

# North Brink Practice

## Inspection report

7 North Brink  
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



# Overall summary

This practice is rated as requires improvement overall.  
(Previous rating June 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? – Requires Improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection at North Brink Practice on 20 November 2018. We inspected the practice as part of our inspection programme.

At this inspection we found:

- The practice was proactive in identifying significant events. Ninety significant events had been recorded in the last 12 months. When incidents happened, the practice reviewed and analysed the incidents to ensure they learned from them and improved their processes.
- The practice did not have an effective system in place for responding to safety alerts. Data from the quality and outcome framework 2017/2018 showed the practice performance on some indicators was below the local and national averages. For example, some indicators for the management of long term conditions such as diabetes and hypertension were below the CCG and national averages. We noted the practice's exception reporting rate was lower than the local and national averages.
- The practice had not reviewed and risk assessed the availability of emergency medicines for example the use of atropine for the treatment of bradycardia, as a possible complication of intrauterine device insertion. The practice took immediate action and reviewed this on the day of the inspection and told us they had ordered other medicines for delivery the next day.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had evidence of quality improvement with completed repeat cycle audits.

- The practice provided the extended access service for patients from all four practices in Wisbech and supported the minor injuries unit at the local hospital.
- The practice provided staff with some ongoing support. There was an induction programme for new staff. Support included one to one meetings, coaching and mentoring, clinical supervision and revalidation, however some staff had not received appraisals in the last 12 months.
- The GP patient survey dated July 2018 showed that patient satisfaction for access to the practice was lower than the CCG and national averages.

**The areas where the provider must make improvements as they are in breach of regulations are:**

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

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

- Review the process for prescribing antibiotics and controlled drugs to ensure that the prescribing is effective.
- Continue to proactively identify carers on the practice patient list to ensure they are offered appropriate care and support.
- Review and monitor the systems in place to ensure all patients with long term conditions receive the appropriate follow up within a timely manner.
- Review and monitor poor patient satisfaction in relation to telephone access and access to a preferred GP.
- Review the appraisals system to ensure all members of staff receive an appropriate review.
- Review and monitor the risk assessment to ensure that appropriate emergency medicines are available in the practice.

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

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

## Our inspection team

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

## Background to North Brink Practice

North Brink Practice serves patients living in Wisbech, Cambridgeshire and is contracted to provide general medical services to approximately 19,730 registered patients. North Brink Practice is located within the Cambridgeshire local authority and is one of 104 practices serving the NHS Cambridgeshire and Peterborough CCG area. The practice dispenses medicines to those patients who live more than one mile from the nearest pharmacy. We visited the dispensary as part of this inspection.

There are four GP partners, three male and one female and one male salaried GP, a practice manager and deputy practice manager, four nurse practitioners, 16 nurses, five healthcare assistants, one clinical pharmacist and nine dispensers along with a managerial, reception and administration team.

The practice is open between 8am to 8pm Monday, Tuesday and from 8am to 6.30pm Wednesday and Thursday and Friday. The practice also offers extended hours on a Saturday from 8am to 12pm. The dispensary is open between 8am and 6pm Monday to Friday. Outside of practice opening hours, patients are directed to the local out of hours service provided by Independent Care 24 (IC24) through NHS 111. Extended hours are offered by the Greater Peterborough Network GP Hub.

The practice serves patients living in a moderately deprived area, the overall deprivation decile is three, where one indicates areas with the most deprivation and ten indicates the least areas of deprivation. The practice demography has a higher than average over age 65 population and a lower under age of 18 years.

# Are services safe?

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

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

- The practice did not have an effective system in place for responding to safety alerts to ensure that patients were kept safe and reviewed appropriately. The practice had a system in place for the circulation of safety alerts to staff however we looked at four safety alerts and found they had not all been acted on. For example, we looked at three women of child bearing age on sodium valproate and none had received an appropriate review.
- The practice had not reviewed or risk assessed the stock of emergency medicines that they consider maybe required in the case of an emergency. For example, the use of atropine for the treatment of bradycardia, as a possible complication of intrauterine device insertion. The practice took immediate action and reviewed this on the day of the inspection and told us they had ordered other medicines for delivery the next day.

### Safety systems and processes

The practice had 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 was 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 policy was to

undertake annual audits. We saw that the practice had systems and processes in place to ensure any issues identified were logged and action taken to ensure the practice was safe.

- 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.

### Risks to patients

The practice did not have adequate systems in place to assess, monitor and manage all 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.
- 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.
- The practice received and recorded safety alerts, however we looked at four safety alerts and searches for patients on the medicines highlighted in The Medicines and Healthcare Products Regulatory Agency (MHRA) safety alerts were not always documented routinely to confirm that all patients were captured and that changes had been made. For example, we looked at three patients on a medicine which was subject to multiple alerts and none had been reviewed to ensure they were aware of any associated risk.

### 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.

# Are services safe?

## Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and equipment minimised risks.
- The practice held a range of emergency medicines; however, they had not risk assessed the stock of emergency medicines they considered they may need in the case of an emergency. For example, the use of atropine for the treatment of bradycardia, as a possible complication of intrauterine device insertion. The practice took immediate action and reviewed this on the day of the inspection and told us they had ordered other medicines for delivery the next day.
- Records we saw in relation to patients taking high risk medicines such as Methotrexate and Lithium showed patients had received an appropriate follow up in a timely manner.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had not yet reviewed its higher than local and national average antibiotic prescribing to ensure good antimicrobial stewardship in line with local and national guidance. The practice had employed a clinical pharmacist and a community advance nurse practitioner to assist with medicine reviews, recognising interactions and cost-effective prescribing. However, quality improvement work had not taken place in an attempt to improve this.
- Arrangements for dispensing medicines at the practice kept patients safe. The practice had a dispensary. Appropriate procedures were in place for the secure storage, recording and monitoring of controlled drugs.

There were procedures covering the dispensing of controlled drugs and the related documentation, but the practice did not complete any audits looking at controlled drugs prescribing trends. Medicines requiring refrigeration were stored appropriately. Records demonstrated adherence to cold chain, with daily checks being completed. Staff responsible for checking the equipment described the process. All staff understood the safe temperature range which medicines needed to be stored at and understood when to escalate any concerns to the practice manager. The practice had a dispensing error log which was completed when an error or near miss occurred.

## Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- 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 took action to improve safety in the practice.
- The practice held regular meetings and detailed minutes ensured learning was identified and shared.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice as good for providing effective services and all population groups apart from long-term conditions which is rated as requires improvement.**

The population group for long term conditions was rated as requires improvement because:

- Data from the quality and outcome framework 2017/2018 showed the practice performance on some indicators was below the local and national averages. For example, some indicators for the management long term conditions such as diabetes and hypertension were below the CCG and national averages. We noted the practice's exception reporting rate was lower than the local and national averages.

The practice had a system for recall and review of patients with long term conditions; however, the Quality and Outcomes Framework results showed the practice were below average for some long-term condition outcomes.

## 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 advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. 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.
- 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:

- Some 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.
- The practice's performance on quality indicators for some long-term conditions were below the local and national averages, we noted that their exception reporting was lower than average for those indicators.
- The practice encouraged patients to take and submit their own blood pressure readings by supplying a blood pressure monitor in the waiting area at the practice.
- The practice held virtual diabetes clinics where diabetes management plans for patients with more complex needs were discussed with the hospital consultants and diabetes specialist nurses to ensure the patient was getting care in the appropriate setting. The practice employed a clinical pharmacist and a community advance nurse practitioner to review the medicines of patients living in a care home.
- 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 for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered 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 could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% and were between 91% and 94% for all four vaccines.



# Are services effective?

- 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):

- The practice's uptake for cervical screening was 74% and comparable to the CCG average of 71% and the national average of 72% but below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was comparable to 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. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had invited 1,514 patients to the practice and had completed 699 health checks, however 815 had declined or not attended.

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 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):

- 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, obesity, diabetes, heart disease, cancer 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.

- 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. 95 patients were on the learning disability register aged 14 or over, all were offered a health check and 47 had received one in the last 12 months.

## Monitoring care and treatment

- The practice achieved 93% of the total number of QOF points available, compared to the local average of 97% and the England average of 96%. The clinical exception reporting rate was 8% which was below the CCG average of 11%, and the England average of 10%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- According to CCG data, the practice was a low referring and low hospital admissions practice within the locality.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with some ongoing support. There was an induction programme for new staff. Support included one to one meetings, coaching and mentoring, clinical supervision and revalidation, however some staff had not received appraisals in the last 12 months.

# Are services effective?

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

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition.
- 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. We saw the practice had recorded written consent for patients having minor surgery or long acting contraceptive procedures.

**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.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were comparable to the local and national averages for questions relating to kindness, respect and compassion.
- We received five comments cards, two of which were wholly positive about the care patients had received from the practice, the remaining comments related to accessing appointments.

## **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 had identified a small number of carers, 179 carers which was approximately 0.9% of the practice patient list. They were offered an annual flu vaccination and signposted to support groups.
- The practice's GP patient survey results were lower than the local and national averages for questions relating to involvement in decisions about care and treatment. The majority of patients we spoke with on the day told us they had been involved in discussions about their care.

## **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. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

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

- Although statistically comparable the practice GP patient survey results showed results were below the local and national averages for questions relating to access to care and treatment. The patients we spoke with on the day of the inspection supported this view and some of the CQC comment cards featured comments regarding lack of availability of appointments to see a GP and difficulty getting through on the telephone.

## 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 operated a nurse led appointment system for patients who wanted to see a clinician on the same day. Four nurses and one GP saw patients within the clinic, the GP retained clinical responsibility for all patients in their clinic. All patients seen by the nurses were discussed with the GP by the nurse at the end of the session. The patient's records were documented fully by the nurse advising when the GP and nurse had seen the patient together or if the patient's condition had been discussed with the GP. Since October 2018, the practice had increased all appointment times in the clinics to 13 minutes per appointment.
- The practice employed an advance nurse practitioner to proactively look after patients in their homes. This nurse liaises with secondary care and other agencies to ensure patients receive proactive care in a timely manner.
- The practice made some reasonable adjustments when patients found it hard to access services such as telephone consultations which supported patients who were unable to attend the practice during normal working hours.
- The practice offered extended access for other practices in the Wisbech locality.
- The facilities and premises were appropriate for the services delivered.

- 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.
- The practice provided dispensary services for people who needed additional support with their medicines, for example, a home delivery service and large print labels.

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.

People with long-term conditions:

- Some patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Quality data showed the practice was below the CCG and England average for some indicators relating to long-term conditions. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held meetings with the local health visitor team to discuss and manage the needs of patients.
- The practice employed a clinical pharmacist and a community advance nurse practitioner to assist with the delivery of medication reviews.

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 clinic appointment or a telephone consultation, when necessary.

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

# Are services responsive to people's needs?

- 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 nurse led same day appointment clinic, telephone consultations were available and an on-call / duty GP was available daily.
- The practice offered extended hours and had access to the Greater Peterborough GP Network Hub who offered appointments to patients in the evenings and at weekends.

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

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice cared for patients with dementia who lived in a local care home, regular and proactive visits were undertaken to ensure the patient, carers and relatives were supported. The practice provided services to eight care homes where they had established weekly visits to ensure regular follow up and proactive care for patients.
- Fortnightly clinics were delivered by the Primary Care Mental Health Service specialist for mental health support.

- The practice encouraged patients to attend reviews by inviting them and when necessary telephoning them if the patient was not compliant with responding.
- Mental health and dementia information and signposting was available in the practice and on the practice website.

## Timely access to care and treatment

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

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed when possible.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice GP patient survey results showed results were below the local and national averages for questions relating to access to care and treatment. The patients we spoke with on the day of the inspection supported this view and some of the CQC comment cards featured comments regarding lack of availability of appointments to see a GP and difficulty getting through on the telephone.

## 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 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 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

- There was a vision and a set of values. The practice had a realistic strategy and supporting business plans to achieve their priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

## Culture

- There was a positive culture within the practice and staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing all staff with the development they need. This included appraisal and career development conversations, however not all staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams and practice staff we spoke with told us that they worked together in a cohesive way to ensure high quality services for their patients.

## 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 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.
- Quality improvement activity in the practice demonstrated how change had been implemented or monitored to ensure the change was effective.

## Managing risks, issues and performance

- The practice had processes to manage current and future performance. Although practice leaders had an oversight of incidents and complaints, the arrangements for responding to safety alerts needed to be improved. The practice had a system in place for the circulation of safety alerts to staff however we looked at four safety alerts and found not all had been acted on.
- Where they had undertaken clinical audit, they showed 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.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

# Are services well-led?

The practice acted on appropriate and accurate information.

- 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 their services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active virtual patient reference group (PRG) which consisted of 57 members who also met every six

months. We spoke with three members of the PRG who were positive in their feedback of the practice but they had not identified areas of change to take forward with the practice.

- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had a palliative care register. They used a specific template which included recording the patients preferred place of death.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The practice and staff told us that staff learning and development was prioritised.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. The process for identifying significant events could be improved.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was actively working with other local practices to bring additional services for patients. The Greater Peterborough Network GP Hub offered extended hours appointments.

**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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• The practice did not have a system in place to ensure action was taken in relation to safety alerts to keep patients safe from harm.</li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	