

Kingsthorpe Medical Centre

Inspection report

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Date of inspection visit: 25/10/2018
Date of publication: 10/12/2018

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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating November 2015– Overall Good with safe rated Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced inspection at Kingsthorpe Medical Centre on 25 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had 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.
- Clinical performance data was comparable to the national and local data.
- Patients we spoke with told us staff had treated them 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.
- While the practice had appropriate policies and procedures we found these had not been applied consistently such as for staff recruitment and to risk assess substances hazardous to health, or to ensure the availability of cleaning schedules to assure appropriate cleaning.
- At the time of our inspection the practice was completing the checks of immunisation status of applicable clinical and non- clinical staff in relation to immunisations recommended by the Health and Safety at Work Act 1974 and was liaising with the local occupational health service provider.

- Results from the national GP survey showed the practice was rated lower than local and national averages for some questions relating to care and treatment. The practice was aware of this and was acting to make improvements. Although not directly comparable, a local practice survey indicated an improvement in patient satisfaction with the treatment and service received.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. For example, the practice was an accredited primary care research site for the national institute for health research. Currently the practice was participating in three research projects to improve health outcomes for patients.

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. (Please see the requirement notice at the end of this report for details).

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

- Develop systems to increase childhood immunisations uptake to meet the target percentage of 90% in all four indicators.
- Review and improve the process for exception reporting for QOF (Quality and Outcome Framework) for clinical care.
- Continue to improve national GP patient survey results and patient feedback, particularly in relation to involvement in decisions about care and treatment.
- Develop the appraisal system for nurses to include discussions about career development and training needs.
- Develop a system to engage the patient to encourage them to come forward if they have communication or information needs due to a disability or sensory loss (as required by the Accessible Information Standard).

Population group ratings

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 

Our inspection team

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

Background to Kingsthorpe Medical Centre

Kingsthorpe Medical Centre situated on Eastern Avenue South, Kingsthorpe, Northampton, Northamptonshire is a GP practice which provides primary medical care for approximately 5,663 patients living in Kingsthorpe and surrounding areas. There are lower levels of deprivation in the area mainly relating to income and crime.

Kingsthorpe Medical Centre provide primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian, Afro Caribbean, mixed race and Eastern European origin.

The practice has two GP partners (one male, one female). The practice also uses two regular locums mainly to cover planned absence. There are four practice nurses one of whom is also a nurse prescriber supported by a health care assistant. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice is open between 8am and 6.30pm Monday to Friday. On Tuesday the practice is open until 8pm.

When the practice is closed services are provided by Integrated Care 24 Limited via the NHS 111 service.

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:

- Appropriate staff checks at the time of recruitment had not been carried out.
- Checks of immunisation status of applicable staff in relation to immunisations as recommended by the Health and Safety at Work Act 1974 were incomplete.
- The practice did not have cleaning schedules or COSHH (control of substances hazardous to health, regulations 2002, which requires employers to either prevent or reduce employee's exposure to substances that are hazardous to their health) safety data sheets for the cleaning materials used.

Safety systems and processes

We reviewed the 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. Staff we spoke with knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example, we saw that the practice had liaised with relevant agencies to ensure the safety of a new born child. Adult patients could be referred to a wellbeing counsellor who was available on site.
- We reviewed six staff recruitment files. The practice had carried out appropriate staff checks at the time of recruitment and on an ongoing basis in five of the files reviewed. The remaining file belonged to a staff member who had recently transferred from a nearby practice. The practice had not carried out the necessary DBS checks and mandatory training as they had considered this as a transfer between two local GP practices. After the inspection, the practice confirmed that they now

had a copy of the DBS certificate for this employee from their previous employer. They also confirmed that a new DBS check had been requested and was awaited. The practice advised the employee's mandatory training records had also been requested from their previous employer.

- At the time of our inspection the practice was completing the checks of immunisation status of applicable clinical and non-clinical staff in relation to immunisations recommended by the Health and Safety at Work Act 1974 (as per the Green Book) and was liaising with the local occupational health service provider.
- We reviewed the system to manage infection prevention and control. The cleaning of the practice was undertaken inhouse, however the practice had not completed cleaning schedules or provided COSHH (control of substances hazardous to health, regulations 2002, which requires employers to either prevent or reduce employee's exposure to substances that are hazardous to their health) safety data sheets for the cleaning materials used. After the inspection the practice sent us newly developed cleaning schedules and COSHH safety data sheets. The consistent application of the revised arrangements will be checked at a future inspection.
- Other than the above the practice complied with the requirements of the Healthcare associated infections (HCAI) guidance.
- 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

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice used two regular GP locums to cover planned absence and had recently recruited a senior nurse.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were trained in emergency procedures.

Are services safe?

- 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 (a life-threatening illness caused by the body's response to an infection).
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was an agreed 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. There was a process to communicate with the district nurse and health visitor. There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted 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. For example, the practice had audited patients that

received a certain type of anticoagulant medicine (prescribed to patients at a high risk of getting blood clots, to reduce their chances of developing serious conditions such as a stroke) to ensure that they had been monitored in accordance with best practice guidance and had been reviewed at the prescribed intervals. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- The practice had a process in place for managing safety alerts and we saw evidence to demonstrate that alerts were acted on where required. For example, we reviewed an alert related to an injection device used to manage allergic reactions (anaphylaxis) in an emergency. We found that the practice had acted on the recommendations to manage a national shortage of these devices safety.

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 systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2017/18. 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.
- For patients with long term conditions the practice used templates which aided appropriate monitoring treatment and care provision according to current best practice guidance. For example, for patients with atrial fibrillation (a condition which causes abnormal heart beats) the practice used templates generated by the CCG.

Older people:

- 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 had carried out 87 such checks in the past 12 months.
- 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 worked with the collaborative care team to provide rapid assessment, treatment and monitoring of patients who were at risk of health and social problems to keep them well and in their own homes. These included patients at risk of falls, and older people with frequent attendance at A&E.

People with long-term conditions:

- The practice had leads supported by a GP for specific conditions including long-term conditions which provided a strong base of specialist knowledge.

- Patients with long-term conditions were offered 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 in conjunction with the community diabetic specialist nurse offered support and advice to diabetic patients with complex health needs.
- GPs followed up patients who had received treatment in hospital or through out of hours services.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given met or exceeded the target percentage of 90% in three out of the four indicators. On the fourth indicator the practice achieved 89%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines through shared care agreement with the midwife and appropriate antenatal checks.
- 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%, which was below the 80% coverage target for the national screening programme. We were told that the practice made every effort to follow up patients that did not attend including opportunistically during other consultations with a GP or a nurse.
- The practices' uptake for breast and bowel cancer monitoring was in line the national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 55 health checks in the past 12 months. 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.

Are services effective?

- The practice worked closely with social care colleagues and other professionals and updated care plans of vulnerable patients accordingly to keep them safe.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- There was an electronic system to alert staff when vulnerable patients such as those with a learning disability or with safeguarding concerns needed care.

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. Performance in these areas was either in line with or exceeded national averages. The practice worked collaboratively with the wellbeing and collaborative care teams to provide these services.
- Patients diagnosed with dementia had their care reviewed in a face to face meeting.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, patients experiencing poor mental health had received discussion and advice about alcohol consumption.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

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

- Through clinical audits. We reviewed an audit related to patients that received treatment for a type of arthritis caused by excess uric acid in the bloodstream which if

uncontrolled had the potential to cause cardio vascular complications. The practice had reviewed all such patients and ensured their treatment and care were in accordance with best practice guidelines.

- Through joint work with the clinical commissioning group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 3% compared with a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

We reviewed the exception reporting rates and found that the practice had made every effort to ensure appropriate decision making that included prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been contacted by telephone before being subject of exception. These procedures had resulted in more patients being followed up and in lower than the national exception reporting rate. However, we identified that for some indicators the practice had higher than average exception reporting rates, possibly due to coding errors which the lead GP agreed to review.

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.

Are services effective?

- 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 ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a process for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who had 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.
- The pathology services were able to share patient clinical information and results electronically.

- There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Integrated Care 24 Limited.

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, by providing advice and support for healthy living, weight loss programmes, social activities including through social prescribing schemes (referring patients to a range of local, non-clinical services).
- 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 and tackling obesity.
- Patients could access the wellbeing counsellor (mental health) hosted by the local NHS trust on site as well as the community mental health team by referral.

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.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the patient survey were in line with national and local averages and showed most patients felt they were treated with kindness, respect and compassion.
- All the 16 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice.
- Results from the 2018 national GP patient survey showed patients felt they were treated with compassion, dignity and respect and were comparable with the local and national data.

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). However, a system to engage the patient such as a poster or leaflet, to ask them to come forward if they had any communication or information needs because of a disability or sensory loss was not evident.

- Interpretation services were available for patients who did not have English as a first language.
- Results from the national GP survey showed lower than local and national averages for some questions relating

to care and treatment. The practice was aware of this and were acting to make improvements. Although not directly comparable, a local practice survey indicated an improvement in the treatment and service received (96% against the national GP survey of 75%). The sample size was 30 questionnaires distributed over a two-week period with 28 returned.

- Eight patients we spoke with on the day of the inspection, confirmed that they were involved in decisions about their care and treatment and this was explained.
- Staff communicated with patients in a way that they could understand; for example, communication aids were available, such as a hearing loop.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice was working towards the Northamptonshire Investors in Carers GP Standard Accreditation scheme.

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 overall including the population groups.

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, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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 provided care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.

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 GPs accommodated home visits for those who had difficulties getting to the practice.
- The practice supported approximately 45 patients at a local care home. This included a regular weekly ward round. There was a dedicated staff member at the practice to respond to referrals and queries from this care home.

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 meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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 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.
- When a child reached the age of 16, the practice sent a birthday card to the patient which included a message that indicated that the practice could no longer speak to their parents on their behalf unless they gave written consent for the practice to do so.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance.

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

- The practice offered flexible appointments to maintain continuity of care. Face to face consultations were available on the day as well as pre-bookable appointments up to 14 days in advance.
- Telephone consultations with a GP were available which supported patients who were unable to attend the practice during normal working hours.
- Patients could receive travel vaccinations available on the NHS.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients with a learning disability and other vulnerable patients.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.

Are services responsive to people's needs?

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. Patients had access to the wellbeing service hosted by the local mental health trust for care and support.
- The practice offered flexible appointments to ensure maximum uptake of mental health reviews.

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. The practice focused on the needs of patients. The appointment system was responsive and patients told us that it was easy to get through on the telephone to get an appointment and that the receptionists were very helpful.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Results from the patient survey showed patients satisfaction with how they could access care and treatment were comparable to national and local averages.

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. For example, following a complaint about childhood immunisations the practice had introduced revised pre-administration checking procedures.

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. The practice was led by two GP partners and supported by a practice manager.
- Leaders at all levels were visible and approachable. Leaders operated an open-door policy and 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

Vision and strategy

Staff described the vision as proactive and helpful which was reflective of the practice overall aim to provide exceptional patient care that was responsive to patients' needs in an environment that was clean safe and suitably equipped. The practice had a rolling schedule of meetings which included review of key areas such as clinical audits policies and procedures and learning from incidents and working alongside stakeholders such as the CCG.

- There were plans to support the vision and strategy, for example to recruit a pharmacist and increase the practice nurse time to achieve the set 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.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 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 past 12 months.
- The practice had formalised weekly clinical meetings with the nurses where clinical issues encountered by the nurses including the nurse prescriber and the minor injuries nurse were discussed with learning points. There was clinical oversight for all the activities provided by the nurses. However, the annual review only consisted of an appraisal against the performance targets set by the practice, for example QOF monitoring and lacked discussions about career development and training needs. The lead GP indicated that this was part of revalidation and covered through the formalised weekly clinical meetings but agreed to modify the annual appraisal format to include discussions about career development and training needs.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were evident.

- Structures, processes and systems to support governance and management were available, set out, understood and effective. The governance and joint working arrangements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

- Practice leaders had established policies, procedures and activities to ensure safety. However, some policies had not been applied consistently such as for staff recruitment and to risk assess substances hazardous to health, or to ensure the availability of cleaning schedules to assure appropriate cleaning.

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.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. 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. For example, in response to increased clinical needs the practice had increased the nurse time available for patient care. Performance information was combined with the views of patients including the PPG.
- 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 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

We reviewed the arrangements to involve patients, the public, staff and external partners to support high-quality sustainable 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 patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice participated in local and national health improvement schemes for example the practice was an accredited primary care research site for the national institute for health research. Currently the practice was participating in three research projects to improve health outcomes for patients.
- Being a member of the GP Alliance federation and as part of the Royal Parks Hub of the alliance (a collaboration of three practices in the locality) the practice was engaged in improvement work. For example, in the development of the collaborative care team and more effective delivery of the NHS health checks.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ol style="list-style-type: none">1. The practice did not have cleaning schedules or COSHH data sheets for the cleaning materials used.2. There were no immunisation checks for non- clinical staff as the practice was in the process of completing these as recommended by the Health and Safety at Work Act 1974 (as per the Green Book).3. The practice had not made the necessary DBS checks and nor completed the role specific mandatory training for a new healthcare assistant (HCA). <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>