SurreyGP

Inspection report

32-34 London Road
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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?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Overall summary

This service is rated as Requires improvement **overall.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at SurreyGP on 8 November 2019 as part of our inspection programme, under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the provider's first rated inspection. The practice was previously inspected in December 2017 when the practice was not rated but was found to be meeting all regulations.

SurreyGP is an independent provider of a range of GP services, including consultations, child and adult immunisations, cervical screening, travel health advice and vaccinations, ear syringing, well man and well women screening and advice, sexual health advice and testing, and home visits. The practice is a registered Yellow Fever vaccination centre.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. SurreyGP provides a range of non-surgical cosmetic interventions, for example Botox injections and facial fillers, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. Services are also provided to patients under arrangements made by their employer or insurance provider with whom the servicer user holds an insurance policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect the services which are not arranged for patients by their employer or insurance provider.

The practice is registered with the Care Quality Commission to provide the following regulated activities: Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery services.

Services are provided by the Medical Director who is the founder of the service and one part-time GP. Both GPs are female. The GPs also provide all travel advice and vaccination services.

The Medical Director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received written and verbal feedback about the practice from 47 patients on the day of inspection. Feedback from patients was positive about the service and care provided. Patients described the service as being caring, respectful, professional, thorough, reassuring and attentive. Several patients commented upon the exceptional standards of clinical care afforded to them.

Our key findings were :

- The clinic had good facilities and was equipped to treat clients and meet their needs.
- Services were offered on a private, fee paying basis only.
- Assessment of patients' treatment plans were thorough and followed national guidance.
- Clients received full and detailed explanations of any treatment options.
- Medical staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service. However, some staff had not completed safeguarding and safety training appropriate to their role.
- The service had systems in place to promote the reporting of incidents. However, actions taken and the review of learning in response to some incidents had not led to safety improvements.
- We saw examples of recent safeguarding referrals by GPs which demonstrated a thorough and effective approach to ensuring the ongoing safety of vulnerable patients.

Overall summary

- There were infection prevention and control policies and procedures in place to reduce the risk and spread of infection. However, some infection prevention arrangements required review.
- The service encouraged and valued feedback from clients and staff. Feedback from clients was positive.
- The culture of the service encouraged candour, openness and honesty.

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.

(Please see the specific details on action required at the end of this report).

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

- Ensure patients raising concerns are correctly identified as complainants where indicated and informed of any further action or support that may be available to them.
- Ensure records relating to the management of health and safety of the premises are reviewed in a timely manner by leaders within the practice to support governance arrangements and oversight.
- Review the arrangements for handwashing within one clinical room and the level of training for staff undertaking infection prevention audits.
- Review processes and risk assessments to consider whether patients should provide personal identification on registration with the practice.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to SurreyGP

We carried out an announced comprehensive inspection at SurreyGP on 8 November 2019. SurreyGP is an independent provider of a range of GP services, including consultations, child and adult immunisations, cervical screening, travel health advice and vaccinations, ear syringing, well man and well women screening and advice, sexual health advice and testing and home visits. The practice is a registered Yellow Fever vaccination centre.

The Registered Provider is SurreyGP Limited.

Services are provided by from 32-34 London Road, Guildford, Surrey, GU1 2AB.

Opening times are:

Monday to Friday: 08:30 - 17:30

Saturdays: 08:00 - 11:00 (two Saturdays per month)

The service is run from a suite of rooms within a converted, shared building in the centre of Guildford. The service premises are leased by the provider and managed by the landlord. The practice is located on the lower ground floor which is accessed via a flight of stairs from the main entrance. There is no wheelchair access to the practice. Patients identified as having limited mobility or requiring wheelchair access are offered home visits or are advised to register with another local service. The practice comprises two consulting rooms, a waiting room and an administration area. Patients are able to access toilet facilities (including accessible facilities) on the ground floor.

Patients can access services on a fee paying basis only. If required, following a consultation, a private prescription is issued to the patient to take to a community pharmacy of their choice or medicines may be dispensed by the service.

How we inspected this service

Prior to the inspection we reviewed a range of information that we hold about the service and gathered and reviewed information received from the provider.

During our visit we:

- Spoke with both the GPs, one of whom is the registered manager.
- Spoke with the practice manager, the director of operations and a non-clinical practice assistant.
- Reviewed CQC comment cards and spoke with patients, where patients shared their views and experiences of the service.
- Reviewed documents the clinic used to carry out services, including policies and procedures.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires improvement

Are services safe?

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received some safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. Vulnerable patients, both children and adults, were flagged on the electronic patient record system and staff were able to identify signs of increasing vulnerability and possible abuse. We saw examples of recent safeguarding referrals by GPs which demonstrated a thorough and effective approach to ensuring the ongoing safety of vulnerable patients using the service. However, staff had not always received safeguarding and safety training appropriate to their role. One non-clinical staff member had not completed any adult safeguarding training in line with the practice policy. All staff had completed child safeguarding training.
- The service had systems in place to assure that an adult accompanying a child had parental authority. However, not all adults were asked to provide personal identification on registration with the practice. At our last inspection it was recommended that the provider review their approach in this regard. The provider had carried out a risk assessment since our last inspection and had concluded, based upon literature outlining the importance of open access to primary care services, that identification would not be routinely requested.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff at the point of recruitment and on a three-yearly basis, in line with the practice policy. (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).
- All staff who acted as chaperones were trained for the role and had undergone a DBS check.
- The practice had an effective system to manage safety risks within the premises, such as control of substances hazardous to health (COSHH), infection prevention and control and legionella. Legionella risk assessments were carried out every two years and resulting actions included regular temperature monitoring and sampling of water supplies (Legionella is a particular bacterium which can contaminate water systems in buildings).
- There were, in the main, effective systems to manage infection prevention and control within the practice. The medical director was the infection control lead and all staff had received infection control training. The practice undertook a comprehensive audit of infection control processes biannually. However, the audit had not highlighted risks which we identified in one clinical room. The sink was a portable unit which required manual filling with water. We noted on the day of inspection that the unit was leaking onto the floor covering beneath but this had not been identified by practice staff. Liquid soap and hand gel dispensers were not located near to the sink. The dispensers were positioned on a wall at right angles to the sink, above a storage unit, with single-use items stored on top of the unit. This meant that staff were required to move away from the sink and reach across the cupboard to access the dispensers when washing their hands. This arrangement did not promote good handwashing technique and presented a risk that water or soap which may drip onto the packing of the single use items rendering them non-sterile. The staff member who conducted the audit of infection control processes had undertaken only a basic level of infection prevention training.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in both clinical rooms. Bins used to dispose of sharps items were signed, dated and not over-filled.
- The building's management team carried out regular fire risk assessments, regular fire drills and testing of emergency lighting within the premises. However, staff within the practice had not received training in fire safety other than to participate in fire drills.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be

accompanying them. We saw records of the identification and resolution of building/environmental hazards by both the provider and the building's management team.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was some induction planning for staff tailored to their role. However, when we reviewed induction records of one staff member who had been recruited within the last six months, we found they had not completed fire safety training nor training in the safeguarding of adults in line with the practice policy.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There were protocols available in all rooms to provide guidance to staff in how to deal with medical emergencies.
- Staff had received basic life support training and anaphylaxis training which was annually updated.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The defibrillator pads, battery and the oxygen were all in date and the oxygen cylinder was full.
- There were appropriate professional indemnity arrangements in place for both clinicians.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw recent examples of timely and effective sharing of information with other agencies and patients' NHS GPs, in order to ensure the safe care and treatment of patients. Staff had demonstrated a thorough and persistent approach to achieving the best possible outcome for patients.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service had a system and written procedures in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Medicines were stored securely in a treatment room. Vaccines were stored in a vaccine fridge which was monitored to ensure it maintained the correct temperature range for safe storage. Emergency medicines were readily available and in date.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. GPs used Surrey Prescribing Advisory Database (SurreyPAD) to access local and national prescribing guidance electronically. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice reviewed antibiotic prescribing guidance issued by SurreyPAD at the end of 2017 and introduced changes to their medicines stocks and prescribing practices as a result. The practice continued to audit their antimicrobial prescribing to ensure they met best practice guidelines.

Track record on safety and incidents

The service could not demonstrate a good track record on safety in all areas.

Requires improvement

Are services safe?

- There were comprehensive risk assessments in place in relation to some safety issues.
- The service monitored and reviewed activity and had systems for reporting, reviewing and investigating incidents when things went wrong. However, actions taken did not always result in improvements to safety.

Lessons learned and improvements made

The service identified some learning but did not always achieve improvement when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice had recently introduced an 'initial guidance' step in the process for responding to incidents. This ensured that a senior manager was involved in prompt decision making immediately following an incident, pending any subsequent review or analysis of learning.
- The service shared some lessons, identified themes and took some action to improve safety in the service. However, the identification and recording of learning and actions taken in response to some incidents had not always led to safety improvements. For example, the service had identified and recorded five incidents relating to vaccinations since October 2018. Two incidents involved the administration of a further, unnecessary dose of an appropriate vaccine to a patient, and one incident involved the administration of an incorrect vaccine to a patient. Despite the implementation of changes in processes for checking patient records to determine previous vaccinations administered, following an incident in October 2018, there were a further two incidents where patients were given an incorrect or unnecessary repeat vaccine in 2019. Another two incidents recorded in 2019 involved potential risks to patient safety as a result of vaccinations administered within the practice.
- Staff within the practice had a good understanding of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty and had introduced a duty of candour consideration to the review of every incident. The practice had demonstrated openness and transparency in relation to the incidents surrounding vaccinations and had provided appropriate information and apology to the patients involved.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example, we saw that recent action had been taken in response to an alert about a specific defibrillator model. The service had an effective mechanism in place to disseminate alerts to all members of the team, including sessional staff.

Good

Are services effective?

Effective needs assessment, care and treatment

- The provider had systems in place to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The practice had recently introduced a new alarm system to enable staff members to alert others in case of a medical emergency or the need for urgent assistance.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the practice had introduced changes to their medicines stocks and prescribing practices as a result of antibiotic prescribing guidance issued by SurreyPAD at the end of 2017. The practice continued to audit their antimicrobial prescribing to ensure they met best practice guidelines.
- The practice had implemented a programme of audit which included monitoring of patients prescribed statins, responses to safeguarding concerns and vulnerable patients, and cervical screening.

Effective staffing

Clinical staff had the skills, knowledge and experience to carry out their roles. Some staff had not received safety training appropriate to their role.

- All clinical staff were appropriately qualified. The provider understood the clinical learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- However, some staff had not completed safeguarding training, in line with the provider's own policy, nor fire safety training. The staff member who conducted the audit of infection control processes had undertaken only a basic level of infection prevention training.
- Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. There were no nurses employed within the practice.
- The provider had an induction programme for all newly appointed staff.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the practice had arranged multiple referrals to medical on-call services for one patient and had been persistent in seeking an appropriate diagnosis and ongoing treatment for their long-term condition.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available, to ensure their safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP on each occasion they used the service. We saw examples of effective liaison and information sharing with patients' GPs in order to promote optimum outcomes for patients and where the practice had identified changes in levels of vulnerability.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For

example, the practice had recently made an urgent referral to on-call mental health services and other agencies which was followed up determinedly over several days to ensure the best outcome for the patient.

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. We saw examples of clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received via a combination of methods. After their consultation patients were asked to complete a survey on a touch screen which uploaded directly to an independent feedback management service and published the survey results directly onto the practice website. The practice had received over 600 reviews of which over 99% were positive. The practice also captured more detailed feedback from patients via an online feedback questionnaire which was sent to them after their consultation. The practice monitored the results of all feedback and proactively pursued any concerns to try to resolve them and improve services.
- We received written and verbal feedback from 47 patients on the day of inspection. Feedback from patients was positive about the service and care provided. Patients described the service as being caring, respectful, professional, thorough, reassuring and attentive. Several patients commented upon the excellent standards of clinical care afforded to them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Patients who provided feedback commented upon the ease with which they could access an appointment and the immediacy of information and support provided.
- When the practice was notified of the death of a patient they sent a bereavement card to the family and where possible met with family members to ensure support needs were in place.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service ensured that patients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand, for example, communication aids were available. The practice had installed a hearing loop since our last inspection.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations took place behind closed doors and staff knocked when they needed to enter.
- Patients were collected from the waiting area by the GP and escorted to the consultation room. Soft music was played in the waiting room to ensure conversations elsewhere could not be overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Reception staff were aware that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Chaperones were available on request and as both GPs were female, the practice suggested the patient register with another local service if a male doctor was requested.
- Staff complied with the practice's information governance arrangements. Practice processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards.
- CQC comment cards supported the view that the service treated clients with respect.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the practice had recently reviewed the information provided on their website with regards to their terms and conditions, pricing and refunds in response to one patient's feedback.
- The facilities and premises were appropriate for the services delivered. The practice continuously reviewed the environment and sought to make improvements. For example, there had been recent improvements to lighting in the waiting room and childproofing of all cupboards had been undertaken.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the practice had installed a hearing loop and identified interpretation services since our last inspection.
- The practice acknowledged the limitations of their service and had put appropriate arrangements in place. For example, as both GPs were female, the practice suggested the patient register with another local service if a male doctor was requested. The practice was located on the lower ground floor with no wheelchair access and therefore patients identified as having limited mobility were offered a home visiting service or could also be referred to a nearby practice.

Timely access to the service

Patients were able access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients who provided feedback commented upon the ease with which they could access an appointment. Staff told us that if required, appointments were usually available either on the same day or the day following a request.
- Waiting times, delays and cancellations were minimal and managed appropriately. We saw an example of an occasion when appointments booked for one day needed to be rescheduled ahead of time. The practice had contacted patients providing sufficient notice to notify them and to extend their apologies.
- Appointments could be booked via the practice website or by telephone. Patients reported that the appointment system was easy to use.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals to other services were undertaken in a timely way and were managed appropriately. The practice told us that they experienced difficulties in making referrals directly to some NHS Trusts due to the introduction of electronic referral systems nationally. However, one local Trust accepted direct referrals from the practice using traditional methods. The practice provided an example of an occasion whereby a referral requested by a patient to another NHS Trust had been achieved by making direct contact with the patient's NHS GP, to seek their assistance in making the referral. As another example, the practice had arranged multiple referrals to medical on-call services for one patient and had been persistent in seeking an appropriate diagnosis and ongoing treatment for their long-term condition.

Listening and learning from concerns and complaints

The service 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. The service had a complaints policy and procedures in place. The practice told us they had not received any complaints within the 12 months prior to our inspection. Records we reviewed indicated that where the practice had received negative feedback directly from six patients within 2019 and had reached a resolution with the patient, those records had been categorised as 'patient resolutions' rather than complaints. This meant the practice may miss opportunities to ensure patients were appropriately informed of any further action or support that may be available to them should they not be satisfied with the response to their complaint and may fail to identify trends in complaints made. Staff treated those patients who had raised concerns compassionately and responded to their concerns in an appropriate and timely manner.

Good

Are services responsive to people's needs?

- The service learned lessons from individual concerns and acted as a result to improve the quality of care. For example, one patient's concerns resulted in a review of pricing information and revision of the practice's terms and conditions.

Requires improvement

Are services well-led?

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with the small team of staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners, for example, the buildings' management team and other local service providers.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They told us they were proud to work for the service.
- The service was highly focused upon the needs of patients and ensuring the best possible outcomes.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had a good understanding of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing staff with the development they needed. This included appraisal and career development. All staff had received regular annual appraisals in the last year. Clinical staff were given protected time for professional development and evaluation of their clinical work. Staff were supported to meet the requirements of professional revalidation where necessary. However, some staff had not completed safeguarding training in line with the provider's own policy nor fire safety training appropriate to their role. The staff member who conducted the audit of infection control processes had undertaken only a basic level of infection prevention training.
- There was an emphasis on the safety and well-being of all staff. The practice had developed a lone worker policy since our last inspection.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- The practice was comprised of a small team of five staff members. There were positive relationships between staff and prompt and effective communications.

Governance arrangements

Responsibilities, roles and systems of accountability to support governance and management were not always effective.

- Structures, processes and systems to support good governance and management were effective in some areas of the practice. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Leaders had established some policies, procedures and activities to promote safety, but these were not always effective, and leaders were not always able to demonstrate that they were operating as intended. For example, the practice had undertaken a comprehensive infection control audit, however, the audit had not highlighted risks which we identified in one clinical room and one staff member had not undertaken safeguarding training in line with the practice policy.

Requires improvement

Are services well-led?

- Staff were clear on their roles and accountabilities. The provider utilised the services of an external Human Resources agency in order to support recruitment processes and the fair and impartial implementation of personnel procedures.

Managing risks, issues and performance

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

- There were processes to identify, understand and monitor risks to patient safety. However, the identification and recording of learning and actions taken in response to some incidents had not always led to safety improvements, particularly with regards to vaccination services.
- A range of health and safety monitoring and premises risk assessment requirements were undertaken by the building's management team. For example, the building's management team carried out regular fire risk assessments, fire drills, legionella risk assessment and testing of emergency lighting within the premises. The records relating to these activities were comprehensive, however they were not routinely reviewed by the provider to support governance arrangements and ensure oversight of health and safety arrangements by leaders within the practice.
- The practice undertook a comprehensive audit of infection control processes biannually. However, the audit had not highlighted risks which we identified in one clinical room. The staff member who conducted the audit of infection control processes had undertaken only a basic level of infection prevention training.
- The service had some processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints, however action was not always taken to ensure measurable safety improvements.
- The practice had a complaints policy but had not recorded any complaints within the 12 months prior to our inspection. When the practice received negative feedback from patients and reached a resolution with the patient, those records were categorised as 'patient resolutions' rather than complaints. This meant the practice may miss opportunities to ensure patients were appropriately informed of any further action or support that may be available to them should they not be satisfied with the response to their complaint and may fail to identify trends and learning opportunities from complaints made.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. The provider had developed a written business continuity plan since our last inspection.
- Staff occasionally worked alone and the practice had developed a lone working policy.

Appropriate and accurate information

The service did not always act upon available information to address identified weaknesses.

- Quality and operational information was not always used to ensure and improve performance. Information used to monitor performance and the delivery of quality care was gathered and reviewed but actions taken to address identified weaknesses were sometimes ineffective. For example, there were systems for recording and taking initial action in response to significant events. However, the identification and recording of learning and actions taken, in response to incidents relating to vaccination errors, had not led to measurable safety improvements.
- Performance information was combined with the views of patients. The service used performance information which was reported and monitored, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Practice processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards. Staff demonstrated a good understanding of information governance processes.
- Practice meetings were held regularly where issues such as safeguarding, significant events and complaints were discussed. Outcomes and learning from the meetings were cascaded to staff.

Requires improvement

Are services well-led?

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.
- The service sought feedback on the quality of clinical care patients received via a combination of methods. After their consultation patients were asked to complete a survey on a touch screen that uploaded directly to an independent feedback management service which published the survey results on the practice website. The practice also captured more detailed feedback from patients via an online feedback questionnaire, details of which were sent to them after their consultation. The practice monitored the results of all feedback and proactively pursued any concerns to try to resolve them and improve services.
- Staff could describe to us the systems in place to give feedback. The small team of staff worked closely together and had both formal and informal opportunities to provide feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The service made some use of internal and external reviews of incidents and complaints. Learning was shared but did not always lead to measurable improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person had not ensured that they were doing all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving care or treatment. In particular: To ensure that actions implemented in response to safety incidents result in measurable improvements to patient safety. The registered person had not ensured that persons providing care to service users had the competence, skills and experience to do so safely. In particular: To ensure all staff complete safety training appropriate to their role.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person had not established systems or processes that were operating effectively to enable them to assess, monitor and improve the quality and safety of services provided. In particular: To ensure that quality and operational information is used effectively by leaders to ensure and improve performance and safety of services.

This section is primarily information for the provider

Requirement notices

To ensure that training in adult safeguarding is provided to all staff in line with the practice policy.