

# Roe Lee Surgery

## Inspection report

(Also known as Blakewater Healthcare)

367 Whalley New Road

Blackburn

Lancashire

BB1 9SR

Tel: 01254 618000

<https://www.roeleesurgery.co.uk/>

Date of inspection visit: 07 November to 07  
November 2018

Date of publication: 08/01/2019

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?

**Requires improvement**



# Overall summary

**This practice is rated as requires improvement overall.** (Previous rating November 2017 – Good)

The key questions are rated as:

Are services safe? – *Requires Improvement*

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 Roe Lee surgery on 7 November 2018 in response to concerns raised with us.

At this inspection we found:

- The practice had negotiated a challenging period of transition since merging with another local practice and incorporating a branch site a year ago. There had been a high turnover of staff at the branch site, although staff told us how the situation had improved over recent months.
- There were gaps in the practice's governance arrangements resulting in risk management processes not being comprehensive, for example in respect to recruitment procedures and training oversight.
- While the practice had a range of documented policies and procedures in place, we found examples where these either had not been followed, or lacked sufficient detail to adequately describe the processes to which they related.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice documented investigations resulting from them and improved their processes. However, some staff found it difficult to demonstrate awareness of recent incidents and we found communication channels to disseminate learning was at times informal.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines and reviewed the effectiveness and appropriateness of the care it provided.

- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients felt positive about the quality of care and treatment they received. The practice's results from the national GP patient survey were higher than local and national averages.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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 specified information is available regarding each person employed.

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

- The provider should implement a formal process of monitoring clinical decisions made by staff working in advanced roles in order to be assured staff are working within their competencies.
- Actions completed on receipt of patient safety alerts should be logged in order to provide a clear audit trail of what has been done.
- Complaints literature should be easily accessible for patients
- Processes around auditing infection prevention and control measures should be improved. Audits should incorporate both practice sites.
- Communication channels should be formalised to ensure learning from significant events and complaints is maximised and shared efficiently with the wider practice team.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included second CQC inspector as well as a GP specialist adviser.

## Background to Roe Lee Surgery

Roe Lee Surgery (367 Whalley New Road, Blackburn, BB1 9SR, also known as Blakewater Healthcare) is located in a purpose built, two storey premises on the outskirts of Blackburn. The premises has ample parking spaces, including designated disabled spaces and ramped access to facilitate entry to the building for people experiencing difficulties with mobility.

Following a recent merger with a neighbouring practice the practice also has a branch surgery situated in Barbara Castle Way Health Centre, Simmons Street, Blackburn, BB2 1AX. Patients are able to access services at either premises. We visited both the main and branch sites as part of this inspection.

The practice delivers primary medical services to a patient population of approximately 11,000 people via a general medical services (GMS) contract with NHS England. The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). It is registered with CQC to provide the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures and maternity and midwifery services.

The average life expectancy of the practice population is slightly below the national averages (78 years for males and 82 years for females, compared to 79 and 83 years respectively nationally).

The practice patient age distribution is broadly similar to that of the average GP practice in England.

Information also published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by two GP partners (both male) along with a recently recruited salaried GP (female), with a view to her shortly becoming a partner also. The practice also employs two long term locum GPs (one male, one female). The GPs are supported by four advanced nurse practitioners, two practice nurses and two health care assistants. Clinical staff are supported by a practice manager (a second practice manager had also recently been recruited, but was yet to take up the post at the time of our visit) and a team of fifteen administrative and reception staff.

The practice is open between 8am and 6.30pm each weekday apart from Friday, when extended hours appointments are offered from 6.45 in the morning. Patients are also able to access additional extended hours appointments, which are offered from local spoke

clinics (Little Harwood Health Centre and Barbara Castle Way Health Centre) by the local GP federation between 5pm and 9pm on weekday evenings, and between 8:45am and 2:15pm on weekends.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111, offered locally by the provider East Lancashire Medical Services.

# 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:

- There were gaps in pre-employment checks completed for newly recruited staff.
- There was insufficient managerial oversight around mandatory training for us to be assured all staff had completed appropriate training in topics such as safeguarding.
- The practice's processes around managing incoming correspondence did not sufficiently mitigate risks associated with this work.

## Safety systems and processes

The practice had not consistently implemented systems to keep people safe and safeguarded from abuse.

- The practice had some systems to safeguard children and vulnerable adults from abuse. However, the practice was unable to demonstrate all staff had received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke to 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.
- There were gaps in the pre-employment checks completed by the practice at the time of recruitment. For example, evidence of satisfactory conduct in previous employment had not been documented for two advanced nurse practitioners who had recently commenced work at the practice.
- There was a system to manage infection prevention and control. However, documentation maintained was not always thorough. For example, the documented infection prevention and control audit was not room specific and did not include the practice's branch site.

- 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. The practice had experienced a turbulent 12 months having merged with another local practice, and this had resulted in a significant turnover of staff. However, recruitment activity had been undertaken to ensure the staffing compliment remained safe.
- 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

There were shortfalls in systems to assure staff they had the information they needed to deliver safe care and treatment to patients.

- The protocols in place to govern the management of incoming mail were not detailed enough to adequately describe the process undertaken, nor sufficiently embedded for staff to be aware of them. There were items of incoming correspondence which were not passed to the GPs. These items were not detailed in the practice's protocols and there was no audit process in place to ensure the clinical staff had sight of all information they needed to.

## Are services safe?

- There was a documented approach to managing test results. The practice had implemented recent changes to how it managed test results to ensure they were dealt with more efficiently. This had been done following a recent quality visit carried out by the CCG.
- The practice had some systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to most safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong, although formal systems to disseminate this learning throughout the staff were not embedded.

- 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 lessons and took action to improve safety in the practice. However, information about any actions taken was not always effectively cascaded to staff.
- 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 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.

- 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 were identified on the practice's register. Plans were in place to ensure they received a full assessment of their physical, mental and social needs. Those identified as being frail were discussed as part of the practice's complex care multidisciplinary team meetings.
- 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 in line with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were either in line with or above the target percentage of 90%.
- 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%, which was below the 80% coverage target for the national screening programme and slightly lower than local and national averages. The practice was working to increase uptake rates by offering screening opportunistically.
- The practice's uptake for breast and bowel cancer screening was comparable to the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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.



# Are services effective?

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.
- 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 in line with local and national averages, although some exception reporting rates were higher.

## Monitoring care and treatment

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

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The practice's QOF results were in line with local and national averages.
- The practice's exception reporting rate was variable when compared with the CCG and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects), in particular they were higher for some mental health indicators.
- The practice used information about care and treatment to make improvements. We saw it maintained a programme of clinical audit activity and it engaged well with the local Quality and Outcomes Enhanced Services Transformation (QOEST) quality improvement

programme. This was a suite of quality improvement plans initiated by the CCG and developed by practices to monitor and improve the quality of clinical care provided to patients, the access to and sustainability of general practice.

## 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. However, up to date records of skills, qualifications and training were not always 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, coaching and mentoring, clinical supervision and revalidation. Nurse prescribers told us how supervision was offered informally by the GPs, although no formal audit of their prescribing had been completed to document how the provider had sought assurance they were prescribing within their competence.
- 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



## Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who had 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. We spoke to staff who were able to articulate appropriate processes for the creation and review of patient care plans. We viewed a sample of care plans which were appropriate.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- 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.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for providing 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 practice's GP patient survey results were generally above 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 above local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services .**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended hours appointments were offered on a Friday morning from 6.45am and the practice offered online services such as appointment booking and ordering repeat prescriptions.
- The practice improved services where possible in response to unmet needs. For example, developing the community DVT (deep vein thrombosis; a blood clot that develops within a deep vein in the body, usually in the leg) 'one stop shop' service to streamline access to care for these patients, and working in partnership with the local hospital trust to provide community based non-obstetric ultrasound services, reducing waiting times for access to such services from eight to two weeks.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered 15 minute consultation appointments to patients as standard.
- 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 had 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 and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

### 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. 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 it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours appointments on Friday mornings.
- Extended hours appointments were also available at 'spoke' clinics held at another local surgery until 8pm each weekday and also during the day on weekends which supported patients who were unable to attend the practice during normal working hours.

### 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.
- Patients with complex needs were offered longer appointments.
- There were monthly meetings with other health and social care professionals to discuss the care and treatment of vulnerable patients.

# Are services responsive to people's needs?

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 proactively signposted patients to support organisations for those with mental health needs and those who had recently suffered bereavement.

## 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 above 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.

- Staff treated patients who made complaints compassionately. However, information about how to make a complaint or raise concerns was not readily available for patients.
- The complaint policy and procedures were in line with recognised guidance. The practice responded appropriately to individual concerns and complaints and also monitored 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 we identified key gaps in governance structures in place to ensure managerial oversight was maintained of safe and effective care.

### Leadership capacity and capability

Gaps in appropriately embedded governance structures hindered leaders in demonstrating they had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had knowledge about some issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had experienced a turbulent period of transition since merging with another local practice just over a year ago. A turnover of staff had placed strain on the management capacity over previous months. This had resulted in the practice leadership not always being as visible and accessible for staff as would have otherwise been the case. The practice was in the process of putting measures in place to address this, for example recruiting two salaried GP posts and to a practice manager post for the branch site.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had worked hard to maintain a culture of high-quality sustainable care despite the transition period of merging two practices.

- Staff recognised the difficulties practice management had encountered over the previous year. While the

challenges presented by the practices merging had impacted on staff morale, we were told how the situation had improved over recent months and how it was hoped the practice was now embarking on a period of stability. Staff stated they felt respected by practice leaders.

- 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 some processes for providing all staff with the development they need. However, systems to ensure all staff had received appraisals in a timely fashion were not effective. We noted nursing staff had not received regular annual appraisals in the previous two years. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Some staff told us how they felt the organisation worked well as a team.

### Governance arrangements

The responsibilities, roles and systems of accountability to support good governance and management were not always clear.

- Structures, processes and systems to support good governance and management were not always set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, but insufficient managerial oversight of training meant we were not assured all staff had being trained in mandatory topics.
- Practice leaders had established policies, procedures and activities in an effort to ensure safety. However, they

# Are services well-led?

were not always fully familiar with their content and had not effectively assured themselves that they were operating as intended. For example, we found evidence where practice protocols were not being followed.

- While meetings were held in order to communicate changes and disseminate information, these did not include the full range of staff. Formal communication channels for disseminating information and communication changes were not well established.

## Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

- There were some processes to identify, understand, monitor and address current and future risks, although not all risks to patient safety had been comprehensively mitigated. For example, pre-employment checks for newly recruited staff were not always thorough.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints. There was scope for more comprehensive managerial oversight of safety alerts received and the action taken as a result.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- With the support of the CCG the practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff who attended 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 told us information used to monitor performance and the delivery of quality care was

accurate and useful. While action had been taken to address identified weaknesses, we found there was scope to further improve systems in place to manage the flow of patient information coming into the practice.

- 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.

- A full and diverse range of patients', staff and external partners' views and concerns had previously been encouraged, heard and acted on to shape services and culture. There was a patient participation group, although no meetings had been held in the previous year.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. However, learning was not always shared effectively with the wider practice team to best facilitate changes being embedded into practice.
- 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk. For example: There was insufficient managerial oversight of staff training for the provider to be assured all staff had completed appropriate training topics such as safeguarding. Work undertaken did not consistently reflect practice protocols as documented in the policies and procedures available to staff. Policy documents did not always contain sufficient detail. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.