

Central Surgery

Quality Report

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Date of inspection visit: 10 January 2018

Date of publication: 06/03/2018

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

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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

The provider of this service has changed since the last inspection, when the service was placed in a period of special measures. This was an inspection of the new provider, who was one of the partners previously registered with us, so during the course of this inspection, we looked at the issues raised at our last inspection to ensure that the required improvements had been made.

We carried out an announced comprehensive inspection at Central Surgery on 10 January 2018. We also visited the branch surgery at Thorpe Bay as part of this inspection.

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.
- Although the majority of medicines management systems were effective, we found that the system in place for checking expiration dates of nebulas and injection needles required strengthening. Systems for following up non-collection of prescriptions also required review.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- The majority of patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Although there was a recruitment process in place, records were not always kept of some of the identity and professional registration checks.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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	

Central Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser, and a practice manager adviser.

Background to Central Surgery

The previous provider for this practice was a partnership of two GPs. One of the partners retired and the other registered as a new provider.

The registered provider for this service is Dr Navin Kumar. The practice is located in North Road Primary Care Centre in Westcliff on Sea and has a branch surgery in Thorpe Bay.

The practice provides services for a higher than national average number of over 65 year olds.

Are services safe?

Our findings

During our inspection of the previous provider on 19 April 2016, we found the practice inadequate for providing safe services. This related to inadequate arrangements in place for the safe management of medicines; no shared learning from incidents, with no changes to policy or procedure; risks of infections were not managed; DBS checks were not completed for relevant staff; required checks were not carried out as part of the recruitment process; staff did not check that patients prescribed a high risk medicine had had appropriate reviews prior to issuing a repeat prescription; staff had not received updated training required to keep patients safe.

During our recent inspection, we rated the practice, and all of the population groups, as requires improvement for providing safe services. This was due to a lack of assurances around some of the recruitment checks for some staff and due to a weak system for checking expiration dates on some clinical items. All other areas of concern had been addressed.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse, however the processes related to the retention of recruitment checks required strengthening.

- 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Staff told us how they accessed these.
- The practice 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 had developed two leaflets, one relating to adults and one to children. These leaflets explained clearly types of abuse, signs and what to do if there were any concerns. The leaflets were available in the waiting areas of both the main and branch surgery.

- The practice told us that they carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. However some of the staff records that we viewed did not contain evidence of these checks, such as proof of identity and professional registration. Therefore we were not assured that these checks were consistently taking place. 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). Following our inspection the practice sent us evidence that these checks were now being undertaken.
- 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.
- There was an effective system to manage infection prevention and control.
- The practice ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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 induction system for temporary staff tailored to their role.
- 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, for example, 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.

Are services safe?

- Individual care records were written and 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 had systems in place for appropriate and safe handling of medicines, however the process related to monitoring expiration dates required strengthening.

- The majority of systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, we found some nebulas had expired a few weeks before our inspection and not been disposed of. (Nebulas are a form of medicine that are administered in the form of a mist inhaled into the lungs using a device called a nebulizer.) We also found several injection needles, mixed in with in date needles, that had been expired for some time. The practice provided us with evidence of actions taken immediately after the inspection to address this and a plan for monitoring to ensure this did not occur again.
- The practice kept prescription stationery securely and monitored its use.
- 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 improve 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.

Track record on safety

The practice had a good safety record.

- 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 that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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 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. For example, one significant event related to a fire within the building. The business continuity plan was reviewed, updated and reshared in response to this event.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

During our inspection of the previous provider on 19 April 2016, we found the practice inadequate for providing effective services. The practice performance for some long term conditions was lower than the local and national averages; staff did not always refer to the latest clinical guidelines when assessing and treating patients; there were no care plans in place for some patients for whom this would be a requirement; staff had not undertaken role specific training; the practice manager had not had an appraisal; consent was not routinely recorded; there was a lack of service improvement activity.

During our recent inspection, we rated the practice, and all of the population groups, as good for providing effective services

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We viewed the latest prescribing data provided by the local medicines management team. The data showed that the practice was higher than average for their antibiotic prescribing, however demonstrated reduced antibiotic prescribing month on month. The practice had a good awareness of their prescribing data and areas for improvement.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice encouraged use of online services for those with verbal communication difficulties.
- The practice had access to translation services or could use internet search engines for document translation.
- Patients had access to a hearing loop if required.

As the provider at the practice had recently changed, there was no Quality and Outcomes Framework data available

for the period April 2016 to March 2017. We therefore had to refer to unpublished data held by the new provider, to assess the performance of the practice against the key healthcare clinical indicators.

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.
- 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.
- The practice Advanced Nurse Practitioner (ANP) regularly reviewed patients at three main nursing homes as part of an enhanced service provided by the practice. This was a fairly new service so there was not yet evidence of improved outcomes for patients.
- Annual flu vaccination clinics were held with a 90% uptake rate.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice's current performance for patients with long-term conditions which showed that they were close to, or meeting the target for the majority of performance indicators.
- The practice was in the process of auditing diabetes treatment to look at optimising non-insulin therapy.
- Annual flu vaccination clinics were held.

Families, children and young people:

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice showed us unverified data which showed they had met the required targets for this programme.

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

- Patients had access to appropriate health assessments and checks including health checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability had an annual review to check their health and medicines needs were being met. 66% of patients on the practice register had received a health review at the time of our inspection.
- Patients were offered an annual flu vaccination.

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

- The practice's current performance for patients with dementia and mental health which showed that they were close to, or meeting the target for the performance indicators.
- Data showed that 76% of patients with a diagnosis of dementia had a review in the preceding 12 months.
- Data showed that 80% of patients with a mental health diagnosis had a comprehensive care plan in their notes.
- Patients had a care plan and were offered an annual review to check their health and medicines needs were being met. This included an assessment of their physical health.
- Patients with serious needs were discussed amongst clinicians to ensure the best treatment was given.
- The practice offered dementia screening and referral to the memory clinic, if this was appropriate.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

At the time of our inspection there were no Quality Outcome Framework (QOF) results for this practice due to the change of provider (QOF is a system intended to improve the quality of general practice and reward good practice).

- The practice used information about care and treatment to make improvements. For example, following an initial audit of patients receiving diabetic treatment, some patients had their diabetic care optimised by changing the medicines they were prescribed.
- The practice was actively involved in quality improvement activity. The practice also had initiated audits relating to patients with Osteoporosis and Atrial Fibrillation. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff 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. For example, the healthcare assistant (HCA) was encouraged to complete training in a variety of clinical areas and was due to start a nursing degree.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, and appraisals. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

- We saw records that showed that all appropriate staff, including those in different teams, 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.

Helping patients to live healthier lives

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

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

- The practice supported national priorities and initiatives to improve the population's health, for example, tackling obesity, cholesterol and pre-diabetes monitoring.
- The practice nurse ran smoking cessation clinics. Unverified data showed that 83% of smokers offered support or treatment in the preceding 24 months had taken this up. The uptake of patients offered advice or referral to a specialist was 84%.
- The practice supported the prevention of cardiovascular disease through primary and secondary intervention. This involved advice to support behaviour changes and, diagnosis and treatment of high-risk conditions such as high blood pressure. Unverified data showed that uptake of offered blood pressure checks in the preceding 5 years was 90%.

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.

Are services caring?

Our findings

During our inspection of the previous provider on 19 April 2016, we found the practice required improvement for providing caring services. Practice performance in relation to how staff treated patients was lower in some areas than the local and national average.

During our recent inspection, we rated the practice, and all of the population groups, as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could take them to a private area to discuss their needs.
- All 19 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Patients we spoke with at both the main and branch surgery told us that they were treated with dignity and respect and that staff were compassionate.
- There was no data available from the July 2017 annual national GP patient survey, as the practice had a new provider since the data was published.
- Data from the January 2018 friends and family test showed that 18 out of 19 patients stated they were likely of extremely likely to recommend the practice to friends and family. The remaining respondent answered neither likely nor unlikely to recommend. Comments and feedback received through the friends and family test forms were positive about the service provided.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language.
- The practice had multi-lingual staff that might be able to support them. Languages spoken were Hindi, Urdu and German.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers, through new patient registration and by checking that those on the register were still acting as carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (1.3% of the practice list).

- Carers were offered flu vaccinations, and support via the GP.
- Carers had access to prioritised appointments.
- The practice signposted carers to external support agencies.
- The practice also signposted carers to a support group in Southend.

Staff told us that if families of patients with complex needs had experienced bereavement, their usual GP contacted them and signposted them to bereavement counselling and support services.

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

During our inspection of the previous provider on 19 April 2016, we found the practice required improvement for providing responsive services. The practice had not completed reviews for patients with long-term conditions or those with a learning disability; they could not demonstrate that referrals to secondary care were made appropriately; the practice did not proactively encourage feedback from patients.

During our recent inspection, 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, they offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments.
- The practice improved services where possible in response to unmet needs. For example, the practice offered 24hr blood pressure monitoring.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, if a patient found it difficult to wait in the main waiting area there was an alternative area for them to sit.
- 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 practice arranged delivery of medicines including blister packs to patients' homes, if required.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular multi-disciplinary meetings to discuss and manage the needs of patients with complex medical issues.
- The practice nurse was in the process of completing training so that the practice could offer insulin therapy from the practice.
- The practice offered 24hr blood pressure monitoring. This service was available to patients from other practices as well.

Families, children and young people:

- 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):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on alternate Mondays until 7.50pm at both the main surgery and the branch.
- Online appointments as well as electronic prescribing were available
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Double appointments were automatically given to patients within this group.

Are services responsive to people's needs?

(for example, to feedback?)

- Appointments were made where possible to suit their individual needs, especially where they were reliant on support workers.

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 signposted patients to appropriate support services.
- Wherever possible patients were seen by the same clinician to maintain continuity of care.

The practice completed their own regular patient survey. The results for January 2018 showed satisfaction with the majority of aspects of the service. For example, 21 patients responded positively about their ability to book an appointment and 2 patients negatively. Twenty patients felt the range of services offered were either good or excellent, with 3 patients stating they were fair. Nineteen patients felt that the treatment provided by the GP was either good or excellent, with 4 patients stating the question was not applicable.

Timely access to the service

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

- Both the main surgery and branch surgery were open between 8.30am and 6.30pm. Morning consultations were available between 9am and 11.10am in the morning. Afternoon consultations were between 4pm and 6pm.
- Extended hours appointments were available alternate Mondays, at both the main and branch, until 7.45pm.
- 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.

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. Five 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 used these to improve the quality of care.

Are services well-led?

Good 

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

Our findings

During our inspection of the previous provider on 19 April 2016, we found the practice inadequate for providing well-led services. There was a lack of governance and leadership in place.

During our recent inspection, we rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The practice had recently recruited a new practice manager. It was evident that the governance systems were being systematically reviewed and improved.
- Staff 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 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 realistic strategy and supporting business plans to achieve priorities.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs and future 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, more so since the new practice manager had been recruited. This was confirmed by staff both at the main surgery and at the branch.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- It was evident during our inspection that there was a culture of openness and honesty.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had systems to ensure compliance with the requirements of the duty of candour. A patient participation group (PPG) member we spoke with told us that the practice was open and honest in discussions with the PPG.
- 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, including nurses, 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.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- 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 processes for managing risks, issues and performance.

- There was a 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 MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was

clear evidence of action to change practice to improve quality.

- The practice had plans in place and had trained staff for major incidents.

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 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.

- The previous provider had been placed into special measures by CQC and had a significant number of concerns raised during inspection. The new provider, who was one of the partners from the previous provider, had taken on board the concerns raised with the previous provider and worked to resolve these.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had set up a patient participation group (PPG). A PPG member told us that where suggestions were made the practice had responded to these. We saw evidence to support this.
- 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 at all levels within the practice.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice had plans for traditionally secondary care services that they were working to provide in the primary care setting.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17: Good governance</p> <p>How the regulation was not being met:</p> <p>Systems to assess, monitor and mitigate risks relating to the health, safety and welfare of the service user were not sufficient. Some nebulas and injection needles had expired.</p> <p>Systems relating to the maintenance of records kept in relation to persons employed in the carrying out of the regulated activity were not sufficient. Records of identity and professional registration checks were not consistently kept .</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>