

Avisford Medical Group

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. (Previous inspection August 2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced inspection at Avisford Medical Group on 20 April 2018. The inspection was part of our planned inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice 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.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was an active patient participation group in place who told us that they had seen improvements within the practice.
- Staff were positive about working in the practice and felt valued and supported in their roles.
- Patient survey results were positive and higher than average in a number of areas.
- Leaders were able to demonstrate an understanding of the key external challenges to the practice, such as recruitment of GPs and an increasing patient population and were successfully addressing them. For example they had managed to recruit additional salaried GPs and a nurse practitioner.

However :-

- Risks to patients were not always assessed and well managed. For example in relation to health and safety, legionella, fire, infection control and medicines management.
- The practice was unable to demonstrate that staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. For example not all staff had received training on safeguarding children and vulnerable adults relevant to their role. Training records were not accurate or kept up to date.
- The practice had not established proper policies, procedures and activities that were accessible to staff, to ensure safety and assure themselves that they were operating as intended. For example, on safeguarding children and vulnerable adults, infection control and medicines management.
- Patients' care records were not kept securely at all times where they could only be accessed, amended, or securely destroyed by authorised personnel.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Provide awareness training for all staff on the 'red flag' sepsis symptoms that might be reported by patients and how to respond.
- Undertake audits of clinical decision making and non-medical prescribing by staff employed in advanced roles.

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

Population group ratings

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

Our inspection team

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

Background to Avisford Medical Group

The practice provides services for approximately 10,524 patients living within the villages of Yapton, Middleton and surrounding areas.

The practice has a relatively large numbers of patients aged 65 and older compared to the national average. Deprivation amongst children and older people is very low when compared to the population nationally.

The practice has slightly more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

As well as a team of two GP partners, four salaried GPs and one long term locum GP (five male and two female), the practice also employs three advanced nurse practitioners, two practice nurses, four health care assistants and a paramedic practitioner. A practice manager is employed and there is a team of receptionists and administrative clerks. The practice is a training practice for GP trainees and foundation level two doctors.

For information about practice services, opening times and appointments please visit their website at

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

Avisford Medical Centre is based in the following locations. Both visited as part of this inspection:

Yew Tree Surgery

North End Road

Yapton

West Sussex

BN18 0DU

and

Middleton Medical Centre

Elmer Road

Middleton-On-Sea

West Sussex

PO22 7SR

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:

- Not all health and safety risk assessments were thorough, up to date or had been acted upon including fire safety risk assessments and a legionella risk assessment.
- The practice did not have an infection control policy and was unable to demonstrate that regular audits of infection control were undertaken.
- Not all staff had received up to date training on safeguarding children and vulnerable adults relevant to their role.
- The practice did not have policies for safeguarding children and vulnerable adults
- Patient group directions which had been adopted by the practice to allow nurses to administer medicines in line with legislation were not always kept up to date.
- Medicines and blank prescription stationary were not always stored securely.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- Not all staff received up-to-date safeguarding and safety training appropriate to their role. For example, some practice nurses and other clinical staff had not received level 2 or 3 training on safeguarding children. This is a requirement for clinical staff who have any contact with children, young people and/or parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person.
- The practice did not have its own specific policies on safeguarding children and vulnerable adults. However, staff did know how to identify and report concerns and flow charts were on display in staff areas identifying the steps that staff needed to take and the people they needed to contact if they suspected abuse of children or a vulnerable adult was taking place.
- Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. However, the practice was unable to locate its infection control policy and it was not clear from the training records whether all staff had received training in infection control. We were told that an infection control audit had been undertaken in the last year but the practice was unable provide us with a record of this. We were told that actions identified in the audit included the need to replace the sinks in the treatment rooms but that this had not yet been addressed by the practice. The practice told us that they had applied for funding to do this in 2017 but had been unsuccessful.
- 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

Systems in place to assess, monitor and manage risks to patient safety were not always adequate.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Regular fire drills took place and all staff had been trained in fire safety. However the practice had not had a fire risk assessment undertaken since 2014. We also noted that whilst the fire risk assessment did not identify the need for any action, it omitted to include the fact that the practice's electrical installation safety certificate had expired. The safety of electrical installations is a potential source of fire. The practice was also unable to locate the annual gas safety certificate.

Are services safe?

- There was a health and safety policy available which identified local health and safety representatives and a health and safety poster in the staff annex on the ground floor.
- The practice had undertaken various risk assessment including a security of premises risk assessment. It had undertaken health and safety risk assessments for both of its locations however; we found that not all of the safety risks had been identified. For example, at the Middleton surgery we found that the treatment rooms were not lockable from the outside. In one of the treatment rooms we saw that needles and syringes were stored in unlocked cupboards at ground level which meant that they were accessible to all staff and patients if the room was unattended. We also found that the cleaning cupboards on both sites had no locks. The cupboards contained hazardous substances which again could be accessed by patients and all staff, particularly at the Middleton surgery where the cleaning cupboard was situated in an accessible area adjacent to the waiting area. The practice told us that a lock had been ordered and would be fitted the following day.
- In November 2015 the practice had a risk assessment for legionella undertaken by an external company. The report from the risk assessment identified a number of high risk areas relating to the lack of any effective management systems being in place to control the risk of exposure to legionella bacteria. The practice told us that they had not yet implemented any of the recommendations. This meant that the risks were not being adequately managed.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- 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. However, they were not using nationally recommended sepsis clinical screening,

assessment and audit tools. The practice had not undertaken any training for staff in recognising and responding to acutely unwell or deteriorating patients who may have sepsis. The reception team did have a protocol for identifying patients who required an urgent consultation, however, they had not been made specifically aware of 'red flag' symptoms of sepsis that might be reported and how to respond.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The 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.
- It was noted that the practice did not have sufficient space to store records and that a number boxes of patients' care records were currently temporarily stored in the staff room which could only be accessed by practice staff. Whilst the practice assured us that this area was only accessed by staff employed by the practice, the practice had not formally risk assessed the current storage arrangements in relation to The Data Protection Act 2018, health and safety and fire. The practice told us that they were having discussions with the clinical commissioning group about identifying alternative, additional secure storage for patient notes.

Appropriate and safe use of medicines

The practice did not always have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not always minimise risk. We saw that vaccines were appropriately stored in specialised refrigerators and that temperatures were checked and recorded daily to ensure they were being stored at the correct temperatures. However we found that vaccines and medicines were not always stored securely. For example, at the Middleton surgery we saw that whilst the refrigerators were locked, the keys to all of them were in situ and the doors to the treatment

Are services safe?

rooms they were kept in were not lockable from the outside. This meant that when the rooms were unattended they could be opened and the contents accessed by unauthorised staff and patients.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, it was noted that at the Middleton surgery the doors to consulting and treatment rooms were not lockable from the outside. Whilst the staff told us that prescriptions for use in computer printers were removed from consulting rooms and locked away overnight, they were left in the printer trays during the day if consulting rooms were left unattended. This meant that there was a risk of theft and potential misuse of blank prescription stationery.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, the patient group directions (PGDs) that had been adopted by the practice to allow nurses to administer medicines in line with legislation were not always kept up to date. For example, for one practice nurse we saw that the PGDs for the administration of three medicines had expired in June and August 2017.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a mixed track record on safety.

- Risk assessments in relation to safety issues were not always comprehensive or adequately managed. For example in relation to fire and legionella.
- The practice did not always monitor and review activity in relation to safety which meant its understanding of risks was limited. The practice did not have a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the Evidence Tables for further information.

Are services effective?

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

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

- The practice was unable to demonstrate whether and when some staff had received up to date training in their required clinical competencies and other key areas such as basic life support, infection control, safeguarding and information governance.
- Not all staff had an appraisal of their performance during the last year. The practice's records of appraisals showed that some staff including nursing staff had not had an appraisal since 2015.

(Please note: Any Quality and Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 held regular sessions for staff in care homes in order to help improve the quality and effectiveness of care provided to patients

People with long-term conditions:

- The practice adopted the 'year of care' approach to diabetes which supported patients with the self-management of their condition through personalised care planning and a two stage annual review. 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.

Families, children and young people:

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 95% or above for the percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) However, for the following the uptake was below the target of 90%:-

- The percentage of children aged two with pneumococcal conjugate booster vaccine is 71% which is lower than the standard of 90%.
- The percentage of children aged two who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) was 88% which is lower than the standard of 90%.
- The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) was 85% which is lower than the standard of 90%.

We discussed this with the practice and they told us that they felt this was due to the fact that they had difficulties beyond their control submitting child immunisation data for 2016/17 and that the actual immunisation rates for this year were much higher. However, there was no data to verify this. They told us about the systems they have in place to monitor attendance at immunisation clinics and the follow up procedures they had for failed attendance to ensure that children are not missed.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Are services effective?

- The practice worked closely with midwives and health visitors.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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 an 'in-house' smoking cessation clinic.

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.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average of 91%.
- 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.

Monitoring care and treatment

The practice routinely reviewed the effectiveness and appropriateness of the care provided. For example an audit of seeking consent and improved outcomes for intra-articular knee injections showed an improvement in both after a second audit cycle. Where appropriate, clinicians took part in local and national improvement initiatives for example, the diabetes year of care approach and the gold standards framework for end of life care.

Effective staffing

Staff did not always have the skills, knowledge and experience to carry out their roles.

- Staff told us they 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 told us they were encouraged and given opportunities to develop.
- Staff whose role included immunisation and taking samples for the cervical screening programme told us they had received specific training and told us how they stayed up to date. However, the practice did not maintain up to date, accurate and complete records of skills, qualifications and training. It was therefore difficult to determine whether and when some staff had received up to date training in the required clinical competencies and other key areas such as basic life support, infection control and information governance
- Records also indicated that the practice did not always understand the learning needs of staff, for example in relation to safeguarding children training, not all clinical staff had received the level of training appropriate for their role.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, some staff told us they had not had an appraisal during the last year. The practice's records of appraisals showed that some staff including nursing staff had not had an appraisal since 2015. This meant that staff may not have had adequate opportunity to reflect on their performance and identify any unmet training or development needs. We saw from the records that all staff who had not had an appraisal in the last year had one booked for this year.
- The practice ensured the competence of staff employed in advanced roles by overseeing their clinical decision

Are services effective?

making, including non-medical prescribing. In particular they had developed a model for overseeing the work undertaken by the advanced nurse and paramedic practitioners. Patient appointments with the practitioners ran alongside GP appointment slots so that a GP was easily accessible for advice and supervision. They also ensured that after three visits to a practitioner if the health issue was not resolved then the patient would be seen by the GP. Whilst these arrangements were in place it was noted that the GPs had not undertaken any audits of clinical decision making, including non-medical prescribing by staff in advanced roles.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when 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 own health. For example, the practice ran its own in-house smoking cessation clinic.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was consistently positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received 38 CQC comments cards from patients. All of the patients' comments were overwhelmingly positive about the kindness and care they received from the practice staff.

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, by offering translation and interpreting services to patients who didn't speak English.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We 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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who 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:

- The GPs worked with multi-disciplinary teams to develop person centred care plans for frail, older patients in order to prevent avoidable, unplanned hospital admission. The care plans were regularly reviewed.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice employed a paramedic practitioner who visited older patients with enhanced needs in their own homes or residential care homes.

People with long-term conditions:

- The practice hosted a weekly diabetes specialist nurse clinic which meant that patients could be seen locally without having to travel to the local hospital.

Families, children and young people:

- 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 access to appointments on Tuesday and Wednesday mornings from 7.30 am and on Thursday evenings until 8pm.

People whose circumstances make them vulnerable:

- The practice offered annual health checks for people with a learning disability.

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

- The practice had a practice based counselling service for people experiencing poor mental health.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that 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. 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.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

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

- Processes for providing all staff with the development and training they needed, required improvement.
- Practice leaders had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice did not have effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The information used to monitor performance and the delivery of quality care was not always accurate and useful.

Leadership capacity and capability

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

- Leaders were knowledgeable about most of the issues and priorities relating to the quality and future of the practice. They could demonstrate an understanding of the key external challenges such as recruitment of GPs and an increasing patient population and were successfully addressing them, for example they had managed to recruit additional salaried GPs and a nurse practitioner. They also worked closely with external partners including the clinical commissioning group, social care and other GP practices in the locality services and were looking to the future and at opportunities for working at scale.
- However, they did not always maintain an accurate overview and understanding of key quality issues and risks within the practice, for example in relation to health and safety, training and maintaining and implementing policies and procedures.
- 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, sustainable care.

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

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The partners had a very caring approach to staff. Staff told us they felt the leaders cared for their well-being.
- 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.
- Processes for providing all staff with the development they needed, required improvement. Not all staff received regular annual appraisals and therefore had not had a formal opportunity to reflect and identify training and development needs. However, staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- Staff said they felt managers communicated well and kept them informed about day to day operational issues, for example with a weekly update email from the practice manager.
- The practice promoted equality and diversity. Some staff told us that they had received equality and diversity training, however this was not identified or recorded in the practice's training records.
- There were positive relationships between staff and teams.

Are services well-led?

Governance arrangements

Systems of accountability and arrangements to support good governance and management were not always effective.

- Staff were not always clear on their roles and accountabilities for example in relation to ensuring staff had undertaken the appropriate level of safeguarding training and ensuring audits of infection control had been undertaken.
- Practice leaders had not always established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We were told that practice policies and procedures could be accessed by all staff in policy folders on the practice's shared computer drive. However, the staff we spoke with on the day of the inspection were unable to locate some of the policies we asked for. For example, on the day of the inspection the practice was unable to locate or provide evidence that they had key policies in place such as safeguarding children and vulnerable adults, infection control and medicines management. We saw that the policy folders often contained out of date documents not related to policy. This made them difficult to navigate. The practice did not have a version control system for its policies which provided an audit trail of review and updates. Staff therefore did not always have up to date, appropriate policies and guidance on carrying out their roles in a safe and effective manner and which reflected the requirements of the practice.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always clear or effective.

- The practice did not have effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, legionella risks had not been addressed since they were identified in 2015. Risks were not always adequately identified and assessed, for example, in relation to health and safety and fire.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- There was evidence that the practice used and acted on appropriate and accurate information, for example in relation to the quality and outcomes framework data and patient survey results.
- The practice held regular meetings to discuss significant events. It was clear from the records of the significant events and the meeting notes that learning was identified and shared and where appropriate, preventative action taken.
- However, the information used to monitor performance and the delivery of quality care was not always accurate and useful. For example, central training records were in place; however, they were not always accurate and up to date and had unexplained gaps. Risk assessments were not always accurate and not always acted on, for example in relation to legionella, health and safety and fire.

Engagement with patients, the public, staff and external partners

The practice did involve patients, the public, staff and external partners to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services. The practice had undertaken its own survey of patient views in 2017 and had fed back the results and actions to be taken to patients who took part. There was an active patient participation group who told us that the practice listened to their views and was responsive to any concerns. They told us that the practice was open and transparent in their dealings with the group and kept them up to date with developments and changes to service provision.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, staff were encouraged to acquire further knowledge in specialist areas such as the complexities and care for older people.

Are services well-led?

- The practice was keen to adopt more innovative approaches to care, for example employing a paramedic practitioner to help reduce GP workload and provide a more responsive service to patients. The practice was exploring the introduction of skype consultations in order to improve patient access.
- Learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met :</p> <ul style="list-style-type: none">• Risks relating to the health, safety and welfare of people using service had not always been assessed adequately or acted on, particularly in relation to fire safety, legionella and security.• The management of medicines did not always keep patients safe. In particular, in relation to the safe storage of vaccines, the security of blank prescription stationary for use in computers and keeping patient group directions up to date.• The provider was unable to provide evidence that it undertook regular audits of cleanliness and infection control and that issues identified were acted on. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met.</p> <ul style="list-style-type: none">• The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: Not all clinical staff had the level of training required for their role in relation to safeguarding children.• Not all staff had received a regular appraisal of their performance in their role from an appropriately skilled and experienced person.

This section is primarily information for the provider

Requirement notices

- The provider did not have a systematic approach to determining and recording staff training in order to assure itself that staff had the competencies, skills and knowledge they required.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met.

- The provider did not have comprehensive enough systems and processes that enabled them to identify and assess risks to the health, safety and/or welfare of people who used the service and where risks were identified, introduce measures to reduce or remove the risks. In particular in relation to the 2015 legionella risk assessment.
- Information for managing and monitoring the service was not always up to date, accurate and properly analysed and reviewed. In particular in relation to key practice policies and procedures and staff training records.
- Patients' care records were not always kept secure at all times where they could only be accessed, amended, or securely destroyed by authorised people.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.