

Bush Hill Park Trinity Surgery

Inspection report

22-24 Trinity Avenue
Enfield
Middlesex
EN1 1HS
Tel: 02083634493

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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?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection May 2017 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced focused inspection at Bush Hill Park Trinity Surgery on 8 May 2017. The overall rating for the practice was Good with requires improvement in Effective. The full focused report on the 8 May 2017 inspection can be found by selecting the 'all reports' link for Bush Hill Park Trinity Surgery on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Bush Hill Park Trinity Surgery on 12 June 2018 to follow up on a breach of regulation.

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 were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients told us that all staff at the practice were supportive and the care they received was excellent. Access to the service was good and patients told us they could book routine and emergency appointments when needed.
- Clear records of patient health concerns, diagnosis and treatment following consultation were still not included on all patients' notes.

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Consider following Public Health England recommendations on monitoring the cold chain
- Review registration information to ensure it is updated.
- Continue to review arrangements to enable patients access to a GP of a gender of their choice.

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

Population group ratings

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

Our inspection team

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

Background to Bush Hill Park Trinity Surgery

Bush Hill Park Trinity Surgery provides primary medical services from 22-24 Trinity Avenue, Bush Hill Park, Enfield EN1 1HS to 2,630 patients and is one of 54 practices in Enfield Clinical Commissioning Group (CCG). The practice website can be accessed by the following link .

Statistics show moderate income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for persons aged between 40 and 59. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. Fifty-seven percent of patients have a long-standing health condition compared to the CCG average of 50%.

The clinical team at the surgery is made up of two GPs (both male) who provide nine clinical sessions weekly. There is one practice nurse (female) who provides two sessions weekly.

Five administrative and reception staff work at the practice, and are led by a practice manager.

The practice reception opening times are:

- 8am - 7pm (Monday, Tuesday, Wednesday, Friday)

- 8am - noon (Thursday)

Clinical sessions are as follows:

- 8:30am - noon (Monday - Friday)
- 5pm – 6:30pm (Monday, Tuesday, Wednesday, Friday)

The practice offers extended hours surgery on Monday, Tuesday and Wednesday evenings, between the hours of 6:30pm and 7pm. In addition, the practice holds telephone and Skype consultations between noon and 12:30pm daily. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours, including Thursday afternoon are advised to contact the NHS GP out of hours service on telephone number 111.

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The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

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

Are services safe?

At our previous inspection on 8 May 2017, we rated the practice as good for providing safe services. We found that the provider was still providing a safe service when we undertook this announced comprehensive inspection on 12 June 2018, the provider remains rated as good for this key question.

We rated the practice as good for providing safe services.

Safety systems and processes

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

- 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. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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, harassment, 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.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff had also been given training on how to identify severe infections including sepsis. Staff had access to a checklist of questions/symptoms at reception which was traffic light colour coded so staff would know how to identify a serious concern.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There was a system for managing safety alerts, however it needed to be more effective as we identified one safety alert that had not been actioned. When we asked the lead GPs they informed us searches are done on their system and patients are contacted if required. They also included safety alerts as part of a standard item on their all staff meetings agenda.

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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, 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.

Are services safe?

- The practice had reviewed and assessed their prescribing data, we saw evidence that the practice had made a substantial saving in prescribing antibiotics via a CCG incentive scheme. The practice also told us they were working closely with the CCG and had implemented delayed prescribing of antibiotics to aid in reducing the prescribing of antibiotics. The practice told us would continue to monitor their antibiotic prescribing.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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.
- On the day of the inspection we identified that some patients on high risk medications were set up for repeat prescriptions for six months before a review, consequently patients could get their medication without having a blood test. We discussed this with the practice, a day after the inspection the practice submitted a revised policy with a new system for issuing medicines to patients on high risk medicines, which would require the prescriber to check blood test results before issuing prescriptions.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues, however on the day of the inspection a fire risk

assessment had not been undertaken. The practice provided us with evidence to show this had been booked before the day of inspection. On the day of the inspection the practice was unable to show us evidence of a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, after the inspection the practice showed us a certificate which demonstrated their water system had been checked and was fine.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 8 May 2017, we rated the practice as Requires Improvement for providing effective services as the registered persons did not do all that was reasonably practicable to ensure that relevant information regarding patient health concerns and clinical diagnosis were included in care and treatment plans/pathways.

We issued a requirement notice in respect of this issue and found arrangements had not improved sufficiently when we undertook a comprehensive follow up inspection of the service on 12 June 2018. A two cycle audit had been undertaken prior to the inspection, which demonstrated an improvement in record keeping. However, of the patient records we reviewed they were not detailed and did not give a full explanation. The practice continues to be rated as Requires Improvement for providing effective services.

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used Skype to deliver consultations to patients who could not attend the practice in person.
- Staff used appropriate tools to assess the level of pain in patients.
- 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.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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 offered a weekly phlebotomy service to older patients.
- Home visits and flu vaccination were offered to older patients.
- The practice had a register for patients over 90 and undertook annual reviews for these patients.

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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice provided monthly educational meeting for patients with diabetes and high blood pressure.
- There was a blood pressure machine in the patient waiting area that patients could use to check their blood pressure.

Are services effective?

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90%. The practice was aware they were below target, we were told the nurse was actively following up, and that the practice called patients and sent out letters. The practice also had an action plan and had set reminders up on a shared calendar so they could contact patients at the right time to attend the practice for immunisations. The practice provided us with unverified data that showed over the last six months child immunisation uptake had improved with over 90% and one short of 90% in the preschool boosters.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Skype consultations were offered to families.
- A handheld Ultrasound scan was available to be used for mothers during early pregnancy.
- 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 68%, which was in line with the Clinical Commissioning Group (CCG) average of 70% and the national 72% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had a process in place for supporting patients undergoing gender change (gender dysmorphia).

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.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the local and national averages.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the local and national averages.
- 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 offered annual health checks to patients with a learning disability.

Are services effective?

- Extended appointments of 15-20 minutes were offered to patients experiencing poor mental health.

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. For example, the practice conducted through their own initiative an audit of Weekly Enhanced Diabetic Group Education (WEDGE), the aim was to see the effect of the group education on HbA1c levels in patients attending with the overall aim to improve diabetic control. The audit demonstrated that from the first cycle to the second cycle there was a correlation between the education and the lowering of HbA1c in patients attending the weekly sessions as HbA1c levels for 64% of patients had reduced without medication.

- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national averages. For example, 60% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 80%. Unverified results for 2017/18 provided by the practice indicated an improvement in diabetes indicators.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- A two cycle audit had been undertaken prior to the inspection, which demonstrated an improvement in record keeping however, we were concerned regarding the quality of patient consultation notes of one of the GP partners. Of the sample of patient records we looked at, we saw that the consultation notes of one of the partners were sparse and lacked detail of the discussion held between the patient and GP or the outcome(s) of the consultation.

Helping patients to live healthier lives

Are services effective?

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice undertook weekly educational sessions for patients which were run by one of the lead GPs. Pressure Lowering and Enhanced Diabetic Group Education (PLEEDGE) and Weekly Enhanced Diabetic Group Education (WEDGE).

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected respect patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice as good for providing a responsive service.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and Skype GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- All older patients had alerts on their records to say that they are vulnerable. This allowed staff to be sensitive to their needs.
- The practice had a register for patients over 90 and undertook annual medical reviews for these patients.

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 provided Asthma and COPD Nurse led clinics.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone and Skype GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- All patients with a learning disability had alerts on their records to say that they were vulnerable. The practice had 18 patients on their learning disability register.
- The practice had a process in place for supporting patients that were undergoing gender change (gender dysmorphia).

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

Are services responsive to people's needs?

patients living with dementia, however on the day of the inspection out of four files checked two clinical and two non-clinical we did not see evidence of mental capacity act training.

- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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.

- Results from the patient survey showed patients satisfaction with how they could access care and treatment were in line with national and local averages.

Listening and learning from concerns and complaints

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

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

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection on 8 May 2017, we rated the practice as good for providing well-led services. We found that the provider was still providing a well-led service when we undertook this announced comprehensive inspection on 12 June 2018, the provider remains rated as good for this key question.

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 credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, concerns regarding the quality of patient consultation notes of one of the GP partners had not been sufficiently resolved.

- 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 interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice undertook clinical meetings every two weeks and all staff meetings every two months.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. 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 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 implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.

- The service was transparent, collaborative and open with stakeholders about performance.
- The practice provided monthly educational workshops for patients.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- 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 Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons did not do all that was reasonably practicable to ensure:</p> <ul style="list-style-type: none">• That relevant information regarding patient health concerns and clinical diagnosis were included in care and treatment plans/pathways.• The registered persons did not do all that was reasonably practicable to ensure that all MHRA alerts were followed up.• Antibiotic prescribing was high, higher than the CCG and national average.• The vaccine fridge temperature monitoring was not in line with Public Health England guidance. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |