

Haverhill Family Practice

Inspection report

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Date of inspection visit: 23 October 2018
Date of publication: 23/11/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

This practice is rated as Requires improvement overall and rated as good for providing effective, caring, and well led services and requires improvement for providing safe and responsive services.

This is the fourth inspection of The Haverhill Family Practice. At our previous inspection in September 2017, the practice was rated as good overall and for providing safe, caring, responsive and well led services and requires improvement for providing effective services. We undertook a focused inspection 31 May 2017 to follow up on the enforcement that we had issued as part of our January 2017 inspection. At our previous inspection January 2017, the practice was rated inadequate overall and for safe, effective and well led services. The practice was rated as requires improvement for providing caring and responsive services. The practice was placed into special measures.

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? – Requires improvement

Are services well-led? - Good

We carried out an announced comprehensive inspection at Haverhill Family Practice on 23 October 2018 to follow up on the improvements required that were identified in our inspection in September 2017.

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 system and processes to ensure patients attended annual recalls had been improved. The practice had ensured clinical oversight for monitoring the quality and outcome framework and patient exception reporting.

- We found that not all patients taking high risk medicines had received their monitoring in a timely manner. This had been identified as a concern in our report for the inspection undertaken in January 2017.
- The practice had employed additional clinical staff and had used a wider skill mix to meet patient demand.
- All staff we spoke with told us that the practice had sustained the strong leadership to ensure they offered patient centred care.
- Reception staff had been trained as care navigators to ensure patients saw the right person at the right time.
- The practice had embedded a programme of audits to ensure safety and quality was monitored and improvements made where necessary.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The GP patient survey data showed some areas of improvement but some areas had declined further and patients found they experienced difficulties in getting through on the phone. The low patient satisfaction rates had been highlighted in our previous reports.
- The practice had undertaken their own practice survey in April 2018 and had implemented changes to improve areas of patient satisfaction.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The area where the provider **must** make improvements is:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The area where the provider **should** make improvements is:

- Improve the system and process to ensure all patients medicines reviews are undertaken in a timely manner.

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	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 Care Quality Commission (CQC) lead inspector and a GP specialist adviser.

Background to Haverhill Family Practice

This is the fourth inspection of The Haverhill Family Practice. At our previous inspection in September 2017, the practice was rated as good overall and for providing safe, caring, responsive and well led services and requires improvement for providing effective services. We undertook a focused inspection 31 May 2017 to follow up on the enforcement that we had issued as part of our January 2017 inspection. At our previous inspection January 2017, the practice was rated inadequate overall and for safe, effective and well led services. The practice was rated as requires improvement for providing caring and responsive services. The practice was placed into special measures.

The Haverhill Family Practice is located at Camps Road, Haverhill, Suffolk CB9 8HF. There is a branch surgery at Stourview Surgery, Crown Passage, Haverhill, Suffolk and we did not visit this site as part of our inspection. The practice holds a Personal Medical Services (PMS) contract, a locally agreed contract with NHS England.

The practice offers health care services to approximately 15,000 patients. The practice age demographics are similar to the national averages. Haverhill is one of the

more deprived communities in Suffolk and has been ranked amongst the 20% most deprived wards in the county, with poor health levels around respiratory illness, and mental health.

The practice comprises of five GP partners (three male and two female), two health care assistants, four practice nurses, two nurse practitioners, and one senior practice nurse. A human resources manager, IT/audit manager, QOF Audit manager and business manager lead a team of 19 support staff including secretaries, receptionists, administrators, and four data quality administrators. In addition, the practice employs two emergency care practitioners.

The Haverhill Family Practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30am and 1.30pm to 6pm. Extended hours appointments are offered between 8.30am and 11.30am every Saturday. Stourview branch surgery is open Monday from 8am to 6pm and Tuesday to Friday from 8am to 1pm. Appointments can be made by the practice for the GP+ service where patients can be seen at another locality in the evenings or weekends. Out of hours services are provided by Care UK.

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 that not all patients taking high risk medicines had received their monitoring in a timely manner. This had been identified as a concern in our report for the inspection undertaken in January 2017.

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.
- 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. Reception staff had received training in care navigation. Staff we spoke with told us this training enabled them to help patients more effectively.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, there was a back log of medicine reviews for patients taking one or more medicines. We found there was no clear evidence to show the practice were following the practice policy and reducing medicines when patients were overdue their monitoring tests. We found that some patients taking high risk medicines were overdue their monitoring review.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- 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.

Are services safe?

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the evidence tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had identified a backlog of medicine reviews for patients taking one or more medicines including high risk medicines. The practice had completed 60% of medicine reviews of all patients taking medicines in the past 12 months and of this 60%, the percentage of these for patients aged over 65 years old was 77%. The practice told us that an action plan was in place.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. The practice had undertaken audits of clinical staff to monitor the quality of the records keeping in relation to this.

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.

People with long-term conditions:

- Not all 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.
- 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 had improved since our previous inspection and was in line or above with the local and national averages. The practice exception reporting was generally in line or below the local or national averages. We were told all patients were reviewed by a clinician before the exception code was added to any records.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements and coding of medical records for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice did not always clearly document any actions taken.
- The practice had employed a nurse who specialised in sexual health services, this had increased the access for young people to seek appropriate advice easier.

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

- The practice's uptake for cervical screening was 74%, which was in line with the local average of 75% and the national average of 72% and below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- We noted that the practice performance in 2016/2017 for the percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the

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date of diagnosis. (PHE) was 63% this was below the CCG and national average of 71%. This had increased to 100% in 2017/2018 with exception reporting that was in line with the CCG and 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 considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- 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.
- A mental health worker was available in the practice to support patients and they worked closely with the GPs, ensuring patients received appropriate and timely care.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. However, patient reviews were not always conducted in a timely way to ensure care and treatment was effective.

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, the practice had identified a backlog of medicine reviews for patients taking one or more medicines. The practice had only completed 60% of reviews for patients taking medicines in the past 12 months.
- 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. Practice staff we spoke with told us they valued the training and development that the practice had provided. The practice further developed some staff such as supporting clinical staff to obtain their prescribing qualification.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice staff including the management team were aware of, and were managing, staff shortfalls. For

Are services effective?

example, the practice had identified that the nursing hours currently available were compromised as the practice was supporting nursing staff to undertake further training in addition to some sickness absences. The management team addressed this by using locum nursing staff and by other staff members by working additional hours.

Coordinating care and treatment

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

- The practice did not always share clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. The practice systems and processes did not ensure that patients medicines were reviewed in a timely manner. 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.
- Generally, patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients 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.

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.
- Written consent was recorded for patients who were undergoing a minor surgery procedure.
- 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.
- The practice's GP patient survey results were in line with the 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 they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above the local and national averages for questions relating to involvement in decisions about care and treatment. The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018) was 99%; this was above the CCG average of 96% and the national average of 94%.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

We rated the practice as requires improvement for providing responsive services because; In our inspection report September 2017 we identified that the practice should improve patient satisfaction in relation to access to the practice. Feedback from patients has shown a further decline in their satisfaction.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and aimed to tailored services in response to those needs.
- The practice reviewed feedback from patients, results for the GP national survey and results from their own surveys to monitor and continue to improve access for patients; however patient satisfaction was still significantly below local and national averages and in some areas, had declined from the previous report. For example; in the July 2018 data
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018) was 33% this was below the CCG average of 77% and the national average of 70%. The practice performance in July 2017 was 50% this was below the CCG average of 81% and the national average of 71%.
- Telephone GP and nurse's consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Appointments were available on Saturdays morning and twice monthly Monday evenings. The practice could book evening and weekend appointments at the GP+ service.
- 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 GPs including locum GPs and emergency care practitioners accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Not all 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 could offer and book appointments at the GP+ service. This service was available during evenings and weekends in Haverhill and other locations in Suffolk.

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. The practice coded these records but did not always document the clinician's response.
- 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):

Are services responsive to people's needs?

- 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, Saturday morning and twice monthly evening appointments in the practice and evening and weekend appointments at the GP+ service.

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.
- The practice staff had received training in helping patients who had experienced domestic abuse. All clinical staff had access to specific tools developed by the domestic abuse prevention programs to assist in identifying forms of abuse.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice could refer younger adults (patients aged 17-25 years old) to a mental health hub for younger adults.
- All practice staff had received training in dementia awareness.

Timely access to care and treatment

Poor patient satisfaction reflected that they could not always access care and treatment from the practice within an acceptable timescale for their needs.

- The practice tried to keep waiting times, delays and cancellations were minimal and managed appropriately. Three GPs had extended their appointment time to ensure they did not run late keeping patients waiting.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported that the appointment system was easy to use but others found delays in getting through on the telephone.

- The practice's GP patient survey results were below the local and national averages for questions relating to access to care and treatment and had been identified in our previous inspection. For example:
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018) was 33% this was below the CCG average of 77% and the national average of 70%.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018) was 47% this was below the CCG average of 69% and the national average of 66%.
- The practice with the support of the PPG members undertook a survey in April 2018 to understand if the changes they had made had improved patient satisfaction and to identify where patient's satisfaction was lower in relation to appointments and access. The practice had reviewed these results at a whole team meeting and were disappointed at the level of patient satisfaction despite changes they had made. In addition to their own survey findings, the practice looked at areas individually including telephone service, appointment times and patient experience. A detailed plan was agreed which included continuing to recruit GPs and receptionists, development of a senior receptionist role and list size monitoring. The practice had taken action and reorganised how the practice dealt with telephone calls. The calls were answered by staff in a separate office rather than the front desk, allowing staff to focus on call taking. Direct call transfer options had been introduced for health professionals and these were received by the secretarial staff. The practice had recently been able to offer the GP+ appointments in Haverhill and Bury St Edmunds and would continue to offer the Saturday appointments in the practice.

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.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as 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. They had identified clinical staff shortages which had resulted in a list closure and had identified the back log of medicines reviews for patients taking one or more medicines prior to our inspection and had developed some plans to address this.
- 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.
- Staff were had been involved in writing, were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need; reception staff had been trained as care navigators and clinical staff were being supported to obtain the prescribing qualifications. Staff had received an appraisal and career development conversation in the past year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. Staff we spoke with gave examples where staff and colleagues had been supported through personal difficult times.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and mostly effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We found the policy relating to repeat medicine management needed to be reviewed and monitored as GPs were not always following it.

Managing risks, issues and performance

Are services well-led?

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had identified the risks relating to a lack of clinical staff, resulting in poor medicines management and access for patients and had put plans in place to address the issues.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. However, this was not always effective as there were shortfalls in the reviews of patients. 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.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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 effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG).
- Members of the PPG we spoke with told us they were positive about the services offered by the practice. They reflected that the GPs and management team listen to their comments and suggestions and where possible made changes.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met.The practice was aware of but had failed to improve the poor patient satisfaction in relation to access to the practice. This had been identified in our previous report from our inspection September 2017.This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met.We found some patients taking a high-risk medicine had not received appropriate monitoring in a timely manner.This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.