

The Beeches Medical Centre

Inspection report

20 Ditchfield Road
Widnes
Cheshire
WA8 8QS

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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as Good overall. (Previous inspection 22 September 2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Beeches Medical Centre on 5 June 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Previously we carried out an announced comprehensive inspection at The Beeches Medical Centre on 22 September 2015. The overall rating for the practice was good. The full comprehensive report on The Beeches Medical Centre can be found by selecting the 'all reports' link for on our website at www.cqc.org.uk.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- We saw some staff personal files did not contain evidence that all recruitment checks had been undertaken prior to employment. Following the inspection this evidence was provided.

- The last legionella risk assessment had been carried out on 13/8/15 (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The gas and electrical safety certificate were dated 30/1/12. Evidence could not be provided of up to date certificates.
- A fire risk assessment had been undertaken in May 2018. The recommendations made in the report had not been actioned.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patient feedback on the care and treatment delivered by all staff was overwhelmingly positive.
- The practice sought patient views about improvements that could be made to the service; including having an active patient participation group (PPG) and acted, where possible, on feedback.
- Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure the premises are safe for their intended use.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

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

Background to The Beeches Medical Centre

The Beeches Medical Centre is situated at 20 Ditchfield Road, Widnes, WA8 8QS and is part of Halton Clinical Commissioning Group (CCG).

The practice website can be found at:
www.thebeechesmedicalcentrewidnes.nhs.uk

The practice has a General Medical Services (GMS) contract. Data available to the Care Quality Commission (CQC) shows the practice is responsible for providing primary care services to approximately 8,236 patients.

Information published by Public Health England, rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is comparable to the national average at 77 years for males, compared to 79 years nationally and 80 years for females, compared to 83 years nationally.

Of patients registered with the practice 98% are White or White British, 0.5% are Asian, 0.2% are black, 0.9% are mixed British and 0.1% are other.

The staff team includes four GP partners, two salaried GPs and two practice nurses, a practice manager and a reception manager. The practice is supported by a team of nine reception/administration staff.

The practice is a training practice for GP registrars.

The Beeches Medical Centre is open from 8am to 6.30pm Monday to Friday. The practice closes on one afternoon a month for training and educational purposes. The practice does not offer extended hours but does have access to a GP Extra service from 6.30pm until 9pm Monday to Friday and 9am until 12 noon at weekends. Appointments at the practice can be booked over the telephone, online or in person at the surgery.

Patients requiring a GP urgently are advised to contact the NHS 111 GP out of hours service.

The practice is registered by CQC to carry out the following regulated activities, Diagnostic and screening procedures, Maternity and midwifery services, Surgical procedures, Family planning and Treatment of disease, disorder or injury

Are services safe?

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

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

- Not all the safety checks had been undertaken to ensure the safety of the premises.

Safety systems and processes

The practice had clear systems to keep people safeguarded from abuse but systems did not ensure all areas of the premises were safe.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Safeguarding policies and procedures for adults and children were in place; however these had not been updated to reflect current guidance and legislation. Following the inspection the practice sent us appropriately revised policies and procedures that had been updated.
- Only clinical staff acted as chaperones and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We saw there was a recruitment policy in place; however this did not fully reflect current guidance and legislation. Following the inspection the practice sent us an appropriately revised policy that had been updated.
- Since the last inspection two staff members had been recruited. We looked at the staff personnel files for these two members of staff to ensure appropriate recruitment checks had been undertaken prior to employment. We saw evidence of some checks were not held on file. However following inspection we were sent evidence that the information was now held on file.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean and tidy. There were cleaning schedules in place

detailing what cleaning was to be undertaken by the external company employed to undertake the cleaning. However, there was no documented evidence of when the cleaning had been undertaken with the exception of the toilets. Following the inspection we received confirmation that a recording tool had been implemented.

- The practice had some arrangements in place to ensure facilities and equipment were safe and in good working order. However some shortfalls were seen due to a lack of an up to date Legionella risk assessment, an up to date gas and electrical safety certificate and recommendations made in a recent fire risk assessment had not been actioned. Following the inspection the practice manager confirmed they had attempted to make contact with the landlord to have the required work undertaken. Following the inspection we received confirmation that a Legionella risk assessment would be undertaken in July 2018.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice aware that they were a high antibiotic prescriber. Medicines management team were supporting the practice and its antibiotic prescribing had been reviewed and taken action to support good antimicrobial stewardship in line with local and national guidance. We saw evidence the practice had reduced its antibiotic prescribing in the last 12 months to help bring it in line with the national average. We saw that use of antibiotics information sheets were available for patients.
- 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 used a computer software package weekly to review prescribing and provide an additional safety net for patients taking high-risk medicines.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to most safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence that the practice had taken action as a result of incidents that had benefited other local practices and led to safer services.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- All clinical staff had easy and immediate access to both written and online best practice guidance.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Following the inspection we received confirmation that the receptionists were to have a training session about the 'red flag' sepsis symptoms so they knew how to respond appropriately to high risk patients. A sepsis policy had been implemented and following the inspection we saw the policy had been updated to include more detailed information.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice were able to identify patients aged 65 and over who were living with moderate or severe frailty and the system alerted staff to patients who had been identified as vulnerable. Those identified as being frail had a clinical review including a review of medication.
- If appropriate the practice referred patients to other services such as voluntary services and they were supported by an appropriate care plan.
- Bowel screening was encouraged and letters were sent if patients did not attend for bowel screening.

- Patients were encouraged to have vaccines such as flu, shingle vaccines and pneumococcal vaccine. These could be given in the patient in their own home if they had any difficulty getting into the practice.
- The practice followed up on older patients discharged from hospital and it was usual for them to receive a home visit. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. However, we saw the practices performance on quality indicators for long term conditions were less than the CCG and national average. The practice had a recall system in place if patients did not attend which included sending out reminder letters.
- For patients with the most complex needs, the practice identified these, highlighted them as complex care patients and they had named GPs and the GPs worked with other health and care professionals to deliver a coordinated package
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice offered an ECG and spirometry service. In addition, ambulatory blood pressure (BP) monitoring was performed in the practice and a phlebotomy service was available at the practice so minimise the need for patients to travel to hospital for blood tests.
- The practice took over the management of disease modifying anti rheumatic drug (DMARDS) when requested by the rheumatologically team including blood tests and prescribing.

Families, children and young people:

- Data for 2016/17 showed the practice had achieved over the 95% of immunisations for children aged 12 months and children aged 2 who have received their booster immunisation for Pneumococcal, infection, Haemophilus influenza type b (Hib) and Meningitis C (MenC).
- All children were seen on the day of presentation at the practice as an emergency.
- The practice offered sexual health services and a family planning service.

Are services effective?

- Flu vaccinations were available and encouraged for pregnant woman.
- Mother and baby could be seen at the 'One Stop' clinic where babies receive their 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 comparable to the 72% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was comparable to the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice did not offer extended hours but on the day appointments, book in advance appointments and home visit were available daily.
- The practice took part in a GP Extra system which means appointments can be made for patients up to 9pm Monday to Friday and 9am to 12pm at weekends at a neighbouring practice.
- Appointments can be made in person, on the phone or on line.
- Telephone consultations and on-line consultations are available on a daily basis.
- Appointments for the practice nurse and the advanced nurse practitioner (ANP) were available for patients to book on the day or in advance
- A wellbeing officer was available at the practice and a physiotherapist was available at the practice one afternoon a week.

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 and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- Prompt referrals were made for ex-service patients to psychiatric services where necessary and prompt referrals were made for patients who had an alcohol addiction.

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.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months which is comparable to the CCG average and the national average.
- 82 % of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average and the national average
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice had access to wellbeing enterprise which had a programme of activities and a holistic therapy service in house. For example, sign posting patients to, drumming class, laughter classes and zumba for following up patients who failed to attend for administration of long term medication.

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.

- The overall domain exception reporting rate was 5% compared with the CCG average of 6.75 and the national

Are services effective?

average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. We saw that audits of clinical practice were undertaken. Examples of audits included audits of Sodium Valproate use in women of childbearing age and a hypertension audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. The service held a record of staff training.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. 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 had 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 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. The practice had also introduced a dedicated patient self-monitoring room. It allowed patients to measure their blood pressure, weight and height as well as report their smoking and alcohol status. The practice offered blood pressure monitors to patients with high blood pressure so they could record levels at home, and offered smoking and alcohol advice when appropriate.
- 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 and tackling obesity.

Consent to care and treatment

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

Are services effective?

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

Please refer to the Evidence Tables for further information.

Are services 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.
- All of the 35 Care Quality Comment cards we received were extremely positive about the service experienced at the practice. We were also shown a sample of thank you cards indicating patients were highly satisfied with the level of care provided. This is in line with the result of the NHS Friends and family Test and other feedback received by the practice.
- Data showed that 100% of patients who responded to the GP patient survey said they had confidence and trust in the GP saw or spoken with.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpretation services were available for patients who did not have English as a first language and there was a 'translate page' on the website.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

- The practice proactively identified carers and supported them.
- The practice was comparable or above in the GP national survey compared to CCG and national averages for questions related to involvement in decisions about care and treatment.
- Data available to CQC showed that 98% of patients who responded to the GP patient survey said that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments. This was above the CCG and the national average.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We were given an example of this by one of the PPG who was also a patient at the practice.
- Consultations and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overhead.
- Curtains were provided in consulting rooms to maintain patient's privacy and dignity during examinations, investigations and treatment.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the health and social needs of its population and tailored services in response to those needs. For example online services, on the day appointments, advanced booking of appointments, telephone consultations, longer appointments if required and appointments with the nurse and advanced nurse practitioner.
- 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 were more vulnerable or who had 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. People who were on end of life care were visited daily by the GP in addition to the visits undertaken by the district nurses.
- 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 or who were housebound.
- Data available to CQC showed that 100% of patients who responded to the GP patient survey said they you had confidence and trust in the GP they saw or spoke to.

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.

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 could be extended to meet each patient's specific needs.
- The practice liaised regularly with the multidisciplinary team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances, children at risk and children who were carers.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments were available and bookable from 8am to 6.30pm Monday to Friday. The practice could book appointments for patients to be seen at GP extra which meant they could see a GP at a different location within the local area between 6.30pm until 9pm Monday to Friday and between 9am and 12 noon at weekends. Patients were able to make their own weekend appointments at GP Extra.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including 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 demonstrated a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

- Patients experiencing undue anxiety were given the option to wait in a separate room or in their car if they preferred until it was time to see the clinician.
- The practice proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to care and treatment

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

- Data available to CQC showed that 61% of patients who responded to the GP patient survey were positive about the overall experience of making an appointment which was comparable to the CCG and national average.
- 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.

- Those patients who had registered their mobile telephone numbers were sent text messages to remind them of their appointment and they could cancel appointments via these text messages.

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?

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Healthcare professionals where required, attended multi-disciplinary meetings to ensure the best outcome for patients.
- The practice had an open door policy and held regular team meetings, which were minuted and available for practice staff to view and the practice manager spoke informally with staff on a daily basis. The practice attended PPG meetings to aid practice development and liaised with the CCG regularly.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

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 plan 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 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 consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw evidence of compliance to the duty of candour.

- Staff 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 appraisal and career development conversations. All clinical staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of staff and patients.
- The practice actively promoted equality and diversity.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, reporting any issues of concern and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Although during the inspection we saw that two policies required updating all staff had access to the policies and procedures.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

- 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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and staff were aware of action to be taken in the event of major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- A business contingency plan was in place for any potential disruption to the service.

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.
- Staff were aware of data protection and the need for patient confidentiality. The management were aware of General Data Protection Regulation (GDPR) which is a European regulation enforceable from May 25, 2018. It aims at protecting personal data for all individuals within the EU.

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 with good engagement from the practice. This group felt valued and respected by the practice staff.
- The service was transparent, collaborative and open with staff and stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Family planning services	The was not an up to date Legionella risk assessment
Maternity and midwifery services	There was not an up to date gas safety certificate
Surgical procedures	There was not an up to date electrical safety certificate
Treatment of disease, disorder or injury	Recommendations made in the fire risk assessment dated 17 May 2018 are actioned
	This was in breach of regulation 15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.