

Dr. Wilks & Partners (Known as The Witley Surgery)

Inspection report

Wheeler Lane
Witley
Godalming
Surrey
GU8 5QR
Tel: 01428682218
www.witleyandmilforddrs.co.uk

Date of inspection visit: 24 May 2018
Date of publication: 13/08/2018

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as requires improvement overall. (Previous inspection 02/2016 – Rating Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at The Witley and Milford Medical Partnership on 24 May 2018. The inspection was part of our planned inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. However, when incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was an active patient participation group in place who told us that they had seen improvements within the practice.
- Patient survey results were extremely positive and higher than the clinical commissioning group (CCG) average in all questions.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- However :-

- Risks to patients were not always assessed and well managed. For example in relation to health and safety, Legionella and medicines management.
- The practice was unable to demonstrate that staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. For example, information supplied by the practice detailed not all staff had received training areas such as mental capacity training or the principles of health and safety.

We saw one area of outstanding practice:

- The practice ran a charity that provided funding to supply a night sitting service for palliative care patients in the area of Waverley. This enabled carers to get rest and provided comfort for the patients.

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

- Ensure care and treatment is provided in a safe way to patients. In particular risk assessments and action plans in relation to Legionella, fire and health and safety.
- Ensure the management of medicines keeps patients safe. In particular, in relation to the security of blank prescription stationery for use in computers, controlled drugs and emergency medicines.
- Ensure staff employed in the provision of regulated activities receive the appropriate training and professional development necessary to enable them to carry out their duties.

The area where the provider **should** make improvements:

- Take action to review their complaints procedure so that the information within this complies with the NHS complaints procedure.

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 adviser and a member of the CQC medicines team.

Background to Dr. Wilks & Partners

The Witley Surgery, together with its branch site in Milford, cover a semi-rural area around the villages of Witley and Milford in the south west of Surrey. The main surgery site at Witley is purpose built and has four consulting rooms, a treatment room and dispensary. Milford Surgery has four consulting rooms and two treatment rooms. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice operates from:

Witley Surgery

Wheeler Lane

Witley

GU8 5QR

And

Milford Crossroads Surgery

Church Road

Milford

Surrey

GU8 5JD

There are approximately 11,100 patients registered at the practice. Statistics show very little income deprivation among the registered population and is within the least deprived decile nationally. The registered population is higher than the national average for those aged 5 to 19 and slightly lower than the national average for those aged 65 years of age and over.

Care and treatment is delivered by six GP partners and two salaried GPs. There are four female GPs and four male GPs. The nursing team consists of one nurse practitioner, two practice nurses, two healthcare assistants and one phlebotomist. An administration team support the practice and are led by the practice manager. There are six members of dispensary staff.

The practice is a training practice and regularly has GP trainees working in the practice.

The practice is open from 8am to 6.30pm Monday to Friday. Extended surgery hours are offered for pre-bookable appointments until 7.30pm on a Monday or Thursday and from 7.30am in the morning on a Wednesday and Friday. Patients can book appointments in person, by phone or online. The practice also undertakes telephone and online consultations.

For information about practice services, opening times and appointments please visit their website at www.witleyandmilforddrs.co.uk.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are nationally agreed between the General Medical Council and NHS England.

The branch site at Milford was not visited on the day of inspection.

Are services safe?

We rated the practice requires improvement for providing safe services.

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

- The practice did not have reliable systems for appropriate and safe handling of medicines.
- The practice did not have reliable systems in place to ensure prescriptions (pads and computer prescription paper) were kept securely and monitored.
- At the time of inspection no health and safety audit was recorded and actions required following a Legionella's assessment from August 2013 had not been undertaken.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training. They 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

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

- There were some risk assessments undertaken in relation to safety issues. However not all risk assessments had been undertaken. For example, at the time of inspection there was no recorded health and safety audit of the practice. Evidence was seen following the inspection that this had been undertaken after the inspection was completed.
- Information was also received of an electrical installation safety assessment being undertaken the week following our inspection.
- The practice had undertaken a Legionella risk assessment in August 2013 though had not undertaken recordings of water temperature or documented flushing of the water system which was identified as being required within their risk assessment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Regular fire drills took place and all staff had been trained in fire safety.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

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.

Are services safe?

- 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

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

- The systems for managing and storing medicines, including vaccines, medical gases and equipment, minimised risks. The provider had appropriate arrangements in place for the management of vaccines and their cold storage.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Arrangements for dispensing medicines at the practice kept patients safe. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The practice did not follow national guidance for secure storage and management of prescription stationery.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were

involved in regular reviews of their medicines. The system for storing and checking emergency medicines held at the premises were not effective. We found one that was out of date despite records indicating that checks were being made monthly. Emergency medicines were not always readily available.

Track record on safety

The practice had a good track record on safety.

- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

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

- The information supplied by the practice showed that not all staff had received training in their required clinical competencies and other key areas identified by the practice as needing to be undertaken such as chaperone training for nurses, anaphylaxis training for nurses, mental capacity act training, moving and handling, medicines management and health and safety.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/2017. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital following an emergency admission. 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.

- A dedicated GP session ran, twice a week, for complex care clinics.

- The practice provided clinic space for a NHS chiropody service.

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.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 had developed, with the assistance of an external IT expert, a single access template to ensure care was provided that met current standards for chronic conditions. This template was revised quarterly.

- The practice referred patients to diabetes prevention education courses when blood tests suggested this was appropriate.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice undertook daily visits to a local boarding school.
- The practice had liaised with local schools in how best children with long term conditions or poor attendance could be best supported.

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's uptake for breast and bowel cancer screening was in line 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 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice used an electronic system to undertake patient consultations and data was seen that showed that the practice undertook approximately five times the average online consultations than other practices nationally.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had worked with a local travellers' community to increase the uptake on childhood immunisations.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice undertook daily reviews of all A&E attendances along with all hospital admissions and discharges.

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. 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.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice undertook annual reviews of patients on their learning difficulties register at either the practice or within the patient's home.
- A GP took the lead for mental health care and attended local forums to assist in identifying and solving problems in care pathways.

Monitoring care and treatment

The practice routinely reviewed the effectiveness and appropriateness of the care provided. For example, an

Are services effective?

audit of patients with hypertension showed that there were some patients that needed to be targeted directly to ensure ongoing reviews of their condition was undertaken so as to minimise the risk of other serious conditions arising from their health issue.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However, the training matrix supplied by the practice identified gaps in training. For example, anaphylaxis training, infection control, mental capacity and the principles of health and safety.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. 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 clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

- The practice worked closely with Royal Surrey County Hospital and undertook approximately 54% of their minor plastic surgery operations between January 2017 and May 2018 at the Milford Surgery.

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 through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

Are services effective?

- 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 outstanding for caring.

The practice was rated as outstanding for caring because:

- The responses received for patient satisfaction following the national GP patient survey were exceptionally high and better than other practices within the CCG.
- The practice ran a charity which provided a night sitting service for palliative care patients.
- The practice had identified a high number of patients who were carers and offered them support and guidance including providing a carers champion.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

The practice scored very highly in these areas within the national GP survey, for example:

- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern was 97.6% compared to a clinical commissioning group (CCG) average of 89.9% and a national average of 85.5%.
- The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 99.2% compared to a CCG average of 87.3% and a national average of 78.9%.
- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them was 98.8% compared to a CCG average of 94.2% and a national average of 91.4%.

The practice ran a charity that provided a night sitting service for palliative care patients from their own practice

and within the CCG area. This had made a significant difference to patients and their carers with approximately 64% of sitting services in the Waverley area being funded by this charity.

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 had identified 360 carers, approximately 3.25% of the patient list and a member of the administration undertook the role of "carers champion".
- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care was 97.6% compared to a CCG average of 88.2% and a national average of 85.4%.
- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments was 95.5% compared to a CCG average of 89.4% and a national average of 86.4%.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP 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 had fitted automatic doors to aid access to both premises.
- 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.
- The practice provided dispensary services for people who needed additional support with their medicines, for example, a delivery service was available, weekly and monthly blister packs along with large print labels were available.

Older people:

This population group was rated good for responsive because:

- 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 due to limited local public transport availability.
- There was a medicines delivery service for patients.

• Personalised care plans were in place for frail patients and this information shared via a software system with both ambulance and other out of hours care providers.

• The practice ran a proactive immunisation campaign with sessions held in a nursing home and sheltered accommodation.

• The practice ran a charity, "Countrymice", that helped to fund a night sitting service for palliative care patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health. Medicines needs were reviewed every nine months. 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.
- The practice had in place an alert system to identify patients to highlight potential risks. For example, overdue blood pressure monitoring or blood tests if taking high risk medicines.
- The practice had provided training at a local nursing home to assist staff in detecting signs of potential sepsis.

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.
- The practice held a weekly baby clinic with good relationships built with the local health visitor and community midwife.
- The practice had a social media presence to improve engagement.
- There were family planning services available including the fitting of both coils and implants.

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

Are services responsive to people's needs?

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available on certain mornings and evenings.
- Minor surgery, including specialist plastic surgery, was available on site to make access easier.
- The practice held two emergency clinics per day to allow for same day access for those at work.
- The practice provided both nursing and phlebotomy clinics during their extended hours sessions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Weekly prescriptions were available for those patients whose mental health needs indicated this need or that there was a risk of medication overuse.
- Practice staff were informed of bereavements to enable compassionate care to be delivered to relatives.

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 dementia navigator clinics to assist in signposting patients and carers to appropriate support.
- The practice facilitated a psychologist clinic at the branch site.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The median time a patient waited for a telephone appointment following a request was 20 minutes.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Some Information about how to make a complaint or raise concerns was available within the practice booklet and website. However, there was no complaints leaflet available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were generally in line with recognised guidance. However, the complaints policy documented that patients should contact the Local Government Ombudsman should they remain dissatisfied which is not correct. It was seen on the day of inspection that the final response letters did in fact contain the correct information. 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.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups 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. They also worked closely with external partners including the clinical commissioning group, social care, secondary care and other GP practices in the locality. 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.
- However, they did not always maintain an accurate overview and understanding of key quality and risks within the practice, for example, in relation to health and safety and training.

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 developed its vision, values and strategy jointly with patients, 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 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 had one GP that was the pastoral lead for all staff ensuring their concerns and needs were identified and addressed where possible.
- 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, however these needed improvement. There were areas identified in their training information that identified gaps in training. The staff received 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.
- Clinical staff 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. 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. However, there were areas surrounding risk assessments that required improvement.

- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

understood and effective. The governance and management of partnerships, joint working arrangements and shared services 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
- Practice leaders had established some policies, procedures and activities to ensure safety but there was a need to improve these.

Managing risks, issues and performance

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

- The practice did not have effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, Legionella risks had not been addressed since they were identified in August 2013. Risks were not always adequately identified and assessed, for example, in relation to health and safety and safety audits. Information was provided by the provider following the inspection that these assessments had been undertaken.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. 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.
- 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.

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 practice held regular meetings to discuss significant events. It was clear from the records of the significant events and the meeting notes that learning was identified and shared and where appropriate, preventative action taken.

- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support 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 who told us that the practice listened to their views and was responsive to any concerns. They told us that the practice was open and transparent in their dealings with the group and kept them up to date with developments and changes to service provision.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement.
- The practice was keen to adopt more innovative approaches to care, for example, they had embraced econsulting to enable easy access for patients.

- 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: health and safety assessments, Legionella and security risk assessments.• The management of medicines did not always keep patients safe. In particular, in relation to the safe storage of emergency medicines, the security of blank prescription stationery. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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">• The service provider had failed to ensure that staff employed in the provision of a regulated activity received such appropriate training and professional development as was necessary to enable them to carry out the duties they were employed to perform and indicated as required on the provided training matrix. In particular, mental capacity, medicines management, principles of health and safety and anaphylaxis training. <p>This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>