

Maghull Practice

Inspection report

Maghull Health Centre
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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 key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Maghull Practice on 30 October 2018 as part of our inspection programme.

At this inspection we found:

- Systems were in place to manage risk and to ensure that safety incidents were less likely to happen. When safety incidents did happen, the practice learned from them and improved their processes
- The systems in place for safeguarding patients from the risk of abuse were not robust. There was no designated lead for safeguarding, safeguarding training was not up to date for all staff and a safeguarding register had only recently been produced.
- Patients told us they were treated with dignity and respect and they were complimentary about the staff team. However, a number of patients raised concerns about a lack of consistency of GPs. The only permanent member of the clinical team was the practice nurse. The provider was trying to ensure they used longer term locum GPs and they were actively trying to recruit clinical staff including GPs.
- Procedures to prevent the spread of infection were in place and regular infection control and cleanliness audits were carried out.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Staff recruitment practices were carried out appropriately for all permanent members of staff.
- The provider had a system in place for gaining assurance that all required checks were in place for locum GPs contracted through an agency. However, these checks were not being carried out at this practice.
- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance for the aspects of care and treatment we looked at.

- There were systems in place for reviewing the effectiveness and appropriateness of care provided and these were being further developed.
- Data showed that outcomes for patients at this practice were similar in most areas to outcomes for patients locally and nationally. The provider was aware of the areas for improvement and was working on these.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff told us they felt supported in their roles and with their professional development.
- The provider learnt from complaints and made improvements to the service as a result.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The provider had a clear vision to provide a safe, good quality service.
- Systems were in place to check on the quality of the service. Some of these were new and still embedding at the time of our inspection.
- There were systems in place for clinical governance and these were being further developed.

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

- Systems in place for safeguarding patients must be improved to ensure there is a designated safeguarding lead, that all staff receive up to date training in safeguarding and that registers are reviewed on a regular basis.
- An up to date fire risk assessment must be available at the practice and fire drills must be carried out at regular intervals.

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

- Review the newly introduced governance systems to ensure these are effective in monitoring the quality of the service provided and drive improvement.
- Review the system for monitoring patients taking high risk medicines to ensure this is consistent and fail safe.
- Continue to assess workforce requirements and recruit clinical staff.
- Ensure the system in place for gaining assurance that all required checks are in place for locum GPs is implemented.

Overall summary

- Provide health promotion information and advice for patients about how they can access support groups and voluntary organisations.
- Ensure all staff know how to access policies and procedures.

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

Population group ratings

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

Our inspection team

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

Background to Maghull Practice

The registered provider for the service is Urgent Care 24 Limited. The provider is a social enterprise providing a range of urgent and primary care services across five clinical commissioning groups (CCGs).

The provider is registered to provide the following regulated activities: Diagnostic and screening, maternity and midwifery and treatment of disease, disorder or injury.

This inspection was carried out the location: Maghull Practice, Maghull Health Centre, Westway, Maghull, Liverpool L31 0DJ.

The staff team includes locum GPs, one practice nurse, one health care assistant, a practice manager and administrative/reception team.

The practice provides GP services to approximately 3,300 patients living in the Maghull area of Merseyside. The practice is located in an area with lower than average levels of deprivation. The practice has a higher than average number of patients over the age of 65 years.

The practice is open Monday to Friday 8am to 6.30pm. Patients can book appointments in person, via the telephone or online.

The practice provides telephone consultations, pre-bookable appointments, on the day appointments, urgent appointments and home visits. The practice treats patients of all ages and provides a range of primary medical services.

Maghull Practice has an Alternative Provider Medical Services (APMS) contract with NHS England. The practice is part of South Sefton Clinical Commissioning Group (CCG).

Outside of practice opening hours patients can access the extended GP access service. Outside of this they can contact the GP out of hours service by calling NHS 111.

Are services safe?

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

This was because the systems in place to keep people safe and safeguarded from abuse were not fully effective.

Safety systems and processes

Some of the systems in place to keep people safe and safeguarded from abuse were not fully effective.

- The systems in place to safeguard children and vulnerable adults from abuse were not sufficiently robust. Not all staff had received up-to-date safeguarding training appropriate to their role. There was no designated lead member of staff for safeguarding. A register of children at risk had only recently been produced. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. Staff we spoke with knew how to identify and report concerns and they told us they took steps to protect patients from abuse, including working with other agencies.
- Staff who acted as chaperones were trained for their role and had undergone a Disclosure and Barring Service 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.)
- Recruitment processes were robust and included ensuring appropriate pre-employment checks had been carried out prior to staff appointments. However, there was no system in place for assuring that all required checks were in place for locums contracted through an agency.
- A fire risk assessment had been carried out by the provider but this was not available to us at the time of the inspection visit and the practice manager was not aware of this. There were no regular fire drills taking place at the practice.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection. Monthly cleanliness and infection control audits were carried out and the results of these were submitted to the provider for organisational oversight.
- Arrangements were in place to ensure that equipment was safe and in good working order.
- Arrangements were in place for managing waste and clinical specimens.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were effective overall.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods. However, we found there had been no GP cover for a period of two and a half days during the course of one week this year.
- The provider had put systems in place to mitigate the risk of the high use of locum GPs. This included; using locum GPs on a longer-term basis to support consistency for patients; the provision of information about the practice and systems for locum GPs; and the provision of clear guidance on the roles and responsibilities of the locums.
- Some systems for oversight of the clinical work were in place and were being further developed at the time of our inspection.
- The practice was equipped to deal with medical emergencies and staff were trained in basic life support.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinical staff had been provided with information on how to identify and manage patients with severe infections including sepsis. Administrative staff had been provided with guidance on Sepsis risk.

Information to deliver safe care and treatment

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

- Individual care records were managed in a way that kept patients safe. 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.
- Referrals to other services were made promptly and in line with protocols and information received from secondary care or other agencies was dealt with in a timely manner including the management of test results.

Appropriate and safe use of medicines

Are services safe?

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

- Annual medication reviews were carried out for patients.
- We looked at how repeat prescribing was managed for patients who were taking potentially harmful medicines. GPs were responsible for ensuring all appropriate checks had been carried out before issuing a repeat prescription. There was no monitoring or oversight of repeat prescribing of these medicines by the provider to ensure a consistent and fail-safe approach.
- Regular medicines audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy team.
- Medicines prescribing data for the practice was higher than local and national prescribing data in some areas. The provider was aware of this and was making improvements to prescribing in line with best practice guidance and targets to reduce the prescribing of some medicines.
- Medicines for use in an emergency were readily available to staff and there was a system in place to check that medicines were in date and fit for use. An audit of emergency medicines had been carried out and the provider had oversight of the emergency medicines held at each practice.

Track record on safety

The provider had systems in place to promote safety.

- The provider took over the running of this practice on an interim basis in April 2017 and on a more long-term contract basis in April 2018. The provider was in the process of introducing and embedding safety systems.

- A risk register was in place that identified risks and actions needed to mitigate these. The risk assessment fed into a corporate risk register.
- A range of health and safety policies were available to staff.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There were systems for identifying and reporting significant events and incidents and for sharing any lessons learned from events so as to improve the safety of the service. Incidents were reported to the provider and these were shared at weekly meetings, fully investigated and action was taken in response to the findings. Lessons were then shared appropriately. All incidents had to be signed off by a senior manager. We looked at a sample of incidents and found they had been investigated and actions had been put in place to address any shortfalls and prevent a repeat.
- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt supported to report concerns.
- There was a system for receiving and acting on safety alerts and we saw examples of the actions taken by the provider in response to alerts.
- The practice 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 five of the population groups as good for providing effective services. We rated the practice as requires improvement for services provided to the population group; families, children and young people. This is because safeguarding procedures required improvement.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current guidance and supported by clear clinical pathways and protocols.

- Systems were in place to keep clinicians up to date with current evidence-based practice.
- The provider produced a monthly paper to update the clinical team on any updates in guidance.
- Clinical meetings were used to discuss best practice guidance.
- Data showed that outcomes for patients at this practice were overall comparable to those for patients locally and nationally. However, there were areas where improvements could be made. The provider was aware of these areas and had introduced a system to ensure greater oversight of data related to outcomes in order to improve these.
- Prescribing data showed that some medicines were prescribed more often than by other practices locally and nationally. For example, the number of antibacterial prescription items prescribed per specific therapeutic group was higher than local and national averages. The provider was aware of this and taking steps to improve prescribing practices.
- We saw no evidence of discrimination when making care and treatment decisions.
- Information on how to respond to suspected sepsis was provided to GPs in locum guidance packs. Clinical staff we spoke with were clear on the guidance for recognising and responding to suspected Sepsis.

Older people:

- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice maintained a register of frail elderly patients to review their needs and provide anticipatory care plans.

- Immunisation programmes were promoted for influenza, pneumococcus and shingles, and home visits were provided for these immunisations for patients who were unable to attend the practice and for those living in residential care.
- Annual medication reviews were carried out for all elderly patients, focusing particularly on polypharmacy (this is when patients are prescribed multiple medicines).
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people, were similar overall to those for patients locally and nationally.
- On the day appointments supported rapid access to meet the needs of older patients with co-morbidities.
- The GPs worked in conjunction with community services and secondary care to support patients who were nearing the end of their life.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

People with long-term conditions:

- The practice held information about the prevalence of specific long-term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- The provider was making improvements to the call and recall system for monitoring patients living with long term conditions.
- Data from 2017 to 2018 showed that the practice was performing comparably overall with other practices locally and nationally, for the care and treatment of people with chronic health conditions. The provider was aware of areas for improvement and had introduced systems to support improvement.

Are services effective?

- A monthly joint injection clinic had recently been established to serve patients in all of the provider's GP locations.
- Clinical staff who were responsible for reviewing the needs of patients with long term conditions had received training appropriate to their role.
- Multi-disciplinary meetings were held to discuss patients with complex needs and patients receiving end of life care.
- Patients were provided with advice and guidance about prevention and management of their health conditions and were signposted to support services.

Families, children and young people:

- There was no designated lead for safeguarding and not all staff had undergone up to date training in safeguarding children.
- A children at risk register had only recently been produced.
- The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they identified to relevant professionals.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was 100% which exceeds the national target percentage of 90%.
- The practice hosted a weekly antenatal clinic.
- Postnatal and child development checks for 6-week-old babies were provided.
- The practice aimed to see all poorly young children on the same day or ensure that clear advice on safety netting and sign posting was provided.
- The practice provided contraceptive pill checks, emergency contraception and sign posted patients to family planning clinics.

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

- The practice offered 'well-person' health checks, including CVD risk assessment and screening for common long-term conditions.
- The practice encouraged cancer screening uptake for patients in this age group.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances in order to provide the

services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required this.

- The practice worked with other health and social care professionals in the case management of vulnerable people.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided appropriate access and facilities for people who were disabled. This was to be improved by the provision of automatic doors into the main building.
- Advice was provided to patients about how they could access a range of support groups and voluntary organisations. However, there was minimal information made available to patients in the waiting area.

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were better than local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% (national average 83%). The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 100% (national average of 89%).
- Patients could be referred to a designated dementia support worker at one of the provider's other locations.
- The provider was developing work with a local secondary care provider looking at referral pathways for the patients with more complex needs.

Monitoring care and treatment

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

Are services effective?

- Data from the Quality Outcomes Framework (QOF) from April 2017 to March 2018 showed performance in outcomes for patients was overall comparable to those of the Clinical Commissioning Group (CCG) and national averages. The provider was aware of the areas where improvements could be made and had introduced system to ensure better oversight of performance and to improve outcomes.
- Clinical audits were carried out to improve outcomes for patients. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed a sample of audits that demonstrated that the provider has assessed and made improvements to the treatment provided to patients. These included an audit into the quality of consultations, warfarin prescribing, antibiotic prescribing for urinary tract infections and an audit on treatment for patients with chronic obstructive pulmonary disease (COPD). A second cycle of audit had not been completed to date for the audits we viewed.

Effective staffing

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

- Staff had been provided with training in core mandatory topics and in topics relevant to their roles and responsibilities. For example, those whose role included immunisation and taking samples for the cervical screening programme had received specific training for these roles.
- Staff told us they were encouraged and given opportunities to develop. They were provided with on-going support including; an induction process, annual appraisal and support for revalidation.
- The provider had assessed the learning needs of staff and provided protected time to enable staff to undergo training and to meet their professional development. An up to date record of training was maintained and staff files contained up to date information about their training.
- GPs were encouraged to attend regular education events organised by the provider or the Clinical Commissioning Group (CCG).

- A shared clinical development group had been established to look at improving some of the processes in place across the practices.
- Practice manager meetings and practice nurse meetings were held to support these groups of staff across the providers primary care locations.

Coordinating care and treatment

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

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet system.
- The practice shared information with relevant professionals as part of their delivery of care and treatment for patients.
- Patients received coordinated 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 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 supported patients to live healthier lives.

- Patients in need of extra support were directed 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.
- The practice supported national priorities and initiatives to improve the population's health, for example, by referring patients for smoking cessation or dietary advice.
- Cancer screening uptake rates were comparable to local and national averages.
- We found there was minimal health promotion information and advice about how patients could access a range of support groups and voluntary organisations in the reception area.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinical staff were aware of their responsibility to carry out assessments of capacity to consent for children and young people in line with relevant guidance.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that members of staff were warm, courteous and helpful to patients and treated them with respect.
- Feedback from patients we spoke with was positive about the way staff treated them.
- We made CQC patient comments cards available prior to our visit. We received 16 completed comments cards. These included positive feedback from patients about how they were treated.
- Feedback from the national GP patient survey showed that the practice had received scores that were comparable to but lower than local and national average scores for patients feeling they were treated with care and concern.

Involvement in decisions about care and treatment

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

- Results from the national GP patient survey for questions about patient involvement in planning and making decisions about their care and treatment were comparable to but lower than local and national averages.

- Staff demonstrated a patient centred approach to their work during our discussions with them.
- The provider was aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).
- Interpretation services were available for patients who did not have English as a first language.
- A hearing loop system was in place to support people who wear hearing aids.

The practice had coded patients who they knew were carers on the patient record system and there was information available to inform carers of the local support services.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and they told us how they worked to ensure they maintained patient confidentiality.
- The reception area was very small and not conducive to enable patients' privacy at the reception desk. Reception staff told us they could offer patients a private area if they wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

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 provider understood the needs of its patient population and tailored services in response to those needs.
- Telephone consultations were available and this supported patients who were unable to attend the practice in person.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was co-ordinated with other services.
- The clinical team provided home visits for patients with enhanced needs who found it difficult to attend the practice in person.
- The practice was located in a health centre, alongside other health and care services. The facilities were fully accessible and improvements were planned to improve access through the fitting of automatic doors. Following the inspection the provider confirmed that the automatic doors had been fitted.
- The facilities were cramped. The provider did have plans to make improvements and was in discussion with commissioners and other local stake holders to look at alternative longer-term improvements/arrangements.

Older people:

- 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.
- Patients with several long-term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.

Families, children and young people:

- A register of children at risk of harm or abuse had only recently been produced. The practice manager told us they intended to review this register with a health visitors on a regular basis.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

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.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability.
- Same day appointments supported patients whose circumstances made them vulnerable.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Longer appointments were available for patients with enhanced needs.

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

- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- Data showed that the practice was performing better than local and national averages for the care and treatment provided to patients experiencing poor mental health.

Are services responsive to people's needs?

- Patients experiencing poor mental health were referred to appropriate services such as psychiatry and counselling services and were informed about how to access various support groups and voluntary organisations.

Timely access to care and treatment

The provider had systems in place to monitor capacity and demand and the utilisation of clinical appointments.

- Patients with the most urgent needs had their care and treatment prioritised.
- Feedback we received from patients was that they had seen improvements in access to appointments.
- Results from the national GP patient survey showed that the practice had received scores that were similar to or higher than those of the Clinical Commissioning Group (CCG) and national averages for questions about access and people's experience of making an appointment.

The survey was carried out between January and March 2018.

Listening and learning from concerns and complaints

A system was in place for receiving, investigating and acting on complaints.

- A complaints policy and procedure was in place.
- A complaints information leaflet was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.
- Complaints were generally investigated at a practice level but they were all reported through a central reporting system and the provider had clear oversight regarding the nature of complaints, the outcome of investigations, lessons learnt and actions taken to improve patient care and experience.
- Staff had been invited to attend workshops to look at their roles and responsibilities for managing complaints.
- All complaint responses were signed off as agreed by the Chief Executive of the organisation.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

The provider had oversight of the service provided and leaders provided direction to the practice.

- There was oversight of the systems and processes in place at the practice to ensure these were safe and effective. Some of the systems had been recently introduced and were still embedding.
- The provider was carrying out a piece of work to improve consistency across all of their registered GP locations.
- Leaders were knowledgeable about issues and priorities relating to the provision of good quality services and the provider understood the challenges to the service.
- Staff told us they felt leaders were visible and approachable and listened to their views and suggestions for improving the service.
- Staff told us they felt listened to and well supported to develop their skills. Staff underwent an induction and periodic review of their performance.

Vision and strategy

The practice had a vision and strategy to deliver good quality care.

- There was a clear vision and set of values.
- The strategy was in line with health and social priorities across the region.
- The practice planned its services to meet the needs of the practice patient population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff told us they felt well supported and valued.
- Leaders and staff demonstrated a patient centred focus to their work during our discussions with them.
- 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.
- Staff told us there were positive relationships across the staff team.

Governance arrangements

Systems of accountability and governance were in place.

- Structures, processes and systems to support governance were set out. Some of these had been introduced more recently and had not been fully implemented or embedded at the time of this inspection.
- New systems were also being introduced to ensure greater consistency and quality of service provision.
- Data showed that the practice was generally performing similar to other practices locally and nationally for the care and treatment provided to patients. The provider was aware of areas for improvement and had introduced systems and processes to improve patient care and treatment.
- Clinical staff used evidence based guidance in the treatment of patients.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action having been taken to change practice and improve quality in response to the findings of audits.
- Quality checks/audits were carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The clinical system was used effectively to ensure patients received the care and treatment they required.
- The system for reporting and managing significant events and incidents was effective and we saw examples whereby the learning gained from the investigation of events had been used to drive improvements.
- Records showed that meetings were carried out to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff. However, not all staff we spoke with knew how to access these.
- The provider had introduced a system for monitoring health and safety checks across all of the primary care locations.

Managing risks, issues and performance

Systems were in place for managing risks, issues and performance.

- A business continuity plan was in place to deal with unforeseen emergencies.
- A system was in place for managing patient safety alerts and for ensuring appropriate action was taken in response.

Are services well-led?

- Staff appraisals were provided annually and these were up to date across the staff team.
- The practice had a risk register and this fed into the overarching provider risk register.
- Performance meetings were held by leads within the provider organisation to review performance, risks and plans to mitigate these.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Information technology systems were used to monitor and improve the quality of care provided.
- There were appropriate 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, staff and external partners in the delivery of services.

- The practice valued feedback from patients and acted upon this.
- The practice had a Patient Participation Group (PPG). We met with one member of the PPG. They told us they had meetings with the practice and they felt the practice listened to their views. As with other patient feedback the PPG were concerned with consistency of clinical cover at the practice. The provider is aware of this concern and working to make the required improvements for patients.
- Regular meetings were taking place for staff to raise issues and suggest improvements.

- A staff survey had been carried out and the results of staff feedback had been analysed and published in July 2018.
- The provider had knowledge of and incorporated local and national objectives.
- The provider worked alongside commissioners, partner agencies and other practices to improve and develop the primary care provided to patients in the locality.

Continuous improvement and innovation

There was evidence of systems and processes for learning, improvement and innovation being in place or planned for the future.

- There was a focus on learning and improvement within the practice.
- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of staff meetings.
- The provider investigated incidents and used the learning from these to make improvements to the service.
- The provider was working on a strategy for providing innovative models of care involving a multi-disciplinary approach to service provision.
- The provider was in discussion with commissioners and other stake holders looking at maximising opportunities for improving the estates.
- The provider was working alongside a secondary care provider with a view to introducing a behavioural therapist to support patients with mental health support needs.

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

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Systems in place for safeguarding patients were not robust. There was no designated safeguarding lead and not all staff had been provided with up to date training in safeguarding.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
An up to date fire risk assessment was not available at the practice and fire drills had not been carried out at regular intervals.