Parade Health Centre
Gordon Street
South Shields
Tyne And Wear
NE33 4JP

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

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

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? - Requires Improvement

We carried out an announced comprehensive inspection at West View Medical Surgery on 19 October 2018. This was to follow up on previous breaches of regulations identified at our last inspection of this practice in September 2017. At our previous inspection, we rated the practice as requires improvement overall, as well as for being safe, effective and well led. We rated the practice as good for being responsive and caring.

At this inspection we found:

- The practice had 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. However, they did not always record evidence of monitoring activity to provide assurance of safety systems. We were not assured of the governance processes for infection control, recruitment, checking equipment and medicines and evidencing the action they had taken in relation to patient safety alerts.
- The practice had a programme of quality improvement activity and had started to review the effectiveness and appropriateness of the care provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had a clear vision and credible strategy to deliver high quality, sustainable care. Leadership arrangements had improved. However, there were still areas where the governance processes were not fully embedded or did not demonstrate effective monitoring and control.

The area where the practice **must** make improvement are:

- 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:

- Continue to develop their approach to quality improvement and clinical audit to ensure there is a strong link between activity taken and the improvement of outcomes for patients.
- Develop effective system to increase identification of patients who are also carers to ensure they are receiving the support they need to stay healthy and well.
- Review the emergency medicines held by the practice to enable them to deal with medical emergencies. Where the practice decides not to hold a medicine recommended by the UK Resuscitation Council, make sure there is an appropriate risk assessment in place to support this decision.

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 West View Surgery

The Care Quality Commission (CQC) registered West View Surgery to provide primary care services to around 2,800 patients from one location:

- Stanhope Parade Health Centre, Gordon Street, South Shields, Tyne And Wear, NE33 4JP.

West View Surgery provides care and treatment to patients of all ages, based on a Personal Medical Services (PMS) contract agreement for general practice. The practice is part of the NHS South Tyneside clinical commissioning group (CCG).

The practice could provide early morning, late evening, weekend and bank holiday appointments as they were part of South Tyneside Health Collaboration, which is a federation of GP practices who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients could contact the practice reception team to arrange appointments. The telephones are answered by the practice during their opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practice website and in the practice leaflet.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

The practice has one GP partner (male) and a Practice Manager partner. Additionally, the practice employs a nurse practitioner. There are four members of the administration team and one further member of the management team.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in second most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 76 years, compared to the national average of 79.2 years. Average female life expectancy at the practice is 81 years, compared to the national average of 83.2 years.

92.1% of the practice population were white, 1.3% were mixed race, 4.4% were Asian, 0.5% were black and 1.6% were other races.

We checked and confirmed the practice had displayed the most recent CQC ratings legibly and conspicuously both on their practice website and in the practice premises.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

In September 2017, we found some safety systems and processes were not effective or well embedded to keep people safe. This included:

- The infection control lead had not received training appropriate to their lead role.
- the practice did not maintain notes of safeguarding meetings.
- the recruitment policy was not comprehensive and did not comply with regulations. Staff files were missing expected information.

In October 2018, we found that the practice now maintained notes of safeguarding meetings. The practice had updated their recruitment policy and it now complied with regulations. However, although the practice had followed safe recruitment practices for some members of staff, they had not followed this for the most recently recruited staff member. The infection control lead had received online training in infection prevention and control, but had not received any specialist face to face training.

The practice had systems to keep people safe and safeguarded from abuse. However, some of the governance mechanisms were not well embedded or sustainable to provide appropriate assurance of their recruitment processes, infection prevention and control and checks made on facilities and equipment.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, 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.
- The practice was clean and well maintained. However, there were gaps in the governance of infection prevention and control arrangements. For example, the practice had not carried out an audit of their infection control procedures since April 2017. The practice told us they cleaned clinical equipment, such as ear irrigators and spirometry after each use. However, they did not record that this activity had taken place.
- Although the practice told us they checked facilities and equipment were safe and in good working order, they did not always make records to evidence this.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

In September 2017 we told the practice they must ensure there were measures in place to mitigate the risks of health and safety to patients and staff. This was because there was no health and safety risk assessment. There was no evidence of a fire drill. Most staff had not received health and safety or fire safety training. The business continuity plan did not include all the details needed for the practice to respond to known risks and emergencies.

In October 2018, we found the practice had addressed these concerns:

- The practice had reviewed their policies and procedures and carried out a risk assessment relating to health and safety.
- They had carried out a fire drill in March 2018.
- Staff had received training on health and safety.
- The practice had revised their business continuity plan to include details of emergency contacts for some suppliers and staff. This was accessible if the practice were unable to access the practice premises.

There were mostly adequate systems to assess, monitor and manage risks to patient safety. However, the practice did not hold the full range of medicines expected to enable them to deal with medical emergencies, as recommended by the UK Resuscitation Council. They did not have in place risk assessments to demonstrate why certain

Are services safe?

recommended emergency medicines were not required. The practice told us they checked the safety of emergency medicines and emergency medical equipment, but they did not make a record of these checks.

- 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. However, the practice had not included information about safeguarding processes within the practice for locum GP staff to refer to.
- The practice had in place equipment 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had effective systems for appropriate and safe handling of medicines. However, they did not record all the checks they made to ensure the safety of managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment.

- Staff told us they regularly checked the safety of medicines, including emergency medicines, and emergency medical equipment. However, they did not

make a record of these checks. The practice had not kept a full record of the checks they made to ensure medicines that required refrigeration were stored within the correct temperature range since September 2018.

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and had 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.

Track record on safety

The practice had improved and had a good track record on most aspects of safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice had improved the way they monitored and reviewed the safety of the service. However, the practice needed to establish and sustain some aspects of governance to continue to provide assurance of safety systems.

Lessons learned and improvements made

In September 2017, we said the practice must ensure there were effective and comprehensive systems and processes in place for the management of significant events and patients safety alerts.

In October 2018, we found the practice had improved their approach to responding, learning and improving to incidents and near misses. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and acted to improve safety in the practice. However, they did not have in place any arrangement to check for emerging trends and themes to incidents, which might help them extract additional learning and inform if the identified actions they had implemented had been successful.

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.

Are services safe?

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, although they could tell us about the action they had taken to safeguard individual patients affected by the alerts, they did not keep a record of this.

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 overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. They 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 they 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 mostly in line when compared to local and England averages. However, performance on some indicators relating to diabetes were much lower than average. The practice told us they thought the performance related to local demographics, with high levels of deprivation and poor dietary choices. They told us they had low levels of patients excepted from figures, as they wanted to encourage patients to attend for regular reviews of their long-term condition. Staff discussed QOF performance at clinical meetings to identify ways of improving.

Families, children and young people:

- The practice was above the 90% target rate for all childhood immunisations. They were also above the World Health Organisation target of 95% for three out of the four groupings for childhood immunisations.
- 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):

- The practice's uptake for cervical screening was 65.4%, which was below the 80% coverage target for the national screening programme. This compared to the CCG average of 74.1% and the national average of 72.1%. We spoke with the practice about the action they were taking to understand and improve their performance. They told us they attributed their performance to having a transient patient population and a high number of women of Asian descent who were reluctant to attend for screening. Actions they had taken to support uptake included displaying information in a range of languages, providing trained

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female staff, with appointment times offered throughout practice opening hours. Non-attenders were flagged on the patient record to allow screening to be discussed opportunistically.

- The practice's uptake for breast and bowel cancer screening was slightly below the national average. We spoke with the GP about this and they said the cancer lead from the local clinical commissioning group (CCG) had attended the practice to discuss strategies to support increased uptake of cancer screening. The practice had promotional posters in the waiting area for a range of cancer screening initiatives and had patient information available in a range of other languages. The practice discussed all new cancer diagnoses at clinical meetings to help identify if there were any opportunities for earlier diagnosis.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

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.
- 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's performance on quality indicators for mental health, including indicators relating to people with dementia, was below local and national averages. The practice told us although they encourage patients with poor mental health to attend for a review, they often found patients were reluctant, when they were already seen by hospital or community mental health specialists. Non-attenders were flagged on the patient record to allow staff to encourage patients to attend for health checks and where appropriate for them to be carried out opportunistically.
- Practice staff had attended sessions and made changes to ensure they were dementia friendly.

Monitoring care and treatment

In September 2017, we found clinical audits lacked detail and didn't demonstrate the full quality improvement cycle. In October 2018, we found the practice had improved their approach to clinical audit but there was still a weak link between clinical audit and improving the health outcomes for patients. We found most of the quality improvement activity within the practice was driven by the local CCG medicines optimisation and cost saving initiatives. The practice had a programme of quality improvement activity and had started to review the effectiveness and appropriateness of the care provided. The practice had carried out a full cycle audit on the treatment of urinary tract infections in adults to bring it in line with local guidelines.

Where appropriate, clinicians took part in local and national improvement initiatives.

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 95% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was lower than the local CCG average of 97.6% and the national average of 95.6%. (QOF is a system intended to improve the quality of general practice and reward good practice.)

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We asked the practice to provide us with unpublished and, therefore, unverified, QOF data for 2017/18. This showed the practice had achieved 90.2% of the points available, compared to the 97% CCG average and 96% England average.

- The overall clinical exception-reporting rate was 9.2% in comparison to a CCG average of 10.5% and a national average of 9.6%. (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.) Of the 15 clinical exception rates, three were over 10% (These were chronic obstructive pulmonary disease; depression; and, rheumatoid arthritis). The practice took appropriate action to invite patients in for review, and only excluded them when they had failed to attend after an initial invitation and two reminder letters.

Effective staffing

In September 2017, we found the some staff did not have the skills, knowledge and experience to deliver effective care and treatment. The practice couldn't provide evidence to verify the training staff had received. Not all staff had received an appraisal.

In October 2018, prior to the inspection the practice provided a training matrix. This included a list of all training staff had undertaken. For non-clinical staff this included a list of the mandatory training staff were expected to undertake, including timescales for refresher training. These expectations were not provided for clinical staff, although we saw training was discussed at regular appraisals.

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 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.

Are services effective?

- 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, the practice had implemented coffee morning to signpost patients to other organisations, such as Age Concern, to support patients to live healthier lives.
- 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.

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 identified carers and supported them. However, the practice had
- identified a lower number of patients as carers, as would be expected based on their practice demographics. They had identified 0.8% of their patient list as carers.
- Results from the National GP Patient Survey we reviewed showed patients had similar levels of satisfaction for questions about their involvement in planning and making decisions about their care and treatment to local and national averages.

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. They 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:

- 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 practice had introduced coffee mornings to support those patients who may be at risk of isolation and to make links and signpost patients to other organisations who may be able to help. This included Age Concern and the local carers organisation.

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.

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 they offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on a Monday evening and access through the South Tyneside Health Collaboration (the local GP federation) to early morning, late evening, weekend and bank holiday appointments.

People whose circumstances make them vulnerable:

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

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 had introduced coffee mornings to support those patients who may be at risk of isolation and to make links and signpost patients to other organisations who may be able to help. This included a talk from a local mental health organisation.

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.

Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice performance on the GP patient survey results relating to timely access to the service were comparable with other local and national practice.

Listening and learning from concerns and complaints

In September 2017, we found the complaints policy did not include detail regarding taking a complaint further than the practice, for example to NHS England or the Parliamentary and Health Service Ombudsman (PHSO). The practice information leaflet which was given to patients did not contain this information.

In October 2018, we found the practice had developed the information provided to patients who wish to make a complaint. The complaints leaflet and policy now included information on how to escalate a complaint if the complaint remained unsatisfied. This included referral details for NHS England and the Parliamentary and Health Service Ombudsman (PHSO).

The practice told us they had not received any complaints within the last year.

The practice took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance.

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:

- There were still areas where the governance processes were not fully embedded or did not demonstrate effective monitoring and control. The practice governance processes were ineffective at identifying that expected checks were not carried out by staff.

Leadership capacity and capability

At our previous inspection in September 2017, we found the lead GP was not involved in the day to day running of the practice. The management of the practice did not work together to run the practice and provide high quality care. In October 2018, we found the lead GP partner was more involved in the day to day running of the practice and his experience as a partner had increased. There were more structured meeting arrangements in place to ensure leaders had a good understanding of the challenges faced and quality improvement required within the practice. However, there were still some areas where leaders did not have good oversight of the governance arrangements in place in relation to the safety of the service.

Vision and strategy

At our last inspection we found the practice did not have a business plan in place to support the vision and strategy for the practice. In October 2018, we found the practice had developed a three year business development plan for 2018 to 2021. This included plans for management, skills mix, training, IT and service development.

Culture

The practice had started to develop a culture which supported the delivery of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They told us they had seen many improvements since the last CQC inspection, and felt this had improved the way they worked together as a team.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was 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

At our inspection in September 2017, the practice did not have effective governance arrangements. At this inspection we saw that they had improved in some areas;

- There were plans in place for staff training and staff had received this.
- The management of significant events had improved.

In other areas, some progress had been made but further improvement was necessary;

- The process for patient safety alerts had improved, however the practice did not record the information necessary to safeguard individual patients affected by the alerts.
- Policy and procedures had been reviewed, with the exception, of infection control.
- The detail in relation to clinical audit had improved, however these needed to be further linked to patient outcomes.

In addition, we found at this inspection;

- Safety checks which were not recorded such as checks of equipment and medicine stock control.
- The practice policy on recruitment was not being applied.

Are services well-led?

Therefore, although the practice had made improvements, there were still some areas where responsibilities, roles and systems of accountability were not clear and did not support good governance and management.

Managing risks, issues and performance

Most of the processes for managing risks, issues and performance were clear and effective.

- There were some effective processes to in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, as there were some areas where checks made were not recorded, managers did not have access to a comprehensive information to support them to manage risks, issues and provide assurance about performance.
- 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 in most cases.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. However, there were some areas relating to governance of safety systems which were not fully embedded or did not demonstrate effective monitoring and control.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The 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

In September 2017, we found the patient participation group was too small to be effective. At this inspection (October 2018), we found the practice had developed a more effective patient participation group, which they used to help them improve the quality of service offered.

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The practice had acted upon the findings of the September 2017 CQC inspection to help them improve.
- There was a focus on continuous learning and improvement. The process for significant events had improved considerably and showed the practice consistently learned and improved as a result of incidents and near misses.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

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 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> <p>The registered person had systems or processes in place that operated ineffectively, they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <p>The practice did not always adequately record the monitoring they carried out to assure themselves they were providing the service in a safe way. We were not assured of the governance processes for infection control, recruitment, checking equipment and medicines and evidencing the action they had taken in relation to patient safety alerts.</p>