

Woodbridge Practice

Quality Report

Thornaby Health Centre
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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 service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 9 June 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Woodbridge Practice on 15 March 2018 and a further visit on 21 March 2018. The reason for the inspection was as part of our inspection programme.

At this inspection we found:

- The practice had a number of systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes, although more formalised processes were needed.
- The practice was open and transparent, and had systems in place to adhere to the Duty of Candour.
- 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.
- The practice displayed a commitment to multidisciplinary working and could evidence how this positively impacted on individual patient care.
- Discussion with staff and feedback from patients showed that staff were motivated to deliver care that was respectful, kind and caring.
- The practice organised and delivered their services to meet the needs of their patient population. They were proactive in understanding the needs of the different patient groups.

Summary of findings

- A care coordinator was available on a full time basis within the practice. (A care coordinator provides additional support to patients to enable them to remain at home, support included arranging for equipment should it be needed).

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

- **The provider must** establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the follow up on actions from the fire risk assessment and to determine roles and responsibilities within the shared building.

- Review and clearly establish the accountability for maintenance and servicing within the building.
- Review the accessibility of emergency drugs
- Review the process for the completion of the appraisal system to include all non-clinical staff and to make sure their training is up to date.
- Review the process for identifying sepsis.
- Review how medication is being stored in line with national policies.
- Review the management of blank prescription pads.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Key findings

Areas for improvement

Action the service **MUST** take to improve

- **The provider must** establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

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- Review how medication is being stored in line with national policies.
- Review the management of blank prescription pads.

Woodbridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC Inspector.

Background to Woodbridge Practice

Woodbridge Practice is owned and operated by Woodbridge Practice. It is located in a purpose built health centre on Trenchard Avenue, Thornaby, TS17 0EE and provides a full range of primary medical services. They also operate one branch site, Myton Road Avenue, Ingleby Barwick, TS17 0RJ, which we did not visit as part of our inspection.

Woodbridge Practice have a combined patient list of 19,869 patients.

The practices have a contract to provide General Medical Service (GMS) with Hartlepool and Stockton CCG.

Information published by Public Health England showed the practice scored six on the deprivation measurement score; the score goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater needs for health services.

The GPs, registered nurses, health care assistants and some of the administration staff work across both sites. There are eight GPs, seven partners and one salaried GP. Six of which are female and two of which are male. There is one nurse practitioner, five practice nurses and two health care assistant. The practice is supported by a business development practice manager, deputy practice manager and range of administration/reception staff.

Are services safe?

Our findings

We rated the practice as requiring improvement for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information from the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. We saw evidence that safeguarding referrals had been made.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person had 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- The practice ensured that facilities and equipment were safe and was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- There was a system to manage infection prevention and control, however further action was needed. This included the need to ensure that the contracted cleaners had access to the full range of equipment

needed. Also, that the infection control lead had additional training to support this role. We received an action plan the day after the inspection which detailed that action was being taken in respect of this.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. This was continually under review.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice did not have any information available in respect of identifying sepsis, immediate action was taken to address this with relevant flowcharts being downloaded and made available within the practice. The practice was following the appropriate guidance in regard to antimicrobial prescribing.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Where the properties were shared properties with other services, such as Thornaby and Barwick practice and NHS Community Services, there was the need to determine clear roles and responsibilities in terms of who was responsible for the maintenance and safety of the building.. This was in relation to matters such as the fire alarm being activated and recommendations made within the most recent fire risk assessment, as there was no clarity lead on this matter. Immediate action was taken by the practice manager to contact the landlord to seek further clarification.
- There was also the need to clearly identify which aspects of maintenance and servicing the practice and the landlord were responsible for. The practice manager was going to pursue this. We were however satisfied that the practice had up to date certification for areas such as calibration of equipment, gas installation and the fire extinguishers. The practice manager contacted the landlord on the inspection day to request further information in relation to periodic electrical installation, fire alarm and emergency lighting certification.

Are services safe?

Information to deliver safe care and treatment

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

- Individual care records were in the main written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- There were systems in place for managing medicines, including vaccines, medical gases, and emergency medicines and equipment. However we found that some medicines were not being stored in a locked cupboard. Also the anaphylaxis pack was not made up on the day of the inspection; the medication was available within the practice. As the practice was large, consideration should be given to having two packs. Immediate action was taken by the practice to address these issues.
- The management of prescription pads was not as robust as needed in terms of records and storage within clinician's rooms. Immediate action was taken to address this and an action plan received following the inspection detailed discussion at the next clinicians meeting and a full recorded audit trail.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had some safe systems in place

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity, however this needed to be strengthened to give an understanding of risks and a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. There was however a lack of evidence to show how these had been investigated, actioned and that lessons had been learnt. We were however provided with information that demonstrated that they had been actioned but there was a lack of a formalised process to evidence this. We received an action plan following the inspection detailing the steps the practice had taken to address this.
- There was a system for receiving and acting on safety alerts and we saw evidence that these had been actioned. There was however the need to formalise the process and for there to be a clear audit trail. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- 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 were frail or may be vulnerable received a full assessment of their physical, mental and social needs. A care coordinator was available on a full time basis within the practice. (A care coordinator provides additional support to patients to enable them to remain at home, support included arranging for equipment should it be needed).
- 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.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- There were effective processes for recalling patients for their annual reviews.

- Figures from the last published quality and outcomes framework were comparable local and national figures. For example;

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months (01/04/2015 to 31/03/2016) was 140/80 mmHg or less was 80%, compared with the local average of 81% and national average of 78%. We saw more up to date data which showed an improvement to this figure.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) was 94% which was comparable to the local average of 92% and the national average of 90%.

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 above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 78%, which was in line with the 80% coverage target for the national screening programme.
- 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:

- 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?

(for example, treatment is effective)

- 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):

- 95% 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.
- 98% 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 above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 93%; national 89%).

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 most recent published Quality Outcome Framework (QOF) results were 99.7% 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 15% compared with a national average of 10%. (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.)

- 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 initiative.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included 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.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring and support for 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. However, palliative care meetings were not being minuted. The action plan received following the inspection detailed that discussion had been held with the multi-disciplinary team to agree relevant care plans. The relevant templates were available.

Helping patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated the practice, and all of the population groups, 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.
- 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.
- The two patient Care Quality Commission comment cards and eight patient questionnaires we received were positive about the service experienced, with the exception of access to appointments. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 274 surveys were sent out and 108 were returned. This represented about 0.55% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 96%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.

- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 81% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, directional signage within the practice.
- 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 patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 274 patients as carers (1.5% of the practice list).

- A range of carer support information was available within the practice, for example a number of information leaflets were available to signpost patients.
- A care co-ordination works from the practice on a full time basis to provide a range of support to patients, including making arrangements if they need additional equipment to enable them to remain at home. This post is funded by Hartlepool and Stockton Health Federation.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs

Are services caring?

and by giving them advice on how to find a support service. A counselling service was also available within the practice on a weekly basis. A bereavement card was also sent to the next of kin.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.

- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 92%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Since the survey was completed there had been a number of GPs have left with new ones recruited and there had also been a change to the nursing team.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all 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, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

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.

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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.

Timely access to the service

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.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they

Are services responsive to people's needs?

(for example, to feedback?)

could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 274 surveys were sent out and 108 were returned. This represented about 0.55% of the practice population.

- 57% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 42% of patients who responded said they could get through easily to the practice by phone; CCG – 67%; national average – 71%.
- 77% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 85%; national average – 84%.
- 74% of patients who responded said their last appointment was convenient; CCG – 82%; national average – 81%.
- 60% of patients who responded described their experience of making an appointment as good; CCG – 72%; national average – 73%.
- 45% of patients who responded said they don't normally have to wait too long to be seen; CCG – 62%; national average – 58%.

The practice was well aware of the responses. They had introduced additional measures. This included the allocation of a duty GP mornings and afternoons, the

introduction of extended hours including from 7.30 am and a late evening. They had also introduced telephone consultations. The assistant practice manager also confirmed that patients had access to both sites and could ring and have appointments at either. On the second visit one GP had called in sick for the day. The practice made an additional Nurse Practitioner available for the full day and a GP to also cover for the afternoon.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to use. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed complaints information and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example in response to complaints about access the practice introduced a duty doctor system, which in turn had an impact on increased appointments for patients and decreased pressure on GPs.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The partners at the practice demonstrated some commitment to driving improvement in the quality of patient care.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example working across the two sites.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with staff and external partners.
- 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 closely monitored progress against delivery of the strategy.

Culture

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

- Some staff stated they felt respected, supported and valued, although a small number thought that communication could be improved.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing all staff with the development they needed. This included appraisal and career development conversations. However not all staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

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

- There was a lack of clear responsibilities, roles and systems of accountability to support good governance and management. For example a nurse had been appointed as the infection and prevention control lead and had received no further training or clarity of this job role.

Are services well-led?

Good 

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

- There was a lack of formal processes to demonstrate action in respect of significant events and safety alerts. Actions plans were received following the inspection to detail improvements to the process.
- Structures, processes and systems to support good governance and management were not always effective. For example, issues around safety and risk. Actions plans were received following the inspection to detail improvements to the process.
- Leaders had established some policies, procedures and activities to ensure safety but had not assured themselves that they were operating as intended.
- The practice did not hold governance meeting which would have assured them of quality and risks.
- There were no full staff meetings and some of the meetings did not have standing agenda items. This made it unclear if significant events and complaints (where appropriate) were discussed, as well as areas of learning. Actions plans were received following the inspection to detail improvements to these areas.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance.
- 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 implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. There was an up to date business plan in place.

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.
- 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. Nursing staff used laptops for home visits, which updated records immediately.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- 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 systems and processes for learning, continuous improvement and innovation.

There were plans to become a training practice.

There were also plans to create more community involvement within the practice.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17: HSCA (RA) Regulations 2014 Good Governance
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	Formal systems and processes in place were not robust and did not demonstrate that significant events and safety alerts had been actioned. Also how learning within the practice from these events takes place.
	Formal systems and processes in place to assess and monitor the quality and safety of the services provided were not embedded or operating effectively.