

The White Cliff Medical Centre

Quality Report

143 Folkestone Road,
Dover
Kent
CT17 9SG

Tel: 01304 201705

Website: www.whitecliffsmedicalcentre.co.uk

Date of inspection visit: 28 November 2017

Date of publication: 15/01/2018

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 service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Contents

Summary of this inspection

Overall summary	2
Areas for improvement	4

Detailed findings from this inspection

Our inspection team	5
Background to The White Cliff Medical Centre	5
Detailed findings	6
Action we have told the provider to take	17

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as good overall.

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

We carried out an announced inspection at White Cliffs Medical Centre on 28 November 2017. At this inspection we found:

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice was clean and tidy and staff had received training in infection prevention control.
- Improvements were required to strengthen the practices identification and management of risks. For example, the practice was reviewing clinical records to ensure safe prescribing practices in response to medicine safety alerts.
- The practice achieved 99% of the clinical points available.
- Patients reported high levels of satisfaction with the practice. The practices past three months Friends and Family data showed 94% of patients who completed the survey were extremely likely or likely to recommend the practice.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the experience, but needed to ensure sufficient time and resources were available to focus their skills on delivering the practice strategy.

Summary of findings

- The practice were embedding their governance systems to improve their identification of risks and timely response.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider must make improvements are:

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

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

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

The White Cliff Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The White Cliff Medical Centre

White Cliffs Medical Centre is located in the south of Kent and has a branch surgery, Shepherdswell, Mill Lane, Shepherdswell, Kent CT15 7QQ with a dispensary. The branch practice is approximately 7.3 miles away and takes approximately 17 minutes in a car from the main surgery in Dover, Kent. Both sites have onsite parking facilities.

The practice has approximately 8300 registered patients and serves a deprived and culturally diverse community.

The practice is owned and managed by three male GPs in partnership. They are supported by a female locum GP, four practice nurses, two healthcare assistants, a practice manager and administrative team, all are female.

The practice website is www.whitecliffsmedicalcentre.co.uk

The practice provides services from;

- White Cliffs Medical Centre 143 Folkestone Road, Dover, Kent CT17 9SG
- Shepherdswell, Mill Lane, Shepherdswell, Kent CT15 7QQ and has a dispensary.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. There were separate policies which were regularly reviewed and accessible to all staff. They outlined clearly who to go to for further guidance.
- We found the practice did not maintain a current register of children at risk and had not consistently flagged the patients' records for the information of clinicians. We found the practice was not consistently following up on the patients on child protection plans who failed to attend appointments. The practice revised their risk register and services to vulnerable persons by the following day.
- Staff were able to provide an example of how they had worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- The lead nurse oversaw the management of infection prevention and control. They had undertaken additional training to perform the role and had conducted a risk assessment.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste at both premises.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective standardised induction system for staff.
- Staff understood their responsibilities in respect of performing specific roles in response to continuity plans.
- Clinicians regularly updated their knowledge to ensure they knew how to identify and manage patients with severe infections, for example, sepsis.
- Where 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.

- Individual care records were managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice needed to strengthen their systems to ensure the appropriate and safe handling of medicines.

- The practice had systems in place for managing medicines, including vaccines, medical gases and equipment minimised risks.
- The practice kept prescription stationery securely and monitored its use.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice had a dispensary at their branch service. The dispensary was overseen by a GP, who had revised their standard operating procedures. The dispensary had conducted audits in response to safety alerts.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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. For example, staff received training in the management and disclosure of personal data.
- There was a system for receiving and acting on recent safety alerts. The practice maintained records of all alerts received and actions taken in response to them. The practice learned from external safety events as well as patient and medicine safety alerts. However, the practice had not reviewed clinical records in response to historical safety alerts. We found 16 patients receiving medicines contrary to guidance. This was brought to the practice's attention on the day and they reviewed their prescribing behaviour and contacted the patients to discuss their medicine.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity such as stock levels but did not maintain records of checks undertaken.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- The GPs told us they fully assessed individual patient needs and this was supported in clinical records reviewed.
- We found the practice had lower levels of prescribing antibacterial prescription items than the local average. They were also below the lower average for broad spectrum antibiotics.
- We also found there was a demonstrable change, showing improvements in prescribing practices for urine tract infections over the past year.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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 individually to the patient.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- The practice achieved 100% of the QOF points available for their management for long term conditions such as asthma, atrial fibrillation, chronic kidney disease, and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given 2016/2017 for two to five year old children were 88% which was in line with the target percentage of 90%. The practice achieved 85% for children above the age of five years in line with national targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening 2016/2017 for women 25-49 years of age was 80%, which was in line with the 80% coverage target for the national screening programme.
- 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:

- The practice did not hold regular multidisciplinary meetings as they experienced difficulties in securing the attendance of their multidisciplinary partners. We reviewed patient records and found end of life care was planned and delivered with involvement of a multidisciplinary team.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- The practice had achieved 100% of the QOF points available for patients with poor mental health.

Are services effective?

(for example, treatment is effective)

- The practice achieved 93% of the QOF points available for patients with dementia.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia.

Monitoring care and treatment

The practice used information about care and treatment to make improvements. The practice had undertaken quality improvement activity to ensure patients were receiving treatment in line with current best practice on atrial fibrillation. The practice had conducted single surveys on their management of medicines such as methotrexate and reviewed infection rates for patients receiving minor surgery. They planned to revisit their audits and conduct secondary cycles within the year.

The most recent published Quality Outcome Framework (QOF) results showed the practice achieved 99% of the total number of points available. This was 2% above the clinical commissioning group (CCG) average and 3% above the national average. The overall exception reporting rate was 6% compared with a local average of 4% and the national average of 4% (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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, clinical supervision and support for revalidation. The practice had appointed staff to lead roles and was revising their job descriptions to ensure they reflected their additional responsibilities.

- There was a clear approach for supporting and managing staff when improvements in performance were required.

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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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. However, they were revising their coding of clinical records to ensure relevant information was available for the out of hours care provider to access.

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. The practice had access to health trainers who attended the service twice a week and supported patients to access healthy lifestyle services.
- The practice were reviewing their cancer referral pathways to ensure they were timely and appropriate.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carer's 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.

Are services effective?

(for example, treatment is effective)

- 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 was reviewing their consent procedures to ensure they were reflective of best practice.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs and had undertaken equality and diversity training.
- The practice gave patients timely support and information in an appropriate format.
- 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.
- All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. We reviewed the past three month's data and it showed 94% were extremely likely or likely to recommend the practice.

The national GP patient survey results were published July 2017. The results showed the practice was performing in line with local and national averages. 282 survey forms were distributed and 133 were returned. This represented a response rate of 47% and 1.6% of the patient population.

Results from the national GP patient survey, published July 2017 showed patients felt they were treated with compassion, dignity and respect. For example, 96% of respondents said they found the receptionists at the practice helpful compared with the local average of 88% and the national average of 87%.

The practice had comparable or above average for its satisfaction scores on consultations with GPs. For example:

- 93% of respondents described the overall experience of this GP practice as good. This was above the local average of 84% and the national average of 85%.
- 85% of respondents said they would recommend this GP practice to someone who has just moved to the local area. This was above the local average of 76% and the national average 78%.

- 88% of respondents said the GP was good at listening to them compared with the local average of 87% and the national average of 89%.
- 88% of respondents said the GP gave them enough time compared to the local average of 85% and the national average of 86%.
- 98% of respondents said they had confidence and trust in the last GP they saw compared to the local 95% and the national average of 95%
- 83% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average 83% and the national average of 86%.

The practice had comparable or above average for its satisfaction scores on consultations with their nursing team. For example:

- 96% of respondents said the nurse was good at listening to them compared with the local average 92% and the national average of 91%.
- 96% of respondents said the nurse gave them enough time compared with the local average of 94% and the national average of 92%.
- 100% of respondents said they had confidence and trust in the last nurse they saw compared with the local average of 97% and the national average of 97%.
- 97% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average 92% and the national average of 91%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw a notice was available in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand.

Are services caring?

- 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 patients who were carers at point of registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients as carers (1% of the practice list).

- The practice had identified a member of their reception team as a carers' champion. They helped to ensure that the various services supporting carers were coordinated and effective. The practice had arranged for Age UK to attend weekly to hold clinics supporting and signposting patients to appropriate services.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey, published July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 85% of respondents said the last GP they saw was good at explaining tests and treatments compared with the local average of 84% and the national average of 86%.
- 80% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 80% and the national average of 82%.
- 92% of respondents said the last nurse they saw was good at explaining tests and treatments compared with the local average of 90% and the national average of 90%.
- 94% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local average 86% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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, walk in services were offered at White Cliffs Medical Centre 8am to 10.30am Monday to Friday and pre-bookable appointments at their branch surgery). The practice told us they were extending their opening times to 6.30pm as of 1 December 2017.
- The facilities and premises were appropriate for the services delivered; lift access was available to all floors.
- The practice made reasonable adjustments when patients found it hard to access services. For example, where patients had limited mobility patients they were seen on the ground floor.
- 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 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.

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.

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

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. Patients were also directed to the hub GP service. This service operated from 8am to 8pm Monday to Friday.
- The practice conducted national screening checks and promoted educational health services such as a health trainer who signposted and supported patients to access community health provision.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and patients with a learning disability.

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

- Staff knew patients and had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice followed up on patients who failed to attend appointments and were contacted to attend annual health reviews.

Timely access to the service

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.
- The appointment system was easy to use with daily walk in service available between 8am and 10.30am.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey, published July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable or above local and national averages. For example;

- 85% of respondents described their experience of making an appointment as good. This was comparable with the local average of 72% and the national average of 73%.
- 81% of respondents were satisfied with the practice's opening hours compared with the local average of 75% and the national average of 76%.
- 95% of respondents said they could get through easily to the practice by phone compared to the local average of 68% and the national average of 71%.
- 81% of respondents said that they were able to get an appointment to see or speak to someone the last time they tried. The local average was 85% and the national average of 84%.
- 86% of respondents said their last appointment was convenient compared with the local average of 82% and the national average of 81%.
- 82% of respondents described their experience of making an appointment as good compared with the local average of 75% and the national average of 73%.

The survey highlighted areas where improvements could be made. For example;

- 48% of their respondents usually got to see or speak to their preferred GP. This was slightly below the local average of 54% or the national average 56%.

- 56% of their respondents usually had to wait 15 minutes or less after their appointment time to be seen. This was below the local average of 68% and the national average 64%.
- 47% of their respondents felt they didn't have to wait too long to be seen. This was below the local average of 61% and the national average of 58%.

The practice operates a walk in service in the morning. However, they accept that sometimes patients wait but that is part of the convenience of a non-appointment.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- 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. For example, the practice had introduced changes to improve record keeping by non-clinical staff.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

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.

- The GP partners were experienced, knowledgeable and committed. They understood the issues and priorities relating to the quality and future of services. They understood the challenges of providing a sustainable and accessible provision and were actively addressing them. For example, the practice patients benefitted from physiotherapy, audiology and a health trainer all who practised from the surgery premises in White Cliffs Medical Centre.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff confirmed the partners were approachable and accessible to them.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future roles.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a 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 priorities across the region. The practice had planned and successfully secured a range of services for its patient population to access from their premises. For example, patients benefitted from onsite access to physiotherapy, contraception service, counselling and minor surgery.
- The practice partners regularly reviewed their progress against delivery of the strategy. Although we found limited evidence of discussions, decisions and actions being recorded.

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. Staff received appraisals and were supported to meet the requirements of professional revalidation where necessary.
- The practice told us they were intending to focus on providing visible leadership at the branch surgery and specifically to the dispensary team.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The practice had appointed responsibilities, roles and were establishing and trying to embed systems of accountability to support good governance and management. Key personnel roles had been identified by the GP partners and staff had recently been appointed to them. The practice had not provided guidance to the staff on the new roles and how they would assess performance.

Managing risks, issues and performance

The practice were defining their processes for managing risks, issues and performance.

- The practice were embedding systems to ensure the consistent actioning of safety information including the revisiting of previous alerts.
- The practice had processes in place to manage current and future performance. Performance of employed

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

clinical staff could be demonstrated through audit of their prescribing practices and referral decisions. The GP partners also had oversight of MHRA alerts, incidents, and complaints.

- The practice told us they intended to use their clinical audits to inform changes to their practice and believed this would have a positive impact on quality of care and outcomes for patients.

Appropriate and accurate information

The practice used a range of data sources to assess their performance.

- The practice used quality and operational information to inform their assessment of the service, but lacked confidence with some external data systems. They were identifying additional data sources and to better inform their assessment of the service and improve performance.
- Quality and sustainability were discussed in relevant meetings. The practice acknowledged that they needed to strengthen the resilience of the clinical team which currently was heavily dependent on the three GP partners.
- The practice worked with partner organisations and commissioners, submitting relevant data and 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 reviewed feedback from patients, the public, staff and external partners to support high-quality sustainable services. The practice had high levels of patient satisfaction. However, they did not have a patient participation group, but did support a patient to produce regular newsletters for their patients. They practice were involved in research addressing service user experience.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had registered as an NIHR National Institute of Health Research and were participating in seven research studies to inform and improve services. For example, addressing service user's experiences.
- 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.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the practice was not consistently following up on the patients on child protection plans who failed to attend appointments.</p> <p>The practice did not have established systems in place to ensure the timely actioning of historical safety alerts.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities)</p>