

Hungerford Surgery

Inspection report

The Croft
Hungerford
Berkshire
RG17 0HY

Date of inspection visit: 25/09/2018
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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 rating May 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 comprehensive inspection at Hungerford Surgery on 25 September 2018 as part of our inspection programme. We had initially intended to inspect this practice in January 2018 but that inspection was postponed due to a nationwide scheme in reducing the pressures on GP practices last winter.

At this inspection we found:

- Significant staff changes had taken place, with a new senior GP in place who had also taken over the role of registered manager at the practice, the practice manager had been in post for six months.
- Staff training was not completed in line with the practice's own recommended schedule.
- There was a lack of clarity on the roles and responsibilities of staff.
- Policies were in place but there were shortfalls in their implementation to ensure consistency.
- Recommendations from risk assessments were not consistently actioned in a timely manner or had not been undertaken at all. For example, there was no evidence of a comprehensive health and safety risk assessment having been completed at the practice.
- Patient feedback was positive regarding the care and treatment they received at the practice, but it was negative in relation to patient experience when making an appointment.
- The practice had adequate systems to manage risk so that 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.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- 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:

- Continue to review patient feedback regarding access to appointments and the experience of making an appointment.
- Review how the practice can improve the uptake for cervical screening to achieve the national target of 80%.
- Review how trends of complaints are identified and analysed to improve quality of care and service.
- Review the accessibility of the practice's complaints procedure for all patients.
- Review how consent is gained and recorded by clinical staff.
- Review how staff have been made aware of the new General Data Protection Regulations that came into effect in May 2018.

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 practice manager specialist adviser, and a shadowing practice manager specialist adviser.

Background to Hungerford Surgery

Hungerford Surgery is located in a purpose-built medical centre. The practice area covers the town of Hungerford and neighbouring villages in the county of Berkshire. The premises building is owned and maintained by the partners of the practice.

Hungerford Surgery is located at:

The Croft
Hungerford
Berkshire

RG17 0HY

The local clinical commissioning group (CCG) is the Berkshire West CCG. Hungerford Surgery is registered with the Care Quality Commission to provide the following regulated activities:

- treatment of disease disorder or injury
- diagnostic and screening procedures
- maternity and midwifery services

- surgical procedures
- family planning

The practice provides has approximately 7,500 registered patients.

The practice has four GP partners and one salaried GP. All the GPs are female. There are three practice nurses and a phlebotomist/health care assistant. The non-clinical team include a practice manager, an office manager and a senior administrator who are supported by a team of reception, administration and secretarial staff.

The practice is open Monday to Friday between 8.30am and 6.30pm. The practice has opted out of providing out of hours services to their patients. Westcall are the providers of out of hours care for the practice. Patients are advised to contact NHS 111 when the practice is closed and this is displayed at the practice, in the practice information leaflet and on the practice website.

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:

- annual training of staff in basic life support and fire safety had not been undertaken;
- appropriate safeguarding training was not up to date for non-clinical staff in line with the practice's own policy;
- the practice had not sought appropriate assurances of the training records and conduct of locums prior to working at the practice;
- Blank prescription stationery was not adequately monitored when in use.
- Patient prescriptions which had been generated but not collected were not monitored in line with the practice's repeat prescribing policy.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse, but improvements were needed to ensure these were effective.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All clinical staff received up-to-date safeguarding and safety training appropriate to their role. We saw evidence that 12 non-clinical staff members were overdue their safeguarding training update and one non-clinical staff member had no record of safeguarding training at all. However, when asked, staff 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.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.

- The practice had 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 adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for temporary staff tailored to their role but the practice could not show that adequate assurances about the conduct had been sought prior to the clinicians working at the practice or that training required by the practice on induction had been undertaken.
- The practice was equipped to deal with medical emergencies with oxygen, a defibrillator and emergency medicines which were all checked regularly.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, we saw evidence that not all staff had undertaken the necessary annual training updates in Basic Life Support and fire safety.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. 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.

Appropriate and safe use of medicines

Are services safe?

The practice had systems for appropriate and safe handling of medicines, but improvements were needed in relation to prescription stationery security.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, the practice could not provide evidence of adequate monitoring of prescription stationery used at the practice.
- 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 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 but not consistently followed up on appropriately. For example, on review of the practice's repeat prescribing policy, all repeat prescriptions were to be reviewed every four weeks and destroyed if not collected. However, we found evidence of 23 prescriptions, some dating back to April, May and June 2018, that had not been collected by patients nor reviewed and destroyed as indicated by the practice's own prescribing policy.
- Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to some safety issues which were found in the practice's business continuity plan. For example risk assessments regarding risks to the premises, the practice's computer system and potential loss of staff were documented. However, we saw no evidence of a health and safety risk assessment having been completed.
- 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.

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. For example, protected time for secretaries had been introduced in an attempt to reduce interruptions that had previously led to administrative errors.
- 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 as requires improvement for providing effective services overall and across all population groups

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

- Records showed that recommended staff training had not been completed in line with the practice's own policy with regards to basic life support, fire safety, information governance, the Mental Capacity Act (2005), equality and diversity, and infection prevention and control training.

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.
- The practice had installed a self-service blood pressure machine in the practice waiting room. We observed patients using this during the inspection.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- 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.
- There was a dedicated GP lead at the practice for care homes, as well as leading the Anticipatory Care Community Enhanced Service (CES), which included the aim of reducing unplanned admissions to local hospitals and supporting the creation of care plans for new care home patients.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. There was a dedicated GP lead at the practice for long-term conditions.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for asthma and COPD was above average local and national averages, however exception reporting for COPD was higher than average.
- The practice's performance on quality indicators for other long-term conditions was in line with local and national averages.

Families, children and young people:

This population group was requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

Are services effective?

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- The practice's uptake for cervical screening was 72%, which was below the 80% coverage target for the national screening programme but in line with local and national averages.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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:

This population group was requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a dedicated GP lead at the practice for learning disabilities.
- The practice offered annual health checks to patients with a learning disability as well as bi-monthly medicine reviews if required. The practice provided us with unverified data which showed there was 91% of eligible patients on the learning disabilities register had received an annual health check.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- 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.
- There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- There was a dedicated GP lead at the practice for patients experiencing poor mental health.
- The practice's performance on quality indicators for patients experiencing poor mental health was above local and national averages, achieving 100% in the three indicators. However, the exception reporting in two of the three indicators was higher than both the local and national averages.

Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Are services effective?

Staff we spoke to on the day had the knowledge and experience to carry out their roles but records for training the practice considered necessary for staff, did not demonstrate that training had been provided in line with their policy.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff confirmed they were encouraged and given opportunities to develop.
- We saw evidence of five staff, including three clinicians, without any record of completing information governance training, while a further 11 staff, both clinical and non-clinical, had no record of completing their annual information governance update training.
- We saw evidence of seven staff members, including three clinical staff members, with no record of Mental Capacity Act (2005) training.
- We saw evidence of three staff members with no record of Basic Life Support training, and nine staff had not received their annual fire safety training.
- Staff which had been identified as fire marshals had not completed training to undertake this role. Since inspection, online training has been completed.
- The practice was not able to provide evidence to show they had sought assurances of up to date training records for the locum GPs working at the practice.
- We were informed the practice were in the process of changing their online staff training provider to Bluestream Academy.
- The practice provided staff with ongoing support. There was an induction programme for new staff, however it was not fully embedded. New staff members had not completed the expected training schedule. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. For example, the practice has referred patients identified as at risk of developing cardiovascular disease to 'Eat4Health'. (Eat4Health was identified as a programme run by Berkshire, Wokingham and Slough Councils offering advice, information and education in nutrition, exercise and weight management).
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

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.

- However, the practice did not provide any evidence to show that they had monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's National GP patient survey results from 2018 were above the local and national averages for questions relating to kindness, respect and compassion.
- A total of 98% respondents (out of 110 responses received in the national survey) stated the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them, compared to the clinical commissioning group and national averages of 89%.

Involvement in decisions about care and treatment

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

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

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. 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 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 practice had a dedicated telephone line for those patients with care plans, such as those receiving end of life care, as well as a user-friendly cancellation line that patients could access to cancel any appointments that they no longer needed.
- 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 have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients over the age of 75 years had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had gained Dementia Friendly accreditation. (To become a Dementia Friendly accredited practice, GP practices must have met criteria, such as undertaking dementia awareness training and installing dementia friendly signage throughout the practice's premises).
- The dedicated GP lead visited a local care home with nursing once a week to provide care and treatment.

- The practice has arranged for Age Concern UK to deliver a talk a practice meeting to raise awareness about the local and national support available to older people with staff.

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:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Late appointments were available with the practice nurses for cervical screening.
- The practice reported they had created a young person's leaflet to promote their services for that population group.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The practice had a user-friendly cancellation telephone line available as well as online booking for appointments and repeat prescriptions requests.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice reported a 91% uptake on health checks for patients on their learning disability register.

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice confirmed support was available for transient patients due to their locality near a major canal system.
- Longer appointments were available to those patients that required them.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Same day appointments were available to patients experiencing poor mental health when needed either by telephone contact or in face-to-face consultations.
- The practice had gained Dementia Friendly accreditation.

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.
- On the day of inspection, the next available appointment with a GP was at 4.00pm that day.

- 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.
- The practice's National GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

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 when requested and on the practice's website. 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. The practice were unable to demonstrate that they had carried out an analysis of themes or trends of complaints. However, the practice did act to improve the quality of care when complaints were received.

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 well-led because:

- There was a lack of oversight in the monitoring of staff training;
- Policies were in place but not fully embedded or consistently used, for example, the monitoring of repeat prescriptions was not in line with the practice's policy;
- The practice did not seek assurances that locum GP had appropriate checks and training carried out prior to then working at the practice.
- Risk assessments were either not undertaken or had not been acted upon in a timely manner;
- Staff roles and responsibilities were unclear;
- Staff did not always feel their concerns or issues raised would be appropriately addressed;

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. There were lead clinical roles throughout the practice and staff were aware of these arrangements.

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 realistic strategy and supporting business plans to achieve priorities. The practice wished to deliver modern medicine in a traditional setting.
- Staff were aware of and understood the vision, values and strategy but not their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care but staff reported inconsistencies about how this was implemented.

- 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. However, they did not always have full confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. However, not all staff had received equality and diversity training. When asked, staff reported they were treated equally.
- There were positive relationships between staff and teams were reported; although we were informed the priorities of the different teams had caused conflict but communication was improving, especially during full staff meetings.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were not clear.

Are services well-led?

- Structures, processes and systems to support good governance and management were set out, understood but not always effective. For example, policies were not being consistently adhered to and staff were unclear regarding some roles and responsibilities.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. But this was not fully supported as necessary training had not always been completed by staff.
- Practice leaders had established policies, procedures and activities to ensure safety but they did not assure themselves that they were operating as intended. For example, the monitoring of blank prescription stationery and the disposal of uncollected repeat prescriptions in line with the practice's own policies.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, but these required improvement.

- There were shortfalls in the process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice was unable to demonstrate that a comprehensive health and safety risk assessment had been carried out, to ensure risk was minimised.
- We saw evidence of outstanding actions from the practice's fire and legionella risk assessments, originally undertaken in November 2017. External contractors had been booked to attend the practice after the inspection visit to complete the required work.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints and these were regularly discussed at clinical or full staff meetings.
- 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.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems but these were not fully embedded. Staff were waiting for training on the new General Data Protection Regulations (GDPR) to be carried out.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services but there was limited evidence to show that concerns raised from patient feedback were being formally addressed.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard but were not always acted on to shape services and culture.
- Results from the practice's monthly Friends and Family Test, regarding how likely patients would be to recommend the practice were collected and discussed at full staff meetings. The practice did not have a systematic method of ensuring that any concerns received in this way were appropriately acted upon. There was an active patient participation group.
- The service was reported to be transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Continuous improvement and innovation

There were 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.

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> <ul style="list-style-type: none">• Systems and processes were not fully established and operated effectively to ensure compliance with practice's own policies or national guidance, for example, repeat prescriptions were not being consistently monitored and blank prescription stationery was not being adequately monitored when in use;• Risk assessments to cover health and safety risks at the practice were not evidenced;• There was no oversight of staff training records;• Roles and responsibilities of staff were unclear regarding delegation of tasks so that all staff were aware of the roles of others throughout the practice;• Recruitment checks on locums were not in line with the practice's own recruitment policy, for example, conduct of practice was not sought prior to the locum starting work at the practice. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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">• Staff had not completed training, or had not received the required appropriate updates, in safeguarding adults and children, information governance, infection prevention and control, fire safety, equality and diversity, basic life support and Mental Capacity Act (2005) training modules, in line with the practice's own policies.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.