

Longshore Surgeries

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

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 overall. (Previous rating March 2015 – Good)

The key questions at this inspection 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

We carried out an announced comprehensive inspection at Longshore Surgeries on 21 November 2018. This was part of our planned inspection programme.

At this inspection we found:

- The practice had an effective system in place for raising and responding to significant events. When these happened, the practice learned from them and improved their processes.
- The practice had some systems to manage risk. However, some actions from the fire risk assessment and the Legionella risk assessment needed to be completed, although dates had been confirmed. However, we noted some hot water temperature checks were not above the minimum recommended temperature. The practice had not completed a premises/security and health and safety risk assessment, and checks were not formalised or documented.
- The practice had some equipment which had not been calibrated. This was acted on immediately by the practice with the decision to postpone all non-urgent electrocardiograms (ECGs) and to refer patients who needed an urgent ECG. Patients who had a nebuliser on loan were contacted, and the nebuliser had been returned. The practice decided to stop loaning nebulisers to patients.
- The practice was highest in the Clinical Commissioning Group (CCG) for the prevalence of six long term conditions and in the top five practices for the prevalence of a further seven long term conditions. The practice routinely reviewed the effectiveness and appropriateness of the care it provided and care and treatment was delivered according to evidence-based guidelines.

- The practice was aware of their areas of lower performance and had acted to try and improve these areas. For example, they were a high prescriber of opiates and had acted to start to reduce their prescribing in this area. They worked with the CCG in relation to their prescribing. They had improved their system for the recall of health checks for patients with a learning disability.
- The practice had a positive relationship with a local traveller community and over time had established and maintained a weekly onsite clinic. There had been significant improvement in the uptake of cervical screening and immunisation. Feedback from the travellers we spoke with were extremely positive, particularly about the complete trust they had in the GPs, how they were seen in their own homes and the ability the GPs had in speaking and engaging with travellers of all ages.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients were informed and involved in decisions about their care and treatment.
- Patients did not all find the appointment system easy to use. The practice was aware of this, had acted to improve this and continued to review how this could be further improved.
- There was a strong focus on traditional GP led, patient centred care and continuous learning and improvement at all levels of the organisation. Staff and trainees felt very supported by the leadership team.

We saw an example of outstanding practice:

- The practice had a positive relationship with a local traveller community and over time had established and maintained a weekly onsite clinic. There had been significant improvement in the uptake of cervical screening and immunisation. In 2003, the immunisation rate was approximately 33%; in 2017, 55% had been fully immunised and 45% had been partly immunised. This was due to some families moving and new families moving in and the need to build trust. This was based on 41 children. In June 2018, 100% of children had been immunised, which was 40 children. Feedback from the travellers we spoke with were extremely positive, particularly about the complete trust they had in the GPs, how they were seen in their own homes and the ability the GPs had in speaking and engaging with travellers of all ages.

Overall summary

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

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

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

- Continue to improve the uptake of health checks for people with a learning disability.
- Improve the documentation of staff induction records.

- Continue to work with the CCG in relation to prescribing, particularly with the prescribing of long term high dose opiates.
- Improve the system to ensure that medical equipment is calibrated.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and a practice manager specialist advisor.

Background to Longshore Surgeries

- The name of the registered provider is Longshore Surgeries.
- The practice is registered to provide diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice holds a General Medical Service (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice area covers Kessingland, Wrentham, Wangford and the surrounding villages.
- The practice offers health care services to approximately 6,500 patients.
- The practice website is <http://www.longshoresurgeries.co.uk>.
- There are five GP Partners at the practice (four male and one female). The practice clinical team also includes three nurses. The practice manager is supported by a team of 15 administration, secretarial, information technology and reception staff. The Dispensary Manager, manages a team of four dispensers and one dispensing trainee.
- The practice is a dispensing practice for patients that live more than one mile (1.6 kilometres) from their nearest pharmacy. There was a dispensary at both branch surgeries at Wrentham and Wangford.
- The main practice at Kessingland is open between 8.30am and 6.30pm Monday to Friday. The Wrentham site is open between 8.30am to 1pm Monday to Friday and from 3pm to 6.30pm Monday, Wednesday and Friday. The Wangford site is open between 8.30am to 1pm Monday, Tuesday, Thursday and Friday and from 3pm to 6.30pm Monday, Tuesday and Thursday. Between 8am to 8.30am, Integrated Care (IC) 24 takes phone calls and contacts the on-call GP at the practice if necessary. We visited the Kessingland and Wangford Surgery as part of this inspection.
- Longshore Surgeries is a training practice and at the time of the inspection had one GP Registrar. GP Registrars are qualified doctors who are undertaking further training to become a GP. The surgery is also a teaching practice for medical students who are training to become doctors. They usually have two students placed with them, twice a year. At the time of the inspection they did not have any medical students.
- Out-of-hours GP services are provided by Integrated Care 24, via the NHS111 service.
- The practice was highest in the Clinical Commissioning Group (CCG) for the prevalence of six long term conditions and in the top five practices for the prevalence of a further seven long term conditions.

- The practice has a significantly larger number of patients aged 65 and over compared to the national average. Income deprivation affecting children is above the England average and below the England

average for older people. Male life expectancy is 80 years for men, which is above the England average at 79 years. Female life expectancy is 84 years for women, which is above the England average of 83 years.

Are services safe?

We rated the practice as requires improvement for providing safe services. The practice is rated as requires improvement for providing safe services because:

- The practice did not have a health and safety risk assessment and checks were not formalised or documented.
- Actions from the Legionella and fire risk assessment had not all been completed, although dates had been confirmed for actions to be completed.
- We found some equipment had not been calibrated, to ensure it was working effectively.

Safety systems and processes

The practice had some 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. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice 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 some arrangements to ensure that facilities and equipment were safe and in good working order. However, not all equipment was calibrated and actions from the fire and legionella risk assessments had not all been completed, although they were planned. The practice did not have a health and safety and premises/security risk assessment
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

Are services safe?

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 and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- The practice was aware that they were a high prescriber of opiates and continued to work with the CCG in relation to their prescribing.
- 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.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

There were some gaps in systems to assess, monitor and manage risks to safety.

- There were some risk assessments in relation to safety issues. The actions from these had not all been completed, although dates were confirmed for some of the actions to be completed.
- The practice monitored and reviewed safety using information from a range of sources.

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 acted 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 and all the population groups as good for providing effective services except for families, children and young people which we rated outstanding. This population group was rated outstanding because:

- The practice had undertaken significant work to improve childhood immunisation in the traveller community. In 2003, the immunisation rate was approximately 33%; in 2017, 55% had been fully immunised and 45% had been partly immunised. This was due to some families moving and new families moving in and the need to build trust. This was based on 41 children. In June 2018, 100% of children had been immunised, which was 40 children.

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 patients' 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.
- The practice had a room and equipment available where patients could measure their blood pressure, weight and height. Patients could inform reception staff of the results for this to be recorded in their notes.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs which included a review of their 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Two GPs undertook a weekly visit to a care home to monitor and review patients with urgent and routine needs.
- The practice had a register of housebound patients.
- The practice achievement for patients with atrial fibrillation who were treated with a specific therapy was above the CCG and England average. We reviewed the exception reporting, as this was significantly above the CCG and England average. We found it to be acceptable, based on the above average elderly population.

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, this included patients who were housebound. This was more frequent if patients experienced difficulty with their condition or medicines. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example the practice had identified pre-diabetic patients and offered lifestyle interventions.
- The practice's performance on quality indicators for long term conditions was in line with the Clinical Commissioning group (CCG) and England averages.

Families, children and young people:

Are services effective?

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. There was a system in place for the review of every child aged six or under who had failed to attend a health appointment.

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

- The practice's uptake for cervical screening was 73%, which was in line with the Clinical Commissioning Group (CCG) and England averages, although below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was in line with the CCG average and above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. In the last 12 months, 194 patients had been invited for a health check and 168 had been completed. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The percentage of patients diagnosed with cancer in the preceding 15 months, who had a patient review recorded as occurring within six months of diagnosis was 84%, which was higher than the CCG and England average. They had monthly meetings to discuss patients and reviews were planned at each meeting.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability. From April 2017 to March 2018, four out of 15 patients received a health check. The practice had since altered their system and an administration lead was responsible for inviting and following up non-attendance. Since April 2018, six out of 15 patients had received a review and a plan was in place to recall the other patients.
- 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):

- The practice assessed and monitored the physical health of people with mental illness and severe mental illness, by providing access to health checks, interventions for physical health promotion and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice maintained a severe mental health register, which included patients with a history of severe mental illness. Patients received an annual mental health review.
- 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 maintained a dementia register, and patients received an annual health review.
- The practice quality and outcomes framework performance for mental health, including dementia, was in line with and above the CCG and England average. The exception reporting was in line with and below the CCG and England average.

Are services effective?

Monitoring care and treatment

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

- The practice overall achievement and exception reporting for The Quality and Outcome Framework (QOF) was in line with the Clinical Commissioning Group (CCG) and England averages.
- The practice used information about care and treatment to make improvements. They were involved in weekly peer review of their work, which included for example, referrals.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to undertake coding of patients, to carry out reviews for people with long term conditions, older people and people with mental health needs.
- 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 one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. All staff received an induction when they started at the practice, however this was not documented. Staff confirmed that they had received an induction.
- There was a system in place for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and those with palliative care needs. They shared information with, and liaised with, community services, social services, carers for housebound patients and with health visitors.
- 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 considered 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 need 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 thought providing equipment in the practice for patients to measure their blood pressure, weight and height.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and 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, and social needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice had identified 190 patients as carers, which was nearly 3% of their practice population.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all the population groups, as good for providing responsive services except for patients whose circumstances may make them vulnerable which we rated outstanding. This population group was rated outstanding because:

- The practice had a positive relationship with a local traveller community and over time had established and maintained a weekly onsite clinic. There had been significant improvement in the uptake of cervical screening and immunisation. In 2003, the immunisation rate was approximately 33%; in 2017, 55% had been fully immunised and 45% had been partly immunised. This was due to some families moving and new families moving in and the need to build trust. This was based on 41 children. In June 2018, 100% of children had been immunised, which was 40 children. Feedback from the travellers we spoke with were extremely positive, particularly about the complete trust they had in the GPs, how they were seen in their own homes and the ability the GPs had in speaking and engaging with travellers of all ages.

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.
- The practice provided dispensary services for people who needed additional support with their medicines. For example, the practice was in the process of establishing a delivery service for housebound patients.
- The facilities and premises were appropriate for the services delivered.
- The lead practice nurse carried out electrocardiograms (ECGs) for people who were housebound.
- The practice made reasonable adjustments when patients found it hard to access services.
- Patients who lived at a nearby holiday park could register at the practice. These patients were not able to receive post at the holiday park, but provided an alternative local address which the practice documented in their record.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had worked with the community matron to agree a process for identifying older people who may be at risk of a hospital admission. Patients were referred to the community matron as appropriate.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- A diabetes specialist nurse held a clinic at the practice to monitor and review patients with diabetes, whose needs were more complex.
- The practice referred patients who were at risk of Type 2 diabetes, and who were newly diagnosed to an education and self-management course.

Families, children and young people:

Are services responsive to people's needs?

- 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.
- A midwife held a clinic at the practice on a weekly basis.

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, appointments could be booked through the practice, for patients to be seen in the early morning, evening and at weekends at two local GP practices.
- The practice did not offer pre-booked telephone appointments, although telephone appointments were booked in at the end of the GPs surgery.

People whose circumstances make them vulnerable:

- One of the GPs at the practice worked part time as a GP with a special interest in Palliative Medicine at a local hospital, working within the Specialist Palliative Care Team. They had a good working relationship with the hospital staff and were aware when patients from the practice had been admitted, which enabled more effective transfer of care.
- Patients with alcohol and drug needs were usually referred to Turning Point in Lowestoft. One of the GPs had completed Royal College of GPs level 1 substance misuse training and prescribed weekly methadone to patients under a locally agreed shared care scheme with Suffolk Recovery Network.
- The practice had a positive relationship with a local traveller community and over time had established and maintained a weekly onsite clinic. At each weekly clinic, approximately six to seven patients pre-booked their appointment, and other patients turned up and received a consultation. There had been significant improvement in the uptake of cervical screening and immunisation. Cervical screening was undertaken at the practice. Feedback from the travellers we spoke with were extremely positive, particularly about the complete trust they had in the GPs, how they were seen in their own homes and the ability the GPs had in speaking and engaging with travellers of all ages.

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.

Timely access to care and treatment

Patients could 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 did not all find the appointment system easy to use. The practice was aware of this, had acted to improve this and continued to review how this could be further improved.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

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 on the practice's website and in the practice. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance, however the details of the Parliamentary and Health Service Ombudsman were not included on the complaints procedure which was displayed in the practice. Following the inspection, the practice submitted an updated version which included these details. The practice learned lessons from individual concerns and complaints and 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.

Leadership capacity and capability

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

- There was a clear vision and set of values.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The practice did not have a written strategy; however, they were clear about their current priorities and future plans. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality, sustainable, patient centred 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 had systems in place to act 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the well-being of all staff.
- 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.

- Most of the structures, processes and systems to support good governance and management were clearly set out, understood and effective. However, systems to assess, monitor and manage health and safety risks were not effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks to the practice. To reduce the time spent by clinical staff on administration tasks, the practice had employed two workflow administrators, who had completed training and whose work was audited monthly by a GP.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit 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 for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- 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 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.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated 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:</p> <ul style="list-style-type: none">• The practice had not completed a premises/security and health and safety risk assessment, and checks were not formalised or documented.• Recommendations from the Legionella risk assessment had not all been completed and some of the hot water temperature checks were not above the minimum recommended temperature.