

The Staunton Surgery

Inspection report

Havant Health Centre
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Havant
Hampshire
PO9 2AT

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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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. (Previous rating July 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

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 The Staunton Surgery on 4 December 2018 as part of our inspection programme.

At this inspection we found:

- The practice had undergone a significant change in practice leadership following the sudden retirement of their previous senior GP and loss of other GP partners. The practice had been saved from potential closure by the introduction of new GP partners.
- The practice remained without a confirmed registered manager despite notification letters from the Care Quality Commission having been sent to the practice in June 2018.
- The practice had overcome the loss of approximately 50% of its staff by recruiting more clinical and administrative staff, to maintain its patient care to a high standard.
- The practice had made changes to its reception and patient waiting area to improve patient confidentiality and protect staff duties.
- The practice had clear 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.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice did not have an active patient participation group but patient feedback was actively sought through surveys and Friends and Family Test questionnaires.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvement are:

- Ensure all regulated activities are managed by an individual who is registered as a manager.
- 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.

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

- Continue to improve the uptake for cervical screening to achieve the national target of 80%.
- Continue to improve arrangements for an active patient participation group.
- Continue to improve the uptake for childhood immunisations to achieve the national target of 90% or above in all four indicators.
- Continue to review exception reporting to be in line with local and national averages.
- Continue to review patient feedback regarding their experiences of accessing the practice via telephone or waiting times once at the practice.

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

Please refer to the detailed report and the evidence tables for further information.

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a shadowing GP specialist adviser.

Background to The Staunton Surgery

The Staunton Surgery is located in Havant, Hampshire. The practice is based within a health centre. The premises building is leased from NHS Property Services. The building also accommodates another GP practice, a pharmacy and administrative offices for some of the local community health services.

The Staunton Surgery is located at:

Havant Health Centre
Civic Centre Road
Havant
Hampshire
PO9 2AT

The local clinical commissioning group (CCG) is the South Eastern Hampshire CCG. The Staunton Surgery is registered with the Care Quality Commission to provide the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures
- maternity and midwifery services
- surgical procedures
- family planning

The practice has approximately 7,690 registered patients.

The Staunton Surgery has two GP partners, four salaried GPs and two long-term locum GPs. Of the GPs, four are male and four are female. One of the GP partners does not undertake clinical sessions at the practice. There is also an advanced nurse practitioner, two practice nurses and one healthcare support worker. The practice has a third non-clinical partner who is employed as a business partner for the practice. The practice also employs a practice manager, an operations manager and a team of reception and administration staff.

The practice is open Monday-Friday 8.00am-6.30pm. Extended hours access is not currently available at the practice due to the practice's recent staff shortages. This is documented on the practice website. The practice has access to the local GP Extended Access scheme based within the Havant Health Centre and Waterlooville Health Centre. Practice opening times information is provided on the practice leaflet and on the surgery website. Out of hours services can be accessed via the NHS 111 service.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse. However, there were shortfalls in monitoring staff training in safeguarding children and adults and infection prevention and control.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All but one member of staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. 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 carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. However, a training log provided by the practice showed gaps in annual staff training for infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe. We raised the issue of clinical waste bins being left unlocked inside the external compound with the practice. They confirmed they would address this with the health centre who oversaw the security of the external waste compound.

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.
- Having previously lost approximately 50% of their workforce, and having since recruited more staff, the

practice confirmed they were in the process of ensuring staff had been trained to be multi-skilled at different roles at the practice. The practice confirmed that this meant all staff would be able to provide cover for all urgent tasks if required due to sickness, annual leave or busy periods.

- 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. All staff had completed their annual training in basic life support within the previous eight months.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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 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.
- There were effective protocols for verifying the identity of patients during remote or online consultations.

Are services safe?

- 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.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- Despite the practice premises being leased and maintained by an external landlord, the practice had copies of appropriate safety and equipment checks and risk assessments, including Legionella.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

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

- Staff had not consistently completed training, or had not received the required appropriate updates, as expected by the practice.
- The practice's exception reporting for long-term condition indicators was higher than local and national averages.

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.
- The practice had installed an electronic sign-in screen to allow patients to confirm their own attendance for an appointment without having to wait for a receptionist to be free.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice had personalised GP lists to ensure patients received continuity of care.
- 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.

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.
- The practice had personalised GP lists to ensure patients received continuity of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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).
- The practice engaged with secondary care consultants and community support professionals with six monthly multi-disciplinary review meetings; for example, in diabetes, to review complex patients' care. The practice's performance on quality indicators for long term conditions was above local and national averages in four out of seven indicators. The remaining three indicators were in line with local and national averages. However, the practice's exception reporting rates for the all seven indicators regarding asthma, hypertension and diabetes were higher than local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice told us that the circumstances they experienced in 2018 were likely to be the reason why patients had not attended the practice for their annual reviews.

Are services effective?

- Since inspection, the practice has provided up to date but unverified figures regarding their exception reporting rates for asthma, hypertension and diabetes. The figures demonstrated a decrease in their exception reporting rates for the identified indicators.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above for three out of four indicators. The remaining indicator was below the target of 90%. The practice confirmed they were aware of this and had taken appropriate steps to improve the uptake in the future.
- 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 69%, which was below the 80% coverage target for the national screening programme. The practice confirmed they were aware of the uptake rate and had taken appropriate steps to improve the uptake in the future.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice confirmed they were aware of the uptake rate and had taken appropriate steps to improve the uptake in the future.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had personalised GP lists to ensure patients received continuity of care.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice had personalised GP lists to ensure patients received continuity of care.
- 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.
- Patients living with dementia were invited for face to face reviews, including review of their care, social circumstances, and advice regarding advance directives.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health were in line with local and national averages. However, the practice's exception reporting rates for two of the three indicators regarding mental health conditions were higher than local and national 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. Where appropriate, clinicians took part in local and national improvement initiatives.

- 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.

Effective staffing

Are services effective?

Staff had the skills, knowledge and experience to carry out their roles. However, the recording or completion of recommended training was not fully embedded.

- 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. Up to date records of skills and qualifications were maintained. Staff were encouraged and given opportunities to develop.
- A training log provided by the practice demonstrated that staff members were not consistently completing the training that the practice had deemed necessary for their roles.
- For example, there was evidence of inconsistencies in the completion of training modules including fire safety, Mental Capacity Act, information governance, equality and diversity, infection prevention and control, and Deprivation of Liberty Safeguards.
- Since inspection, the practice have provided an updated training log and confirmed they were aware of the inconsistencies around staff training and have a plan to complete this by the end of March 2019.
- All staff had received awareness training about sepsis in the previous six months.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, 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.

Are services effective?

- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as 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 National GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.
- Out of the 49 Care Quality Commission (CQC) comments cards, we received, 43 were positive about the practice. The remaining six cards contained mixed comments regarding the practice.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's National 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.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice 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.

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 GPs and practice nurses also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice confirmed extended hours or Saturday appointments were not currently being offered by the practice due to their recent staffing issues. However, the practice did have the ability to offer patients appointments via the local GP Extended Access scheme. Appointments were available in the evenings within the Havant Health Centre and at the Waterlooville Health Centre at the weekend.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including 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 held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

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.

Are services responsive to people's needs?

- 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 National GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.
- The CQC comment cards which contained mixed comments referred to patients' experience with prolonged waiting time for an appointment and the delays for an appointment after having arrived at the practice.
- 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.
- For example, the practice had recently upgraded their telephone system in response to complaints previously received. The new system now included the function to allow multiple incoming calls to be answered at the same time, as well as appropriate options for patients to select depending on their need for calling the practice.

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.

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.

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

- A registered manager had not been confirmed at the practice since 1 April 2018, despite the Care Quality Commission issuing legal correspondence in June 2018 to correct this oversight.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. However, the practice remained without a confirmed registered manager since the sudden retirement of their previous registered manager in March 2018.

- Leaders at the practice were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice confirmed they had spent 2018 forming a new leadership structure following the sudden retirement of their previous senior GP partner, and registered manager, as well as the dissolution of its previous partnership arrangement.
- The practice confirmed a new three-person partnership structure was now in place at the practice. On the day of inspection, only two of the three partners had been confirmed on the practice's Care Quality Commission (CQC) registration. The practice was prompted to formally notify the CQC of their third intended partner. The practice provided evidence to show a notification had been submitted to the CQC as of 21 December 2018.
- With regards to the practice's registered manager status, in June 2018, the CQC issued the practice with legal correspondence in light of the fact the practice was without a registered manager to oversee the regulated activities provided by the practice.
- In October 2018, a potential candidate had applied to be the registered manager of the practice. However, following conversations with the registration team at the CQC, the application was to be withdrawn.
- Since inspection, the practice has confirmed an alternative candidate had been identified to become the new registered manager and were reported to be in

the process of completing and submitting the necessary application paperwork to the CQC. A formal notification of this application was submitted to CQC as of 3 January 2019.

- Leaders at the practice were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The new partners at the practice were reported to act in a more managerial manner but were available for consultation as required.
- 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 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 appraisal and

Are services well-led?

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. However, not all 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, roles and systems of accountability to support good governance and management but these were not always fully embedded.

- Structures, processes and systems to support good governance and management were clearly set out, understood but not consistently effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, the necessary training for these areas had not always been completed by staff.
- Practice leaders had established policies, procedures and activities to ensure safety but they had not assured themselves that they were operating as intended. For example, the inconsistent completion of staff training.

Managing risks, issues and performance

There were clear and effective 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.

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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, there was evidence of staff not being consistent in completing awareness training regarding the new General Data Protection Regulations 2018.

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 no active patient participation group at the time of inspection. However, the practice had already identified this as an issue, and were taking steps to form a new patient participation group in 2019. We saw evidence of this during the inspection.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

- 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">The practice was without a confirmed registered manager in place to oversee the day-to-day management of its regulated activities. <p>This was in breach of regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">Staff had not completed training, or had not received the required appropriate updates, including safeguarding adults and children, infection prevention and control, fire safety, equality and diversity, Deprivation of Liberty Safeguards, GDPR, and Mental Capacity Act (2005) training modules, in line with the practice's own policies. <p>This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>