

# Lister Caretaking Practice

## Inspection report

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

## Ratings

### Overall rating for this location

Not sufficient evidence to rate



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Not sufficient evidence to rate



Are services responsive?

Not sufficient evidence to rate



Are services well-led?

Good



# Overall summary

**This practice is not currently rated. This is because the current provider has not been managing the practice for a sufficient time for a rating of the caring and responsive domains to be provided. This was the first inspection of this provider at this location. However, a previous provider was inspected on this location on 8 August 2017.**

We carried out an announced comprehensive inspection at Lister Caretaking Practice on 1 May 2018. This inspection was a follow up to an inspection of a previous provider at this site on 8 August 2017 after which the previous provider was deregistered by the CQC. Although the practice was closed at that time, special measures were imposed. As such this inspection was a special measures review of the practice six months after the previous inspection report was issued.

Despite the closure, CQC stated that there were concerns at that time in the following areas:

- There were not systems in place to ensure that patients were kept safe. For example, systems for mitigating risks associated with infection control were not clear or effective.
- There were not systems and processes in place to ensure good governance. For example, there was no effective system in place for recalling patients with long term conditions who required regular reviews or for those who required periodic reviews of their medication including those on high risk medicines.
- There was an absence of clear leadership in key areas. For example the management of patient safety alerts. Although staff told us they felt supported by management, we were told that staff had only recently been given contracts of employment with legal terms and conditions. We were told that the practice PPG was not currently active.

The key questions following this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Not rated

Are services responsive? – Not rated

Are services well-led? - Good

Population groups were not rated in this report as there were no ratings in the caring or responsive domains.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had implemented defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice had commenced a review of all patients with long term conditions at the practice to ensure that they had correctly been diagnosed and that they were on correct medicine.
- The practice's Quality and Outcomes Framework (QOF) score was lower than the national average, and routine follow ups for some patient groups had yet to be scheduled.
- The practice had undertaken audits of areas that were highlighted as high risk when they took over management of the practice. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Information about services and how to complain was available.
- 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:

- Assess and review the risks to the health and safety of service users with regard to the follow up and management of patients who require regular review and management. This includes patients with long term conditions, patients whose circumstances make them vulnerable and patients experiencing poor mental health.

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

## Population group ratings

<b>Older people</b>	<b>Not sufficient evidence to rate</b>	
<b>People with long-term conditions</b>	<b>Not sufficient evidence to rate</b>	
<b>Families, children and young people</b>	<b>Not sufficient evidence to rate</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Not sufficient evidence to rate</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Not sufficient evidence to rate</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Not sufficient evidence to rate</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and an expert by experience.

## Background to Lister Caretaking Practice

The Lister Caretaking Practice provides primary medical services in the London Borough of Southwark to approximately 4,800 patients and is one of 38 GP surgeries in Southwark Clinical Commissioning Group (CCG). The practice operates at 1101 Peckham Road, Peckham, London, SE15 5LJ. The practice is based in a health centre in which two other GP practices are based, as well as a variety of other community healthcare providers.

The practice population is in the second most deprived decile in England. The practice population's age demographic is broadly in line with the national average. However, there are proportionally more patients aged between zero and 49 years and proportionally fewer patients aged over 60.

The practice is managed by Hurley Clinical Partnership who manage 18 GP, urgent care and out of hours centres, the majority of which are in London. The GP team at the surgery is made up of three GPs providing 18 sessions per week. There is also a practice nurse who works six sessions per week and a full time practice manager, and a senior manager who has oversight of all three of Hurley

Clinical Partnership's premises in Southwark. The team is supported by seven other administrative and reception staff. The practice operates under an Alternative Provider Medical Services (APMS) contract.

The practice reception is open between 8:30am and 6:30pm Monday to Friday. At the time of the inspection extended hours had yet to be implemented, but following the inspection the practice has put in place extended hours from 6:30pm until 8pm on Wednesdays and 7am until 8am on Fridays. When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered with the Care Quality Commission to provide the regulated activities of family planning; treatment of disease, disorder or injury; diagnostic and screening services; maternity and midwifery services.

Hurley Clinical Practice took over management of the practice following an inspection of the previous provider on 8 August 2017 where the service was found to be providing inadequate services.

# Are services safe?

## We rated the practice good for providing safe services.

At the inspection of the previous provider, CQC found that the practice was not providing safe services in respect of the following:

- There was no effective system in place for the dissemination of patient safety alerts and no evidence that all alerts were reviewed and acted upon.
- There was no effective system in place for recording and storing controlled medicines.
- The practice did not keep an accurate, complete and contemporaneous account or record of the care provided for all patients.
- There was a failure to assess and take action in response to various risks including those related to fire safety.
- There were inconsistent accounts of the system in place for recording significant events and not all events had been documented. The practice policy for significant events was from another practice.
- Systems for mitigating risks associated with infection control were not clear or effective.

**At this inspection we found that all of these areas had been specifically addressed by the practice, and 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 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.)
- 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. Where

staff records from a previous provider were missing specific information, the practice had taken measures to obtain relevant documentation, for example proof of identity and proof of right to work in the United Kingdom.

- 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.
- Arrangements for managing waste and clinical specimens kept people safe.
- The practice had commenced a review of all patient records to ensure that patients were correctly diagnosed and were being treated in line with best practice. The practice had already identified three patients who had been misdiagnosed with diabetes.

### Risks to patients

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

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

### Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. The provider had identified that 7,000 letters and 500 pathology results had not been

# Are services safe?

acted upon by the previous provider. As part of the action plan to ensure that the practice improved, this backlog was cleared by the practice within two months of taking over the surgery.

- 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 were failsafe systems in place to ensure that urgent referrals were completed.

## 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. As part of the practice's ongoing action plan patients were recalled for 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 learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

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

At the inspection of the previous provider, CQC found that the practice was not providing effective services in respect of the following:

- There was no effective system in place for recalling patients with long term conditions who required regular reviews or for those who required periodic reviews of their medication including those on high risk medicines.
- The practice was not following current clinical guidance and best practice.
- Staff did not have the all the requisite training skills and knowledge to deliver effective care and treatment. For example some staff did not have a record of child safeguarding training and there was no evidence that clinical updates had been completed for all staff that administered immunisations and took samples for cervical screening.

**At this inspection we found that some of these areas had been specifically addressed by the practice. The provider was aware of the concerns regarding care provided by the previous provider and was systematically addressing these issues.**

The practice was rated as requires improvement for providing effective services because:

- Projected Quality and Outcomes Framework (QOF) for the last year was only 57% of the total of points available, and the practice had not yet set up a formal process where all patients could be reviewed across a year, and given the relatively short time that they had been managing the practice they had yet to review all patients.

## 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:

This population group was rated requires improvement for effective because projected QOF for the last year was only 57% of the total of points available, and the practice had not yet set up a formal process where all patients could be reviewed across a year, and given the relatively short time that they had been managing the practice they had yet to review all patients.

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- 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:

This population group was rated requires improvement for effective because projected QOF for the last year was only 57% of the total of points available, and the practice had not yet set up a formal process where all patients could be reviewed across a year, and given the relatively short time that they had been managing the practice they had yet to review all patients.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met, but at the time of the inspection the practice had not reviewed all patients.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.



# Are services effective?

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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)
- The practice was in the process of reviewing all patients with long term conditions to ensure that diagnoses were correct and that medications met the needs of the patient.

## Families, children and young people:

This population group was rated requires improvement for effective because projected QOF for the last year was only 57% of the total of points available, and the practice had not yet set up a formal process where all patients could be reviewed across a year, and given the relatively short time that they had been managing the practice they had yet to review all patients.

- Childhood immunisations information was as yet unavailable at the practice as the practice had yet to complete a verified QOF cycle. However, there were systems in place to ensure that children were recalled where they needed vaccinations.
- 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 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):

This population group was rated requires improvement for effective because projected QOF for the last year was only 57% of the total of points available, and the practice had

not yet set up a formal process where all patients could be reviewed across a year, and given the relatively short time that they had been managing the practice they had yet to review all patients.

- 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:

This population group was rated requires improvement for effective because projected QOF for the last year was only 57% of the total of points available, and the practice had not yet set up a formal process where all patients could be reviewed across a year, and given the relatively short time that they had been managing the practice they had yet to review all patients.

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

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

This population group was rated requires improvement for effective because projected QOF for the last year was only 57% of the total of points available, and the practice had not yet set up a formal process where all patients could be reviewed across a year, and given the relatively short time that they had been managing the practice they had yet to review all patients.

- 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,

# Are services effective?

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 medicines.

- 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.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

## Monitoring care and treatment

The practice had developed a comprehensive programme of quality improvement activity and had undertaken specific audits of areas of practice that they had determined to be high risk.

- Anticipated QOF results for 2017/18 were 57% of the total score which is lower than the national average. On taking on management of the practice, the practice had introduced a three part action plan. Firstly, it was to clear the backlog of unmanaged results. Secondly it was to confirm that diagnoses of patients were correct and that they were taking the correct registrations, with the third to develop systems to ensure that patients were reviewed annually. Since managing the practice, the focus had been on the first two points, which managers of the service explained was the reason for the lower QOF scores. The practice had a plan in place to address this in the year 2018/19.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity based on risk factors identified by both CQC at the inspection of the former provider, and by Hurley Clinical Partnership on taking on the practice. For example, the August 2017 CQC report identified that high risk medicines such as methotrexate and warfarin were being prescribed without adequate monitoring. The practice undertook a review of all medicines considered DMARDs including Azathioprine,

Hydroxychloroquine, Leflunomide, Methotrexate, Mycophenolate and Sulfasalazine. The practice was therefore able to identify specific patients who had not previously been managed in line with guidance.

## 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 told us that they 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

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



## Are services effective?

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.

- 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 have not provided a rating for caring, as the provider had been managing the service for an insufficient time to do so.**

At the time of the inspection the practice had not yet undergone a full national patient survey. Responses from patients in this section are therefore based on feedback from patients who completed comment cards, or were interviewed on the day of the inspection.

## **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 have not provided a rating for responsiveness, as the provider had been managing the service for an insufficient time to do so.**

At the time of the inspection the practice had not yet undergone a full national patient survey. Responses from patients in this section are therefore based on feedback from patients who completed comment cards, or were interviewed on the day of the inspection.

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- 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 due to limited local public transport availability.

### People with long-term conditions:

- The practice was developing review systems for patients having first ensured that diagnoses and treatments that were already in place were correct. Patients with a long-term condition received reviews to check their health and medicines needs were being appropriately met. Multiple conditions could be reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was implementing extended opening hours one morning and one evening per week on the week after the inspection.

### People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice met with local community mental health providers to ensure that care was provided effectively.

## Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

# Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Five of the 17 patients that we spoke to said that routine appointments could be difficult to access. We reviewed the next available routine appointments and they were available within three days.

## **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.

**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.**

At the inspection of the previous provider, CQC found that the practice was not providing effective services in respect of the following:

- There were limited effective governance systems and processes to support safe and effective care.
- The practice did not keep an accurate, complete and contemporaneous account or record of the care provided for all patients.
- There was an absence of clear leadership in key areas. For example, the management of patient safety alerts. Although staff told us they felt supported by management, we were told that staff had only recently been given contracts of employment with legal terms and conditions. We were told that the practice's Patient Participation Group (PPG) was not currently active.

## **At this inspection we found that all of these areas had been specifically addressed by the practice, and we rated the practice as good for providing safe services.**

### **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.
- Leaders in the practice had developed a clear plan by which to address areas of the practice for which the previous provider was rated inadequate. This included a full review of patients with long term conditions in order to ensure that diagnoses and medicines prescribed were correct.
- 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.
- Staff told us that leaders in the practice were visible and had helped them develop in their roles.

### **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 said that their roles had been developed under the new provider and that they were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There 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 a strong 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**

# Are services well-led?

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.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The practice had prioritised areas that were rated as highest risk in the inspection of the previous provider as audit priorities.
- 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 staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was no active patient participation group in place when the provider took over management of the practice. The group had yet to meet, but the practice had arranged a first meeting and five patients were scheduled to attend.
- 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 previous inspections and audits of care at the practice under the previous provider, and internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.



## Are services well-led?

**Please refer to the Evidence Tables for further information.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b>  The provider was not ensuring improved outcomes and routine follow ups for some patients.  This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.