

Shadbolt Park House Surgery

Inspection report

Tel: 0208335052

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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

Shadbolt Park House Surgery was previously inspected in November 2017 where the practice was rated as Requires Improvement in safe, effective and well led and overall. The concerns found in the three domains affected the six population groups and these were rated as requires improvement as well. When we re-inspected in July 2018 we found that whilst some improvements had been made, including most of the findings of our previous inspection, not all areas of concern had been addressed and new areas of non-compliance had been found.

At this inspection in July 2018 the practice is rated as Requires Improvement overall.

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 Shadbolt Park House Surgery on 5 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was because there had been previous breaches of regulations.

The Health and Social Care Act 2008 states that registered providers must have a registered manager. At the time of the inspection Shadbolt Park House Surgery had no registered manager in post. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of the inspection, we were shown evidence of an application for the new registered manager.

At this inspection we found:

- A number of systems and processes were not operating effectively to keep patients, staff and people visiting the practice safe. Fire safety was not properly assessed or managed, recruitment checks for locum nurses were incomplete and some checks of medicines management were not being performed consistently.

- The practice ensured that care and treatment was delivered according to evidence-based guidelines. However, the recall of patients to attend reviews was not robust.
- Staff treated patients with compassion, kindness, dignity and respect.
- There was some evidence of learning and improvement. However, some of the issues related to concerns that we raised with the practice previously had not been fully addressed. For example, there were gaps in training.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day. However, the practice was having to use locum nurses at the time of the inspection and nurse appointments were limited.
- The practice was equipped to treat patients and meet their needs.
- We observed the premises to be visibly clean and tidy.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.
- The practice routinely reviewed the number of GP appointments available.

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.
- 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.
- Ensure specified information is available regarding each person employed and where appropriate, persons employed are registered with the relevant professional body.

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

Overall summary

- Consider ways to identify more patients who are carers and strengthen ways in which they can be supported.
- Review patient lists including patients with learning disabilities and strengthen ways in which they can be supported.
- Review ways to increase uptake for cervical screening.
- Continue to review ways to strengthen the flow of information in a timely manner.
- Review exception reporting in some areas of QOF.
- Continue to implement plans for the recruitment of nursing staff.
- Continue to integrate teams working in silos.

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, and a practice manager specialist adviser.

Background to Shadbolt Park House Surgery

Shadbolt Park House Surgery offers general medical services to the population of the Worcester Park area of Surrey. There are approximately 8,200 registered patients.

The practice has a partnership with Integrated Medical Holdings (IMH) where two of the three GPs registered as a partner are members of IMH. The IMH GPs are not based at the practice and do not complete clinical work in the practice. IMH offer managerial and clinical leadership.

The practice is also supported by a lead GP and six salaried GPs (four female and three male), a pharmacist, two part time healthcare assistants, a part time physician's associate, a team of administrative staff, an assistant practice manager and a part time practice manager. (Physician associates support doctors in the diagnosis and management of patients). At the time of the inspection, the practice had no nursing staff and was reliant on locum nurses.

The practice is registered to provide the following regulated activities:

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

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccines and advice.

Shadbolt Park House Surgery is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

Services are provided from one location:

Shadbolt Park House Surgery, Shadbolt Park, Salisbury Road, Worcester Park, Surrey, KT4 7BX

Opening hours are:-

Monday 8:30am - 8:30pm

Tuesday - Friday 8:30am - 6:30pm

Phone lines open at 8am. Reception is closed between 1pm and 2pm

The practice is part of a federation of GP practices that offer evening appointments until 9pm and weekend appointments 9am until 1pm. These appointments are run from locations in Leatherhead, Epsom and on the Downs.

Patients (birth to 16 years) are also able to attend a children's clinic Monday to Friday from 4pm to 8pm run from separate locations.

During the times when the practice was closed, the practice had arrangements for patients to access care from Care UK which is an Out of Hours provider.

The practice population has a higher number of patients between birth and four years old as well as 35 -59 and 65

- 85+ years of age than the national and local CCG average. The practice population also shows a lower number of 10-14 and 20-34 year olds than the national and local CCG average. There is an average number of patients with a long standing health conditions and a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Are services safe?

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

We inspected Shadbolt Surgery in November 2017. The practice was rated as requires improvement for providing safe services because:

- Not all staff had received safeguarding training.
- Some risk assessments for the maintenance of a safe environment had not been completed.
- The practices system for recording significant events needed improvement.

At this inspection, we found that there were still issues with safety and the safe domain remains rated as requires improvement:-

- Staff had received safeguarding training relevant to their role.
- A risk assessment had taken place for legionella. Electrical fixed wire testing and a fire risk assessment had been completed. However, we noted that not all electrical equipment had been PAT tested and there had been no fire drills in the last two years.
- The system for recording significant events had improved.
- The monitoring of fridge temperatures was not robust and we noted some temperatures had been above the recommended range.
- We noted a sharps box within one of the GP rooms that was out of date.
- We reviewed the locums nurse recruitment file and noted gaps in information required.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse, but they were not always sufficiently implemented.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. All staff had received up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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, discrimination and breaches of their dignity and respect.
- The practice had recruitment procedures in place but we found that they were not always followed. We reviewed the recruitment file for the locum nurse and found gaps in information required. For example, there was no record of up to date registration with the NMC, no records of training completed or an induction for when they started at the practice.
- There was an effective system to manage infection prevention and control and an up to date audit was in place.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order and maintained regularly. We noted that not all electrical equipment had not been PAT tested to ensure it was safe to use.
- 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. At the time of the inspection, GPs and locum nurses were covering the nurse duties. The practice was monitoring activity to ensure the patient's needs were covered as much as possible.
- There was an effective induction system for staff tailored to their role. However, we noted that the locum nurse did not have an induction record on file.
- 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

Are services safe?

need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. However, reception staff had not been trained to recognise the signs of 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

The practice had systems in place for the appropriate and safe handling of medicines. With the exception of monitoring fridge temperatures and blank prescriptions and the management of Lithium.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. With the exception of monitoring the temperature of fridges that vaccines were stored in. We noted that on several occasions the temperature had been above the recommended range and no action had been taken to address this.
- Staff prescribed and 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 and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had emergency medicines in place which were easily accessible and all staff knew of their location

- The provider did not have an effective system in place to monitor and track blank prescriptions in accordance with national guidance. The practice was able to send us a new tracking document that was in use after the inspection to monitor prescriptions within the practice.
- There was a process for the management of medicines including high-risk medicines. However, we noted that the management of lithium needed to be more robust and in line with NICE Guidance.

Track record on safety

The practice did not have a consistently good track record on safety. Risk assessments were not used consistently and effectively to monitor and improve safety.

- There were comprehensive risk assessments in relation to safety issues. The practice had completed a fire risk assessment, a legionella risk assessment and electrical fixed wiring assessments. However, we noted that a fire drill had not taken place within the last two years.
- We noted that in one of the GP rooms a sharps box was out of date.
- The practice monitored and reviewed safety using information from a range of sources.
- Staff were encouraged to raise any areas of concern relating to safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, significant events were not always discussed in a timely manner.

- 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 as requires improvement for providing effective services overall and across all population groups .

We inspected Shadbolt Surgery in November 2017. The practice was rated as requires improvement for providing effective services because:

- The practice did not keep an up to date training matrix and was unaware of the training staff had yet to complete.
- Not all staff had completed mandatory training as required by the practice.
- Some staff had not received an appraisal and nurses had not received formal clinical supervision.

At this inspection, we found that there were still issues with effective services and the practice is still rated as requires improvement:-

- The practice had an up to date training matrix. However, there were gaps in training, for example, infection prevention and information governance.
- All staff had received an annual appraisal. At the time of the inspection there were no nurses employed by the practice. We were assured that once the nurse positions had been filled formal clinical supervision would commence.
- Patient recalls for reviews was not robust.

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.
- Clinical templates were used where appropriate to support decision making and ensure best practice guidance was followed. Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice is rated as requires improvement for providing effective services and this affects all six population groups. Therefore, all population groups are rated as requires improvement.

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. 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.
- Nationally reported data showed that outcomes for patients were positive for conditions commonly found in older patients.
- Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues.
- Patients on multiple medications have an annual medication review to try and prevent poly-pharmacy complications.

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.
- 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)

Are services effective?

- The practice's performance on quality indicators for long term conditions was in line local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90%. We spoke with the practice in relation to this. They informed us that due to having no nursing staff this had impacted on the practices ability to give immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 74%, which was comparable to the local and England average but below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was comparable with the England 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. 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered longer appointments for patients where necessary. For example, patients with a learning disability or whose first language was not English.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

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.
- 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.
- The practices performance on quality indicators for mental health was in line local and England 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. For example, the pharmacist completed regular medication reviews. However, we were told by the practice manager and administration staff that recall systems were not robust and patients were not always recalled for reviews.

- 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.
- Patients were not always contacted to attend reviews for their medical condition. Staff we spoke with, told us that previously either the clinical staff or IMH staff would send lists of patients to contact for reviews. They were aware that this process had not happened for a while. There was no system in place as to whose role this was within the practice and who was monitoring patient reviews.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, there were gaps in staff training.

- At the time of the inspection, the practice had no nursing staff and was reliant on locum nurses. The practice was able to show us plans for the recruitment of nursing staff and how their tasks were being internally managed by locum staff and the GPs. The practice manager explained that although advertisements for

Are services effective?

practice nursing staff had been in place since November 2017 there had been no suitable candidates. In light of this, the practice had decided to recruit a lead nurse in the first instance and had received several promising candidate curriculum vitae.

- Staff had appropriate knowledge for their role, for example, people requiring contraceptive reviews.
- The practice understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, not all staff had completed their mandatory training. For example, we saw gaps in training for infection control, information governance and mental health awareness.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, 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.
- 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.

- 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.

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 treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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's GP patient survey results were in line with 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.
- We spoke with two patients on the day of inspection who told us their dignity and privacy was respected.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice as good for providing responsive services. However, all population groups are rated as requires improvement as the practice was given this rating for providing effective services. The issues identified as requiring improvement affected all patients including all population groups .

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.
- 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.
- The practice had installed a Health Pod for patients to use. This is a secure computer system which has the capability to accurately record patient data and take readings, such as weight and blood pressure measurements. Results are automatically recorded onto the patient's computer record. Results are monitored by practice staff to highlight any readings that would need further investigation.

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 practice was proactive in ensuring older patients received an annual flu immunisation.

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. 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.
- A GP and the pharmacist at the practice had a special interest in diabetes and the practice ran clinics for diabetes reviews.

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.
- All parents or guardians calling with concerns about a child under the age of 16 could be offered an appointment at a dedicated children's clinic which ran Monday to Friday 4pm to 8pm.
- The practice was able to offer early viability scans through a private company providing services to the NHS for at risk pregnant patients.

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, evening and weekend appointments.

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.

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 was aware of support groups within the area and signposted their patients to these accordingly.

Are services responsive to people's needs?

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and 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 as requires improvement for providing a well-led service.

We inspected Shadbolt Surgery in November 2017. The practice was rated as requires improvement for providing well-led services because:

- Arrangements for managing good governance needed improvement.

At this inspection, we found that there had been improvements but there were still issues with providing well-led services and the well led domain is still rated as requires improvement.

Leadership capacity and capability

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

- Leaders were knowledgeable about external issues affecting demands for care and the quality and future of services. They had prioritised improvements to clinical care and were implementing these. There were other areas, particularly related to safety, where the leaders did not have sufficient knowledge or oversight.
- 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, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social 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.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. It was noted that some administration staff had been promoted within the team and were being developed to further their careers within the practice.
- 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.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities to support governance but some systems and processes were lacking.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies and procedures. However, these were not always followed to ensure safety. For example, recruitment procedures for locum staff were not always followed and fridge temperatures were not always monitored or action taken when temperatures were outside the recommended ranges.
- The practice was lacking an effective system to ensure all staff had received appropriate training for their role.
- Systems were not robust in the recalling of patients for reviews.
- Some safety processes had not been followed. For example, PAT testing of electrical equipment or the practising of fire drills.

Managing risks, issues and performance

Are services well-led?

There were processes for managing risks, issues and performance.

- There was an effective, process 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. Practice leaders had oversight of 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 considered and understood the impact on the quality of care of service changes or developments.
- The practice was aware that some staff worked in silos and had previously felt separate from the rest of the practice. We spoke with the practice manager and members of the administration team. We were told that there were plans in place to ensure that all teams worked more cohesively.

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 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 (PPG). The PPG which gave feedback and suggestions to the practice on areas of possible improvement. They also produced the practice newsletter and organised fund raising events to provide the practice with additional equipment.
- 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.

- 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service provider 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, the service provider had failed to conduct regular fire drills or the PAT testing of electrical equipment used within the practice. Fridge temperatures were not being appropriately monitored and action was not taken when temperatures were outside of the recommended ranges.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training, as was necessary to enable them to carry out the duties they were employed to perform.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person's recruitment procedures did not ensure that potential employees were of good character, had the necessary qualifications, competence, skills and experience before starting work. In particular: The service provider had failed to have effective recruitment procedures in place for the employment of locum staff. The service provider had failed to have on file the

This section is primarily information for the provider

Requirement notices

relevant information required - including, the qualifications, competence skills and experience necessary or registration with the relevant professional body for the locum nurse.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person's had failed to ensure there were effective systems and processes established to assess, monitor and improve the quality and safety of the service provided. The registered person had failed to have an effective system and process for the recalling of patients for reviews.