St Stephen's Gate Medical Practice

Inspection report

St Stephens Gate Medical Practice
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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?	**Outstanding**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. (Previous rating January 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at St Stephen's Gate Medical Practice on 25 October 2018 as part of our inspection programme.

At this inspection we found:

- 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 could access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

We rated the practice as outstanding for caring services because:

- The practice had created a strong, visible patient-centred culture, demonstrated and valued by staff and supported by leaders. People valued their relationships with the staff team and felt that they often go 'the extra mile' for them when providing care and support. This culture was reflected in consistently, significantly higher than local and national average GP patient survey data and other patient feedback. For example, 100% of respondents to the GP patient survey in 2018 stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them.

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

- Establish and operate effectively systems and processes to ensure good governance.

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

- Review and improve systems for reviewing and recording external safety alerts.

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

Background to St Stephen's Gate Medical Practice

St Stephen's Gate Medical Practice provides primary medical services to approximately 13,500 patients in Norwich, Norfolk. The provider has recently merged with another Norwich practice – Newmarket Road Surgery and operates a community based surgical service, Norwich and Norfolk Surgical Ltd (N2S), offering procedures including carpal tunnel, cataract and hernia repair surgery for their patients and other NHS patients in Norfolk.

St Stephen's Gate Medical Practice has four female and four male GP partners and one female nurse practitioner partner. The partnership is supported by a clinical team consisting of two male salaried GPs, three female nurse practitioners, four female practice nurses, three female health care assistants and one female apprentice healthcare assistant. N2S staff include a theatre manager, deputy theatre manager, healthcare assistant and an optometrist as well as specialist staff as required.

The practice is a training practice for qualified doctors training to become GPs.

The practice non-clinical management team is led by the executive manager with the finance manager, patient services manager, office manager and a personal assistant. The management team are supported by team leaders and staff performing roles including reception, prescriptions, IT, communications and data services, medical secretaries and N2S support and the cleaning team.

The practice's core opening times are 8am to 6.30pm Monday to Friday with appointments and telephone consultations available for patients to pre-book during extended hours on a Monday and Wednesday morning between 7.30am and 8am and Monday to Thursday evenings from 6.30pm to 7pm. The practice is also open from 8am to 9.45am on Saturday mornings.

Outside of normal working hours, patients can access healthcare through the NHS 111 service and the out of hours GP services provided by IC24.

The service is registered with CQC to provide the regulated activities of; treatment of disease disorder and injury, Diagnostic and screening procedures, family planning, maternity and midwifery and surgical procedures.

Requires improvement

Are services safe?

We rated the practice as requires improvement for providing safe services because:

- The practice could not evidence that all staff had up to date safeguarding training as training records did not provide effective oversight. The practice had appointed a human resources manager to oversee training and staff records. Following our inspection, the practice reviewed their records and identified staff who required updated safeguarding training and had scheduled training for them. This training was planned to recur annually.
- The practice chaperone policy was not always followed. Following our inspection, the policy was reissued, training provided, and all staff had signed that they had read and understood the policy.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse; however, these systems were not always effective.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse and staff we spoke with had a clear understanding of how to identify and report concerns, however the practice was not able to demonstrate that all staff had received up-to-date safeguarding and safety training appropriate to their role, including GPs and nursing staff. Following the inspection, the practice reviewed their mandatory training records and updated them, however some staff still did not have evidence of appropriate training. The practice had scheduled group training sessions for these staff to occur in November 2018 and to repeat the training annually.
- The practice chaperone policy clearly set out that only clinicians who were trained and had checks made through the Disclosure and Barring Service (DBS) acted as chaperones, however staff gave an example where a non-clinician acted as chaperone under the supervision of the GP and without formal training or DBS checks. (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.) The practice were unaware of staff acting outside of policy and following the inspection the practice told us they had raised the issue with all staff and had reissued the policy which all staff had signed.
- 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, including within the community surgery service.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order in both locations and the community surgery service.
- 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. The systems in place built in resilience to everyday staffing levels so that staff overtime and the use of agency staff was kept to a minimum at all times.
- There was an effective induction system for 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.

- 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.

Requires improvement

Are services safe?

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.
- The practice had a prescribing team who dealt specifically with prescription issues. Patients presenting with prescription requests or problems with prescriptions were allocated to the team who made a prompt call back to resolve the issue.
- 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 and the practice had recently employed a clinical pharmacist to assist with medicines reviews and medicines optimisation.

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.

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 acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts and recorded when action was taken; however, when the practice decided that no action was required to be taken in response to medicines safety alerts, this was not always clearly recorded.

Please refer to the evidence tables for further information.

Good

Are services effective?

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

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.
- The practice prescribing hub facilitated patient's medicines reviews, requests, queries and issues. The hub liaised directly with local pharmacies to identify and address issues with medication and, for example, when patients did not collect medicines, this was fed back to the practice for action.

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 medicines and were referred into appropriate local multi agency services.
- 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, coordinated through the practice prescribing hub. The practice worked with local multi-agency services to respond to unplanned health and social care 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 practice worked with other health and care professionals to deliver a coordinated package of care.
- The practice had a team of ten experienced nurses, advanced nurse practitioners and healthcare assistants who led the management of patients with long term conditions and had received specific training.
- Long term conditions were managed through flexible appointments rather than specific clinics.
- The practice followed up patients who had received treatment in hospital or through out of hours services, for example 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 could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were consistently high and in line with or above the target percentage of 90% or above with post-natal checks for mothers and babies scheduled together to increase uptake.
- 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 75%, which was above the local and national average but below the 80% coverage target for the national screening programme. The practice had female sample takers who were trained for the role. The practice used campaign advertising materials, had an effective call and recall system, flexible appointments and offered advice and appointments opportunistically.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.

Good

Are services effective?

- 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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Patients with learning disabilities were offered an annual review of their medicines, health and social care needs.
- Monthly multi agency meetings reviewed the needs of vulnerable patients including working with the palliative care specialist nursing team to review medicines and prescribing requirements for those receiving end of life care.
- 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.
- 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 held regular whole practice dementia awareness sessions for staff.
- The practice offered annual health checks and medications reviews to patients with a learning disability.
- The practice prescribing hub worked closely with local pharmacies to provide safe prescribing and monitoring of medicines not collected.
- The practices performance on quality indicators for mental health was in line with 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.
- The practice used information technology to monitor and review performance for quality indicators.

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, up to date records of skills, qualifications and training were not effectively maintained. Staff were encouraged and given opportunities to develop.
- 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.

Good

Are services effective?

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 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.
- 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 considered 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 with learning disabilities, dementia and patients at risk of developing a long-term condition.
- 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, healthy lifestyles and 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.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Outstanding ☆

Are services caring?

We rated the practice as outstanding for caring services because:

- The practice had created a strong, visible patient-centred culture, demonstrated and valued by staff and supported by leaders. People valued their relationships with the staff team and felt that they often go 'the extra mile' for them when providing care and support. This culture was reflected in consistently, significantly higher than local and national average GP patient survey data and other patient feedback. For example, 100% of respondents to the GP patient survey in 2018 stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them.

Kindness, respect and compassion

Staff at all levels treated patients with kindness, respect and compassion.

- Feedback from patients was highly positive about the way staff treat people, that staff 'go the extra mile' and that their care and support exceeds their expectations. This was demonstrated through observation of patient and staff interactions during the inspection and through patient comment cards, interviews and survey data.
- Staff understood patients' personal, cultural, social and religious needs. People's emotional and social needs were seen as being as important as their physical needs. The practice routinely referred people to social support services which were often based at the practice.
- The practice gave patients timely support and information.
- The practices GP patient survey results were consistently higher than local and national averages for questions relating to kindness, respect and compassion. For example, all 91 patients surveyed responded positively to the overall experience of the practice and felt that the healthcare professional at their last appointment was good or very good at listening to them.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of and had applied 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. The practice used language identification cards, booked interpreter services and provided double appointments for patients who did not have English as a first language. The practice also provided communication support and double appointments for hearing impaired patients.
- Staff helped patients find further information and access community and advocacy services, often these services were available at the practice. They helped them ask questions about their care and treatment.
- The practice had a system to identify and provide support to carers.
- The practices GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment. 99% of patients surveyed felt they were involved in decisions about their care and treatment as much as they wanted to be during their last appointment.

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.
- The practice actively supported breastfeeding, providing a screened off area in a private room where required as well as information and access to support services coordinated by the practice breastfeeding champion.
- At reception, computer screens were not visible to patients, phone calls were taken in the back office, the patient queue started back from the front desk and the booking in screen was also away from the front desk to maintain privacy.
- The practice were also planning to have a patient liaison person available in the reception area signposting patients to relevant areas of the practice including waiting areas on different floors and the surgical service, to reduce queuing at busy times.
- Staff recognised the importance of people's dignity and respect and challenged behaviour that fell short of this. We saw that every person interacting with the practice was treated equally, with respect and with kindness and compassion.

Please refer to the evidence tables for further information.

Good

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, for example by reintroducing nurse and health care assistant services at a local GP practice following a merger.
- The practice was fully accessible, offered on-site parking and had worked with the local shopping centre to provide one hours free parking for patients.
- Telephone GP and nurse practitioner consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice routinely offered 15 minute GP appointments with longer appointments available as required.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, including offering appointments for patients across both sites, providing interpreter services and supporting local community support organisations to use practice facilities.
- 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 GP and practice nurses also accommodated home visits for reviews and other routine appointments for those who had difficulties getting to the practice.
- The practice prescribing hub coordinated prescription requests, queries and problems with medicines and worked closely with local pharmacies to arrange medicines deliveries and monitored dosage systems (such as Dosett boxes).
- The practice worked with multi-agency single point of contact teams for referrals for unplanned health and social care needs, for example following a fall or where falls were identified as a risk.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met.
- The practice participated in a local scheme to identify and proactively manage frequent attenders so that multiple conditions were reviewed at one longer appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice prescribing hub coordinated medicines issues and monitoring with the help of a pharmacist.
- The practice offered a range of in house testing and monitoring including 24-hour blood pressure monitoring and monitoring of patients receiving anticoagulation therapy.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- A designated nurse managing partner coordinated a team of specialist staff in managing patient with long term conditions.

Families, children and young people:

- The practice offered a full range of sexual health and contraception services.
- The practice offered a daily minor illness and injury clinic with priority given to patients under two years of age.
- 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.
- The practice actively supported breastfeeding, providing a screened off area in a private room where required as well as information and access to support services coordinated by the practice breastfeeding champion.

Good

Are services responsive to people's needs?

- The practice facilitated local midwives to hold clinics in the practice four times per week.
- The practice shared care with eating disorder services by providing medical monitoring for patients.
- 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. For example, by offering early morning, late evening and Saturday appointments and telephone consultations with GPs and nurses.
- The practice offered a range of online services including appointment booking and electronic prescribing as well as text message reminders for appointments and patient surveys.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode and worked with a local hostel to register and support patients.
- The premises were fully accessible and offered disabled parking facilities.
- The practice arranged translation and interpreter services and had a book in reception to assist in identifying the correct language for the patient.
- Social prescribing schemes were actively used and the practice facilitated local support organisations to use the practice including a service assisting patients with benefits, housing, debt and employment issues.

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 flexible GP and nurse led appointments for mental health and dementia. Patients who failed to attend were proactively followed up by a phone call from a GP or nurse.
- The practice actively engaged in dementia screening activities and provided whole staff dementia awareness training to facilitate this.
- The practice facilitated local mental health support services to use the practice once a week and were able to arrange pre-booked appointments.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were above local and national averages for questions relating to access to care and treatment. For example, results were 15 to 20 percent higher than local and national averages for indicators relating to getting through to the practice on the telephone, the types of appointments available, making an appointment and appointment times.

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 from analysis of trends. There were systems in place to improve practice as a result.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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

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.
- 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 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 and nationally. 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 would challenge 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed. However, reception staff valued their own team meetings but found these were sometimes cancelled or postponed. The practice recognised this feedback and there were regular reception team meetings planned for the future.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an appraisal in the last year or were scheduled for a review. 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 promoted equality and diversity. Staff had received equality and diversity training and felt they were treated equally.
- There were positive relationships between staff and teams, close working arrangements and teamwork.

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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, as training records were not up to date, the practice could not provide evidence of all staff having appropriate safeguarding training. The practice reviewed their training records following our inspection and identified staff who needed safeguarding training updates which were scheduled to be completed in November 2018. The practice also planned to repeat the training on an annual basis.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, we identified the chaperoning policy was not always adhered to, the practice took action to resolve this issue following our inspection.

Managing risks, issues and performance

Good

Are services well-led?

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. Performance dashboards were used to monitor activity.
- 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 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.

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 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.
- 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.

- There was a focus on continuous learning and improvement, including personal development and the practice actively encouraging staff to engage in leadership programmes.
- The practice staffing structure and culture allowed for stepped career progression for all staff groups.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice policy for chaperones was not adhered to; staff acted as chaperones without appropriate training or safety checks.Staff training records were not able to assure the practice that clinical staff had safeguarding training appropriate to their role.