

Lingfield Surgery

Inspection report

East Grinstead Road
Lingfield
Surrey
RH7 6ER
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Date of inspection visit: 15 May 2018
Date of publication: 16/07/2018

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

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good (previous inspection 18 October 2016 – Requires Improvement and 7 September 2017 - Good).

We carried out an announced comprehensive inspection at Lingfield Surgery on 18 October 2016 and a focused follow up inspection on 7 September 2017. The practice was rated good overall. However, we found that the practice continued to require improvement for the provision of safe services because breaches of regulation were identified. The full reports on the inspections can be found by selecting the 'all reports' link for Lingfield Surgery on our website at www.cqc.org.uk.

Specifically, we said they must:

- Ensure that all premises and equipment used by the provider are clean, secure, suitable, properly used and maintained and appropriately located. Specifically the provider must ensure that a risk assessment for the control of substances hazardous to health (COSHH) complies with the policy in place at the practice.

After the focused inspection on 7 September 2017, the practice wrote to us to say what they would do to meet legal requirements. We also received information of concern that led us to carry out this announced comprehensive inspection at Lingfield Surgery on 15 May 2018. The concerns raised were regarding the care plans for residents at a nearby nursing home and the responsiveness of GPs to that nursing home. The review of the concerns is incorporated into the findings in this report.

We undertook this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check they had followed their plan and to confirm whether the provider met all of the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

At this inspection we found:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, some of these processes were not always implemented effectively, including the recording and oversight of safety alerts, the arrangements for managing waste, ensuring the safe storage of vaccines, the oversight of vulnerable patients and the planning and monitoring for staff absence.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we found that not all staff were provided with suitable guidance on the use of the practice computer system, and non-clinical staff had not been given guidance to identify seriously ill patients.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The practice ensured patients had good access to care by offering extended hours surgeries and telephone consultations, as well as offering appointment booking on the practice website.
- Although the practice had good facilities and was well equipped to treat patients and meet their needs, we found that not all reasonable adjustments had been made.
- The practice provided primary care to a local residential school for young students with severe learning

Overall summary

disabilities. This included twice weekly clinics which provided reassurance to the students who would otherwise find trips to a busy surgery both traumatic and distressing.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice were in the process of implementing an online triage and consultation tool to improve access to medical care and advice.

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

- Ensure care and treatment is provided in a safe way to patients.

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Strengthen the guidance provided for reception staff to include identification of symptoms for potentially seriously ill patients, such as sepsis.
- Strengthen the guidance provided to all clinical staff to include information on the location of care plans on the practice computer system.
- Review the facilities provided and ensure all reasonable adjustments are made, including that all patients can raise an alarm if they require assistance.

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 manager adviser and a second CQC inspector.

Background to Lingfield Surgery

Lingfield Surgery is in the village of Lingfield, near East Grinstead, providing general medical services to approximately 10,600 patients. The practice also provides care and treatment for the residents who are registered at the practice and who live in nearby care homes, which serve individuals with a diagnosis of dementia or who have nursing care needs.

Services are provided from East Grinstead Road Lingfield Surrey RH7 6ER. The practice were aware that they had outgrown the premises and they felt they had exhausted opportunities to adapt the building. We were told about their submitted plans for a redevelopment of the building, to provide additional clinical and patient facilities to meet the greater demand for services.

There are three GP partners and four salaried GPs (three male, four female). There are four practice nurses and one phlebotomist. GPs and nurses are supported by the practice manager, an operations manager and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the number of patients from birth to 18 years old served by the practice is comparable to the national

average. The number of patients aged 65 years and over is slightly above the national average. This practice is located in an area considered to be one of the least deprived areas in England.

Lingfield Surgery is open from Monday to Friday between 8:30am and 6:30pm. Between 8.00am and 8.30am and between 12.00pm and 2.00pm the telephones are accessible for emergencies but not routine calls. Extended hours appointments are offered every Tuesday and Thursday morning from 7:20am to 8:30am.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website (www.lingfieldsurgery.nhs.uk)

The practice runs a number of services for its patients including; family planning, chronic disease management, health checks and travel vaccines and advice.

Lingfield Surgery is registered with the CQC to provide the regulated activities; Treatment of disease, disorder or injury; Surgical procedures; Diagnostic and screening procedures; Maternity and midwifery services and Family Planning.

Are services safe?

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

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate 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.)
- Systems were in place to highlight vulnerable patients on record. However, there was not a risk register of specific patients.
- 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 carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Although most of the arrangements for managing waste and clinical specimens kept people safe, we found items, such as examination gloves and cleaning wipes, that were past their expiry date and waste that had not been disposed of within the recommended timeframes.

Risks to patients

There were not always adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were not always 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. We found that not all staff roles were covered for periods of absence.
- 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. However, we found that the practice receptionists had not been provided with training or guidance to recognise signs of serious infection/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.

- At the time of inspection we asked to see examples of completed care plans for patients, however the practice were not able to demonstrate this on the practice system. Since inspection the practice provided anonymised examples of completed care plans. 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.
- There was a documented approach to managing test results.

Are services safe?

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. Although the refrigerator used to store vaccines was secure, we noted that the electrical supply could be accidentally turned off as the socket was accessible, including to the public. We also found the thermometer was not calibrated within recommended timescales.
- At our last inspection we found the practice did not comply with the policy in place for the control of substances hazardous to health (COSHH). At this inspection we saw that the practice had updated their COSHH policy and completed all data sheets.
- 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 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 learnt and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice told us they acted on and learned from external safety events as well as patient and medicine safety alerts. We found that they did not have a formal policy and did not always clearly record that all actions were completed as a result of a safety alert. However, they demonstrated to us on the day of inspection that they received alerts and took the necessary action.

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 .

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 used appropriate tools to assess the level of pain in patients.
- 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Patients were able to speak with or see a GP when needed and the practice site was accessible for patients with mobility issues.
- 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.
- The practice regularly attended to the residents in a number of nearby care homes; services included medication reviews and health checks. Prior to our inspection we received concerns regarding the care plans for patients who were resident at one of these care homes and also the responsiveness of GPs to that location. We received responses from three care home

staff and three care quality commission inspectors. They told us that overall they were happy with the service received, and they had no concerns with the care and support provided by the practice.

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.
- Longer appointments and home visits were available when needed.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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)

Families, children and young people:

- The practice told us that childhood immunisations were carried out in line with the national childhood vaccination programme and uptake rates were in line with national target. We were provided with evidence but this did not align with care quality commission data.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice offered services including family planning clinics, antenatal clinics and 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):

Are services effective?

- The practice's uptake for cervical screening was 72%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line 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. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice held monthly multi-disciplinary palliative care meetings and kept a risk register for palliative care patients.

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

- The practice told us they 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.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the England average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the England average.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable the England average.

- 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.

Monitoring care and treatment

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

- 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. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

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.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. However we noted there was no emergency assistance alarm within the disabled toilet.
- 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. They 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. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings multi-disciplinary meetings, which included the community matron, 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. Those with children who were under the age of five were given same day appointments when requested, without the need to speak to a GP or nurse first.
- During patient interviews and review of comment cards we were given examples where children were provided with prompt appointments. We were told that all staff were kind, caring and respectful to children.
- The practice provided primary care to a local residential school for young students with severe learning disabilities. The practice told us there were 145 pupils and 70% of the pupils were resident year round. We were told that the school recently lost their dedicated GPs and the practice had taken on this additional service need, to continue the care and support for the pupils. GP attendance at the campus, providing twice weekly clinics, providing reassurance to the students who would otherwise find trips to a busy surgery both traumatic and distressing.

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 and Saturday appointments.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice recorded when patients were living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode
- The practice offered longer appointments to patients if required.

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 hosted a wellbeing service. This included advice and signposting patients to support associations, as well as being a good listener for patients suffering from loneliness, possibly due to bereavement or children moving away from home.

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.

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 and also from analysis of trends. It acted as a result to improve the quality of care.
- All calls made and received at the practice reception were recorded and these were accessed during investigations. Staff gave examples where this had helped during investigations, such as complaints from patients.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice were aware that they had outgrown the premises and felt they had exhausted opportunities to adapt the building. Some of the staff we spoke to felt the rooms were no longer suitable. We were told about their submitted plans for a redevelopment of the building, to provide additional clinical and patient facilities to meet the greater demand for services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high 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. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 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 a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, some of these processes were not always implemented effectively, including the recording and oversight of safety alerts, the arrangements for managing waste, ensuring the safe storage of vaccines, the oversight of vulnerable patients and the planning and monitoring for staff absence.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice evidenced a range of clinical audits they had conducted, which had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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 information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. 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.

- 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. 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 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 How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Safety alerts were not always documented, discussed, lessons learnt and recorded onto the practice system. The risks to vulnerable patients registered at the practice were not always recorded, monitored and actioned. The systems and processes to monitor, maintain and dispose of medical and cleaning supplies were not always effective. Prevention of electrical supply failure to the vaccine refrigerator and the maintenance of equipment used for checking the temperature. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: 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 service users and others who may be at risk. In particular: Arrangements were not always 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. This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.