

East Croydon Medical Centre

Inspection report

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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 5 June 2017 – 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 East Croydon Medical Centre on 5 September 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen; however, we found that the provider had not considered some incidents as significant events. When incidents did happen, the practice learned from them and improved their processes.
- We found that some staff had not received training relevant to their role.
- The practice reviewed the effectiveness and appropriateness of the care it provided. However, the outcomes for patients with long-term conditions including asthma and mental health were below average and clinical exception reporting for patients with long-term conditions were significantly above average.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on learning and improvement.

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

- Ensure care and treatment of the service users met their needs.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

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

- Improve identification of significant events.
- Review procedures in place to ensure equipment's are tested and calibrated appropriately; risk assessments are carried out; there is a system in place to monitor the implementation of medicines and safety alerts.
- Improve uptake for childhood immunisations and cervical screening.

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	Good	
People with long-term conditions	Requires improvement	
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)	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.

Background to East Croydon Medical Centre

East Croydon Medical Centre provides primary medical services from 59 Addiscombe Road, Croydon CR0 6SD to approximately 18,700 patients and is one of 55 practices in Croydon Clinical Commissioning Group (CCG). The practice website can be accessed through

The practice took over around 2500 patients from a local GP practice which ceased to operate in December 2017. The practice hosts the GP Hub Central Croydon, which is one of the three GP hubs in Croydon; the hubs provides GP led, pre-booked and walk in service for patients with minor injuries.

The practice is a training practice for trainee GPs and medical students.

The clinical team at the practice is made up of three male and one female GP partners, one male and five female salaried GPs, five female practice nurses and one

healthcare assistant. The non-clinical team at the practice is made up of a practice manager, patient services manager, practice support manager and 17 administrative and reception staff members.

The practice population is in the fifth less deprived decile in England. The practice population has a lower than the CCG and national average representation of income deprived children and older people. The practice population of children is below the CCG and above the national average and the practice population of working age people is below the CCG average and similar to the national average. The practice population of older people is below the CCG and national averages.

The practice is registered as an organisation with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. During the inspection we found that many clinical and non-clinical staff had not completed safeguarding training relevant to their role; however, staff we spoke to knew how to identify and report concerns. After we raised this issue with the provider the provider informed us that all staff completed safeguarding training the day following the inspection and sent us evidence to support this. 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.
- During the inspection we found that the portable appliance testing and equipment calibration was overdue by two months; however, we found that the provider was aware of this issue and had booked for this to be undertaken on 18 September 2018 and we saw evidence to support this.
- 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.
- A local practice closed in December 2017 and the provider took the patient list from this practice; to meet the increased demand, the provider recruited two salaried GPs and transferred one practice nurse, two administrators and two receptionists under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) from the closed practice.

Information to deliver safe care and treatment

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

- The practice took the patient list of around 2500 patients from a local practice which closed in December 2017; the practice they took patients from were using a different patient management and recording system to the one used at this practice. The provider took the necessary action to enable them to register and see these patients at this practice. Administrative and reception staff who were transferred from the closed practice under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) supported the management of these patients during the transition period.
- The care records we saw showed 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; the provider peer reviewed referrals once a week.

Appropriate and safe use of medicines

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

Are services safe?

- 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.
- Antibiotic prescribing was significantly below when compared to national average.
- 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

- During the inspection we found the provider had not undertaken a health and safety risk assessment of the premises; however, the provider had undertaken a health and safety risk assessment for building works in the premises. After we raised this issue with the provider they completed a detailed health and safety risk assessment of the premises for all areas of the practice on 6 September 2018 and sent us evidence the day following the inspection.
- The practice monitored and reviewed safety using information from a range of sources.

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. However, we found that the provider had not considered some incidents as significant events. After we raised this issue with the provider they informed us that they would start recording these incidents and would lower their threshold for recording significant events.
- 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. The provider did not have a system in place to monitor the implementation of medicines and safety alerts. However, staff we spoke to were aware of recent medicines and safety alerts and we saw evidence that these alerts were appropriately dealt with. For example, we saw evidence that a recent alert on DOCMAN (cloud based platform for managing clinical content) had been had been discussed in a practice meeting and appropriate action was taken.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and population groups long-term conditions and people experiencing poor mental health as requires improvement for providing effective services; all the other population groups were rated as good for providing effective services.

Effective needs assessment, care and treatment

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

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

Older people:

This population group was rated as good for providing effective services.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Older patients had access to yearly flu vaccinations.

People with long-term conditions:

This population group was rated as requires improvement for providing effective services.

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice 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 national Quality and Outcomes Framework (QOF) data showed that the percentage of patients with asthma who had their annual review during 2016/17 and 2017/18 was below the local and national averages.
- Clinical exception reporting for people with long-term conditions were significantly higher than national average.
- The practice, through the support of GP forward view scheme brought in a diabetic specialist nurse who worked on Saturdays to support the management of diabetes for patients who had not got good control of their condition and for those the practice found hard to reach.

Families, children and young people:

This population group was rated good for providing effective services.

- Childhood immunisation uptake rates were below the target percentage of 90% for all four indicators. Unverified results for 2017/18 provided by the practice indicated that the provider had improved in all the above four indicators; however, they were still below the 90% target for two out of four indicators. The practice was aware of this issue and informed us that the nursing and administrative staff regularly recalled children for immunisations. They were planning to incorporate a wraparound service of health visitors, midwives, community nurses, social services and voluntary sector to look at how they can better support this population group and improve patient education around vaccinations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Are services effective?

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

This population group was rated as good for providing effective services.

- The practice's uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme. The practice was aware of this issue and offered Saturday appointments to improve uptake.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

This population group was rated as good for providing effective services.

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

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

This population group was rated as requires improvement for providing effective services.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- 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 had only undertaken annual health checks for 14% (6 out of 42 patients) of patients with learning disability. The practice was aware of this and informed us that this was because the lead GP for patients with learning disability left the practice; they informed us that they now have appointed a lead GP for these patients and this would improve compliance with health checks.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The national Quality and Outcomes Framework (QOF) data showed that the percentage of patients with asthma who had their annual review during 2016/17 was 64.2% which was below the Clinical Commissioning Group (CCG) average of 76.5% and national average of 76.4%. Unverified QOF results for 2017/18 provided by the practice indicated that the practice had achieved 65% for asthma review which is similar to 2016/17 results.
- The QOF data showed that the percentage of patients with mental health condition whose alcohol consumption has been recorded during 2016/17 was 64.6% which was significantly below the CCG average of 90.1% and national average of 90.7%. Unverified QOF results for 2017/18 provided by the practice indicated that the practice had achieved 79% for recording alcohol consumption which is a significant improvement compared to 2016/17 results.
- The QOF data showed that the percentage of patients with long-term conditions whose notes record smoking status during 2016/17 was 88.7% which is below the CCG average of 95.6% and national average of 95.3%. Unverified QOF results for 2017/18 provided by the practice indicated that the practice had achieved 93% for recording smoking status which is an improvement when compared to 2016/17 results.
- The overall clinical exception reporting rate for 2016/17 was 15.6% compared with a national average of 10%. Unverified QOF results for 2017/18 provided by the practice indicated that the overall clinical exception

Are services effective?

reporting was 17.2% which is an increase compared to the previous year (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 had not looked at the reasons for this high exception reporting; however, the practice informed us this may be due to the significant increase in practice population over the last year.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

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. However, we found that the staff training records were not up to date; the provider was aware of this issue. During the inspection the provider was not able to show evidence of mandatory staff training including safeguarding, fire safety and infection control. After we raised this issue with the provider, all staff completed these training the day following the inspection and they sent us evidence to support this.
- 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 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 provider used a document assessment protocol where the administrative staff reviewed all patient letter and actioned as per the protocol. Staff received external training in using this protocol; a practice GP performed weekly audits of these staff and met with them to discuss the results of these audits to ensure patient safety.
- 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 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.

Are services effective?

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.
- 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 the four patients during the inspection and two comment cards were wholly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

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 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. For example, the practice had a hearing loop to support patients with hearing impairments.
- The provider was in the process of constructing a lift for patients and a new entrance to the building.
- 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.
- To support continuity of care, patients who wished to see a specific GP for their appointment were provided a blue slip after the appointment and were asked to hand in at the reception; this enabled the reception staff to book an appointment with the GP of their choice.

Older people:

This population group was rated as good for providing responsive services.

- 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 provider supported the needs of 31 patients in two local nursing homes. The practice had a care home champion who was also the lead within the local Clinical Commissioning Group.

People with long-term conditions:

This population group was rated as good for providing responsive services.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. The provider held weekly clinical meetings and fortnightly GP huddles supported by the local Clinical Commissioning Group.
- The practice offered people with suspected hypertension, ambulatory blood pressure monitoring to confirm diagnosis of hypertension.

Families, children and young people:

This population group was rated as good for providing responsive services.

- 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.
- New mothers were contacted after receiving notification from hospital and were invited to register their baby and book mother for post-natal health check and babies for eight-week check.
- Patients had access to GP led antenatal clinics and weekly midwife led clinics in the practice.
- All children under the age of five were offered a same day appointment when necessary.
- The provider offered appointments outside of school hours.

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

This population group was rated as good for providing responsive services.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Patients had access to online appointment booking and prescription request; online access to medical records was also available for patients.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

This population group was rated as good for providing responsive services.

- 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.
- The provider offered 20-minute appointments for complex patients.
- The provider held fortnightly GP huddles with district nurse, pharmacist, social worker, personal independence co-ordinator supported by the local Clinical Commissioning Group.

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

This population group was rated as good for providing responsive services.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice recently started a pilot where they held mental health clinics with the support of a speciality trainee psychiatrist to support at need patients in which complex patients were offered 30-minute appointments; GP trainees in the practice attend these clinics jointly with the speciality trainee psychiatrist.

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. The provider offered 30 GP sessions and 26 nurse sessions each week.
- 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 2017 GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. The 2018 GP patient survey results were below the local and national average for questions related to appointment times, type of appointment offered and experience of making an appointment; the practice was aware of these results and had devised a detailed action plan to improve patient satisfaction.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services; however, they needed to improve care for patients with long-term conditions; improve uptake of learning disability health checks, childhood immunisations and cervical screening.
- The practice's list size significantly increased since they took patients from a local GP practice which ceased to operate in December 2017; the provider understood the challenges this posed and were addressing them.
- Leaders at all levels were visible and approachable.
- 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 vision and strategy to deliver high quality care.

- There was a clear vision and set of values.
- 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.

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 GPs who trained in this practice had stayed in the practice as salaried GPs.
- Staff had access to a confidential line where they could call and get advice and support.
- 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 career development conversations. However, we found that six out of 17 clinical staff and two out of 20 non-clinical staff had not received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice 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 set out; however, it required further improvement. For example, the provider did not monitor if exceptions for patients with long-term conditions were appropriately reported.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control; however, we found issues with staff training.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety; however, during the inspection we found that the practice had not undertaken a health and safety risk assessment of the premises and some of the incidents were not considered as significant events.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- 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 to deal with 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG); during the inspection we spoke to one member of the PPG.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There was a focus on learning and improvement.
- The practice recently started a pilot where they held mental health clinics with the support of a speciality trainee psychiatrist to support at need patients in which complex patients were offered 30-minute appointments; GP trainees in the practice attend these clinics jointly with the speciality trainee psychiatrist.
- The provider had obtained planning permission to construct a new building with 20 consulting rooms with car parking spaces to support increasing patient demand; we saw the development plans during the inspection.
- 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.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not ensure the care and treatment of service users met their needs.</p> <p>The outcomes for patients with asthma and mental health was below when compared to local and national averages. The provider did not ensure exceptions for patients with long-term conditions are appropriately reported.</p> <p>The provider failed to undertake health checks for patients with learning disability to improve outcomes for these patients.</p> <p>This was in breach of Regulation 17(1) of the Health & 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>The provider did not ensure staff received appraisals on a regular basis.</p> <p>The provider did not ensure staff received training appropriate to their role.</p> <p>This was in breach of Regulation 18(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>