

Woodlands Surgery at Eden House

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

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This practice is rated as Good overall. The practice was previously inspected in May 2015, where the practice was rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Woodlands Surgery at Eden House on 21 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse.
- We found the process for managing and storing emergency medicines was not always effective.
- 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.
- The practice had achieved a lower than average number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit.
- The practice's uptake of cervical and breast cancer screening was below the local and national averages.
- Patients we spoke with and through comment cards received, spoke positively about the practice, the staff and the services offered.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was not an active patient participation group. The practice told us they were working to establish one.
- Administration and non-clinical staff were provided with a quarterly training morning. During this time, two GP partners operated the telephone lines to ensure all staff were provided with this opportunity.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Ensure that registers of patients, such as carers and health checks, are correctly coded.
- Review and encourage uptake of the national screening cancer programme.
- Review and improve the uptake of childhood immunisations where needed.
- Review and improve the number of carers that the practice identifies and supports.
- Continue to develop and encourage patient participation 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	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Requires improvement	
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.

Background to Woodlands Surgery at Eden House

Woodlands Surgery at Eden House, Cambridge provides services mainly to patients living in Cambridge city centre and holds a General Medical Services contract with NHS Cambridge and Peterborough CCG.

The practice is a partnership of four female GPs who hold overall financial and managerial responsibility for the practice. One GP partner holds the role of CQC registered manager within the practice. All of the partners are female. The practice also employs three female salaried GPs, three nurse practitioners, a healthcare assistant and a clinical pharmacist. The clinical team is supported by a practice manager, a deputy practice manager and a team of administration, and receptionists.

The practice is a training practice and had three GP registrars in service at the time of our inspection.

The practice hosts a wide range of NHS community services such as an Ultrasound, ENT and dermatology service. Several private services are hosted by the practice including physiotherapy and psychologists.

The practice has a patient population of approximately 10,512. Appointments are available every weekday between 8.30am and 6pm. Extended hours are provided on Saturday mornings from 8.30am until midday.

In addition to this, patients registered at the surgery are able to access evening and weekend appointments as part of a network of local GP practices. Out of hours care is provided by Herts Urgent Care via the NHS 111 service.

According to information taken from Public Health England, the patient population has a much lower than average number of patients aged 65 and over in comparison to the practice average across England.

Are services safe?

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

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

- We found the process for managing and storing emergency medicines was not always effective, because despite monthly checks being recorded, on the day of the inspection we found one emergency medicine which was five months out of date.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order, such as portable appliance testing.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role, including an introduction pack for temporary members of staff.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, we found one medicine that was out of date. Staff we spoke with 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.
- From referral letters we saw, clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The practice had achieved a lower than average number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The systems for managing and storing vaccines and medical gases minimised risks.
- On the day of the inspection we found one emergency medicine which expired in June 2018. Despite monthly checks of the emergency medicines being recorded, the expired medicine was not removed from the supply. The practice took action and removed the expired medicine when we highlighted it to them on the day of the inspection.
- Patients' health was mainly monitored in relation to the use of medicines and followed up on appropriately.

Are services safe?

- 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 such as fire safety, legionella and health and safety.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Staff told us leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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 apart from Working Age People, as good for providing effective services. The Working Age People population group was rated as requires improvement 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 in the records we viewed.
- 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 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.
- The practice held a monthly multidisciplinary team meeting with a variety of community services.

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 offered clinics for patients with long-term conditions, such as diabetes and chronic obstructive pulmonary disease (COPD) clinics.

- Where patients had been newly diagnosed with a long-term condition, clinicians would use the practice system to notify one another to ensure all staff were alerted to this and would be able to support the patient.
- 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's performance on quality indicators for long term conditions was in line with, or above, local and national averages.
- The practice's exception reporting rate for diabetes indicators was higher than the local and national averages. The practice was aware of this and were following national guidance in relation to recalling patients.

Families, children and young people:

- Two of the four childhood immunisation uptake rates were in line with the target percentage of 90% or above. However, the practice's uptake rate for diphtheria, tetanus, polio, pertussis, haemophilus influenza type b and pneumococcal infection were below the target percentage with a range of 87% to 88%.
- 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 working age people population group was rated as requires improvement because:

- The practice's uptake for cervical screening was 62%, which was below the 80% coverage target for the national screening programme and below both the local and national averages. The practice performance

Are services effective?

relating to breast and bowel cancer screening was below local and national averages. The practice were aware of the lower than average uptake rates they promoted the uptake of the screening programmes by promotional leaflets and via the electronic screens in each waiting room.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice offered long acting contraceptive services at the practice.
- Weekly midwifery clinics were held at the practice.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Of the 897 patients invited, 184 patients had received a health check within the past 12 months.

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 those with a learning disability.
- The practice contacted and followed up all patients who had recently been discharged from hospital or who had contact with out of hours services.
- The practice offered annual health checks to patients with a learning disability. The practice had completed 12 out of 26 health checks within the last 12 months.
- 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.
- A counsellor offered appointments from the practice and communicated directly with clinicians.
- The practice worked with a residential home for patients diagnosed with poor mental health and held quarterly meetings with the home to ensure good quality care for the residents.
- The practice's performance on quality indicators for mental health was in line with, or above, local and national averages.

Monitoring care and treatment

- The practice's Quality Outcomes Framework (QOF) performance in relation to Diabetes indicators was above local and national averages. However, the practice's exception reporting rate was higher than both the local and national averages. The practice was aware of the higher than average rate and were following national recognised guidance by inviting patients three times prior to excepting, but could not demonstrate any additional actions they were taking to improve this.
- The practice used information about care and treatment to make improvements.
- We found that patient records in relation to registers such as carers and health checks were not always correctly coded. The practice informed us they would review their coding following the inspection.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

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.

Are services effective?

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them.
- Staff were encouraged and given opportunities to develop, for example, a health care assistant at the practice was undergoing training to become a nurse.
- 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. The practice informed us they would work to ensure all staff receive an appraisal following the inspection.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding on care delivery for people with long term conditions. They shared information 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.

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. We saw evidence of a variety of leaflets and posters throughout the practice in relation to health eating, stop smoking and local exercise classes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

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.
- From the records we viewed, we saw that consent had been obtained 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 received through comment cards was mainly positive about the way staff treat people.
- All eight patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Three of the eight comment cards contained a negative comment in addition to positive ones. These negative comments related to specific incidents where patients were unable to access an appointment or felt staff behaviour fell below expectations.
- Staff we spoke with 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 had identified 89 carers, which was approximately 0.8% of the practice population.
- 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.
- The practice was aware that consulting rooms were not entirely soundproof. In order to mitigate this, the practice reminded staff to remain aware and to keep conversational noise to a minimum.
- 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 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 offered home visits for patients who were unable to access the practice.
- The practice had recently signed up to take part in a pilot scheme of e-consult 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.

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.
- The practice had clinical staff who held special interests with specific long-term conditions such as diabetes, thomatological conditions and asthma.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was responsive to the needs of patients with long-term conditions and offered home visits and urgent appointments for those with enhanced needs.

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.
- The practice staggered the release of on the day appointments, to ensure there were some appointments available for patients contacting the practice at lunchtime and in the afternoon.
- The practice had play equipment in the waiting rooms for children.
- A mental health and emotional wellbeing service for children and young people was offered from the practice.

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, extended opening hours and Saturday appointments.
- The practice offered advanced booking of appointments.
- The practice had access to pre-bookable evening and weekend appointments through a federation of local GP practices.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People with no fixed abode were not able to register with the practice and were directed to a local access service.
- 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.
- Patients with who were vulnerable were provided with longer appointments if needed.

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

Are services responsive to people's needs?

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend appointments were proactively followed up by a phone call from a GP.
- Patients with poor mental health were provided with longer appointments if needed.

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. The practice displayed the waiting times for each clinician on a television in each waiting room to keep patients up to date and manage expectations.
- Patients with the most urgent needs had their care and treatment prioritised.

- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment.

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 told us they 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. It acted as a result to improve the quality of care.
- From the three complaints that we reviewed, we saw the practice had responded to them appropriately and made changes where necessary to improve the quality of care.

Please refer to the evidence tables for further information.

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. Staff we spoke with said the leadership team 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 credible strategy to deliver high quality, sustainable care.

- There was a clear vision; “to be a health and well-being centre with a community feel”. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision 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 we spoke with stated they felt respected, supported and valued. They were proud to work in the practice. We spoke with some staff who had recently joined the practice and they were positive about how they had been welcomed and supported by the staff and management.
- 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 and gave us examples where this had occurred.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. However, we observed that not 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 daily staff coffee morning at 11am each day where staff could reflect on specific incidents or consultations and discuss any concerns within a team environment.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- We observed there were positive relationships between staff and teams. Staff that we spoke with advised of a positive team working environment.

Governance arrangements

- We found that whilst most of the systems the practice had implemented were effective in ensuring good governance, we found the process for managing and storing emergency medicines was not effective, because despite monthly checks being recorded, on the day of the inspection we found one emergency medicine which was five months out of date. The practice removed the out of date medicine on the day of the inspection, when it was highlighted to them.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies and procedures to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Managing risks, issues and performance

There were 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. However, the practice had not taken action in relation to some areas of lower than average performance such as cancer screening.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local 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 and staff we spoke with were aware of their roles and responsibilities during major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

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.
- On the day of the inspection, the practice found that patient records in relation to registers were not always coded appropriately. This meant that it was not possible for the practice to provide a reliable number of patients in searches, such as those who have a caring responsibility or those who have had a health check within the last 12 months.
- 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.

Engagement with patients, the public, staff and external partners

- Staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was not an active patient participation group. The practice had identified a lack of a patient willingness to engage in a group and they told us they were working to establish one including promoting it in the colleges to gain the opinion of younger patients
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had worked with a local school to create suggestion boxes for the practice.

Continuous improvement and innovation

There were evidence of systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement. For example, a health care assistant was being supported to undertake training to become a nurse.
- The practice supported their managers to gain professional qualifications such as AMSPAR which is the Association of Medical secretaries, Practice Managers, Administrators and Receptionists.
- Staff knew about improvement methods and had the skills to use them.
- The practice was a training practice for medical students and GP registrars. (A GP registrar is a qualified doctor who is training to become a GP). The practice was involved in training other clinical staff members such as physician associates and post graduate trainees.
- The practice was in the process of developing a work experience program for younger students with an interest in medicine and general practice.
- Administration and non-clinical staff were provided with a quarterly training morning. During this time, two GP partners operated the telephone lines to ensure all staff were provided with this opportunity.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice engaged with the CCG and the local GP network to work on local and national initiatives such

Are services well-led?

as, clinical pharmacist programme, piloting E-consultations (consultation by email) and working at scale. They were engaged with local community work such as the local church outreach work.

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>There was a lack of oversight to ensure systems or processes that to enable the registered person to assess, monitor, and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• We found the process for managing and storing emergency medicines was not effective, because despite monthly checks being recorded, on the day of the inspection we found one emergency medicine which was five months out of date. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>