

Trentham Mews Medical Centre

Inspection report

Eastwick Crescent
Trentham
Stoke-on-trent
ST4 8XP
Tel: 01782 644815
www.trenthammewssurgery.nhs.uk

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Trentham Mews Medical Centre on 16 November 2018 as part of our inspection programme.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- Appropriate risk assessments had not always been completed.
- Fire drills had not been carried out at the practice.
- 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.
- Some staff had not completed training appropriate to their role.
- The practice had not carried out appropriate checks for all staff at the time of recruitment.
- Systems for receiving Medicines and Healthcare products Regulatory Agency alerts into the practice were in place but not always up to date.
- Staff involved and treated patients with compassion, kindness, dignity and respect. There was high patient satisfaction throughout the practice.
- The practice was pro-active in working with the local community to improve the health of its practice population.
- Patients found the appointment system very 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.
- There was a clear practice vision and strong set of values.

- Governance arrangements did not support the identification of potential risks or take action to mitigate them.

We saw two areas of outstanding practice:

- Data from the GP National Survey was above local and national averages in all indicators. One hundred per cent of respondents were positive about the overall experience of their GP practice.
- Since 1999 the practice had been active in promoting community engagement to improve health by creating supportive environments and strengthening community action. Current projects included the community book lending service and the establishment of a trust that supports the education and health care of children in a very deprived community in Uganda.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure specified information is available regarding each person employed.

Please refer to the requirement notice at the end of this report for more detail.

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

- Update policies to ensure they reflect current guidance. For example, policies for safeguarding vulnerable adults and recruitment.
- Provide reception staff with training to identify the rapidly deteriorating patient.
- Implement and monitor changes required as identified in the infection control audit.
- Improve governance arrangements and risk management processes so that they operate effectively.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Trentham Mews Medical Centre

Trentham Mews Medical Centre changed its legal identity from a single-handed GP practice to a partnership provider in August 2018. It is located in Trentham, Stoke-on-Trent. The practice provides care and treatment to approximately 3,551 patients of all ages and holds a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. It delivers services from one location which we visited during our inspection:

- Trentham Mews Medical Centre, Eastwick Crescent, Trentham, Stoke-on-Trent, Staffordshire, ST4 8XP

The practice is in an area of low deprivation. Demographically 17.2% of the practice population is under 18 years old which is lower than the national average of 20.8% and 25.5% are aged over 65 years which is above the national average of 17.1%. The practice population is predominately white British. The percentage of patients with a long-standing health condition is 59.2% which is higher than the national average of 53.7%. The practice is a training practice for recently qualified doctors.

The practice staffing comprises of:

- Two GP partners (one male and one female).
- A female salaried GP
- A recently qualified doctor
- Two female practice nurses.
- An elderly care facilitator
- A practice manager.
- Five members of administrative staff working a range of hours.

GP telephone consultations are available for patients who are unable to attend the practice within normal opening hours. During the out-of-hours period services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The practice offers a range of services for example, management of long-term conditions such as asthma, ear syringing, spirometry, cervical smears, childhood immunisations, health checks and new patient checks. Further details can be found by accessing the practice's website at www.trenthammewssurgery.nhs.uk

Are services safe?

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

- There was no evidence that a GP had completed mandatory training as identified by the practice. Administrative staff who acted as chaperones had not received training for this role.
- The policy for safeguarding vulnerable adults did not reflect updated categories of abuse.
- The practice had not always carried out appropriate staff checks at the time of recruitment.
- An effective employee immunisation programme was not in place. A legionella risk assessment had not been completed to identify potential risks within the practice.
- Non-clinical staff had not received training in the identification of the rapidly deteriorating patient.
- Fire drills had not been carried out at the practice and checks had not been completed to ensure that staff in remote upstairs rooms could hear the hand-held fire bell. The fire marshal had not completed training appropriate to this role.
- There was no evidence that systems were in place for monitoring the prescribing of incompatible medicine combinations for patients.
- There was a system for monitoring the prescribing of the high-risk medicine warfarin. However, the practice had not checked the next due date before issuing the prescription to ensure the prescription was for the appropriate time frame.
- Systems for receiving Medicines and Healthcare products Regulatory Agency alerts into the practice were in place but not always kept up to date.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from the risk of abuse. However, there was no evidence that the safeguarding lead GP had completed training in safeguarding vulnerable adults. Administrative staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check however, they had not received training for this role. (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 the risk of abuse, neglect, discrimination and breaches of their dignity and respect.
- The policy for safeguarding vulnerable adults did not reflect updated categories of abuse.
- The practice had not always carried out appropriate staff checks at the time of recruitment.
- There was a system in place to manage infection prevention and control. However, it was not clear if actions identified in the infection control action plan had been implemented. An effective employee immunisation programme was not in place.
- 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 systems in place to assess, monitor and manage risks to patient safety but they were not always effective.

- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- 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. However, non-clinical staff had not received training in the identification of the rapidly deteriorating patient.
- Fire drills had not been carried out at the practice and checks had not been completed to ensure that staff in remote upstairs rooms could hear the hand-held fire bell.

Are services safe?

- The fire marshal had not completed training appropriate to this role. There was no evidence to demonstrate that one of the GP partners had completed fire training.
- A legionella risk assessment had not been completed to identify potential legionella risks within the practice or the actions to be taken to mitigate potential risks.
- The practice did not have systems in place to monitor non-clinical staff immunity to hepatitis B. Risk assessments had not been completed to mitigate risks to patients or staff.

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 practice was below the local and national averages for the prescribing of sleep enhancing medicines.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice had been effective in reducing the percentage of antibiotics prescribed.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines.

However,

- There was no evidence that systems were in place for monitoring the prescribing of incompatible medicine combinations for patients.
- There was a system for monitoring the prescribing of the high-risk medicine warfarin. However, the practice had not checked the next due date before issuing the prescription to ensure the prescription was for the appropriate time frame.

Track record on safety

The practice did not have a good track record on safety.

- Comprehensive risk assessments had not been completed in relation to some safety issues.

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.

However,

- The system in place for receiving Medicines and Healthcare products Regulatory Agency (MHRA) alerts into the practice was not effective. Not all of the issued MHRA alerts were included in their systems and the practice were unable to demonstrate that action had been taken in response to other MHRA alerts. Following our inspection, the practice forwarded details to us of how they had updated their systems to include the most recent MHRA 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 overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

- We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used a text messaging service to enable them to prompt patients regarding appointments and preventative healthcare such as immunisations.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The National Institute for Health and Care Excellence (NICE) guidelines were embedded into templates for the assessment and review of patients. For example, long-term conditions and sepsis.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice had used an appropriate tool to identify 224 patients aged 75 and over who were living with moderate or severe frailty. Those identified as being frail were discussed at regular meetings with the Integrated Local Care Team (ILCT), a team that included health and social care professionals.
- The practice had a dedicated Elderly Care Facilitator (ECF) who visited patients aged 75 and over in their own home for assessments, if required. For example, dementia screening assessments and assessments of benefit uptake.
- The practice followed up 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:

- 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 the ILCT 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. Data from the Clinical Commissioning Group (CCG) showed that in quarter one for 2017/18 there had been no emergency asthma admissions from this practice.
- 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 most long-term conditions was in line with local and national averages.
- Despite a higher than average population of older patients and a high incidence of several long-term conditions, the practice's acute unplanned hospital admission rates and A&E attendance rates were amongst the lowest in the Clinical Commissioning Group (CCG).

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice referred children of concern to the Health Visitor Hub for information and support.

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

- The practice's uptake for cervical screening was 77.5%, which was below the 80% coverage target for the national screening programme but above the local and national averages.

Are services effective?

- The practice's uptake for breast and bowel cancer screening was above the local and national averages.
- 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 carers 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 tried to organise double appointments for patients with a learning disability at the beginning of the surgery to reduce waiting times and to allow time to conduct an appropriate appointment.
- The practice had joined with three other GP practices within the locality to establish a befriending group for those who were socially isolated. Twenty-five patients attended (eight from this practice) and those who wished to continue to meet were signposted to established befriending groups.

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.

- The practice ran a community book service within the practice. This was run by patient volunteers from the practice. The practice recognised that active volunteering provided patients with a sense of purpose and promoted connection with others.
- Patients at risk of dementia were identified and the ECF offered a home assessment to detect possible signs of dementia. The assessments were recorded onto a care plan template and discussed with the GP. Where necessary, actions were agreed and referrals for further care were completed. As a result of this work the practice had increased the practice prevalence recording for dementia and the percentage of patients who received a face to face review.
- The practice offered annual health checks to patients with a learning disability. The practice nurse used easy read material to support patients to understand and engage with the health check.
- The practice's performance on quality indicators for patients experiencing poor mental health were in line with local and national averages except for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record. The GP was unaware of the reasons for this but was looking into it.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the General Practice Resilience Programme.

Effective staffing

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

Are services effective?

- 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 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. There was an induction programme for new staff. This included one to one meetings, appraisals and revalidation.

Coordinating care and treatment

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

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. For example, palliative care and long-term conditions.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients.
- 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.

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 people who were socially isolated.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice had an established history of engaging in social prescribing schemes for example, Art for Health and the book lending service.
- 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was overwhelmingly positive about the way staff treated 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 above local and national averages for all questions relating to kindness, respect and compassion. The indicator for overall patient experience was significantly above local and national averages.
- The practice had worked with three local GP practices to establish a befriending group for patients who were socially isolated.

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. Information on the practice's website encouraged carers to register with the practice. There was also information directing patients to the North Staffs Carer's Association and the Carer's Hub.
- The practice's GP patient survey results were higher than local and national averages for questions relating to involvement in decisions about care and treatment.
- Since 1999 the practice had been active in promoting community engagement to improve health by creating supportive environments and strengthening community action. For example, improving health through art, taking over the community book lending service following the closure of the local library and development of the Kabanda Trust which supports the education and health care of children in a very deprived community in Uganda. Pictures of the school and its pupils were displayed throughout the practice. It has provided an opportunity for the practice to work with local and national organisations to raise awareness of the ongoing issues regarding global health and greater understanding of the wider determinants of health.

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 good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had 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.
- The practice supported community engagement through their weekly 'Book Lending Service'.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or supported living schemes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed an elderly care facilitator in response to the need to improve the care of their growing older population.

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 Integrated Local Care Team (ILCT), a team that included health and social care professionals, to discuss and manage the needs of patients with complex medical issues.

- The practice had been in discussion with the local Healthy Minds service to improve the uptake of psychological services. As a result of this, an in-house clinic was due to start in the new year specifically directed at those with additional long-term health conditions.

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 on a Monday evening.
- The practice provided facilities for on-line booking of prescriptions and requests for repeat prescriptions.
- The practice offered telephone consultations to accommodate patients that could not attend the practice due to work commitments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice had strong working relationships with the palliative care team.
- Home visits were offered to vulnerable patients so that their families or carers could be present.
- Verbal consultations were supported and informed with written information for carers and families.
- The practice signposted patients and their carers to local activities. For example, befriending groups, art groups and a book lending service managed by the practice to support patients who were socially isolated.
- The practice had systems in place, which they followed, to support changes in patients' preferred gender, name and title.

Are services responsive to people's needs?

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 had identified that patients experiencing severe poor mental health issues were receiving less than optimal care due to the lack of a permanent consultant psychiatrist. Following discussions with secondary care services a permanent consultant has been appointed to start to attend the practice to review patients' care and raise any concerns regarding their management.

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.

- Although the practice had an electronic patient call system to make patients aware of when they were able to go in for their appointment, the GPs chose to greet patients personally in the waiting area instead. This enabled the GPs to offer a more personal service and to see patients earlier if they appeared unwell or agitated.
- The practice's GP patient survey results were above local and national averages for all questions relating to access to care and treatment.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. 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 requires improvement for providing a well-led service. This was because:

- Staff had not always completed appropriate training to support a culture of high-quality sustainable care.
- The arrangements for governance did not always operate effectively.
- There were limited processes for managing risks and issues.

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 strong set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population and engaged in community projects to improve the overall health of the practice population.

Culture

The practice had a culture of high-quality sustainable care however, staff had not always completed appropriate training to support this.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and those in the local community.

- 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 staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. However, not all staff had completed mandatory training as identified by the practice. For example, there was no evidence that the lead GP for safeguarding had completed training for safeguarding vulnerable adults.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Most staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The arrangements for governance did not always operate effectively.

- Structures, processes and systems to support good governance and management were clearly set out but not always effective. For example, staff training, recruitment of staff, monitoring of prescribing and alerts and fire safety.
- 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. However, two policies we reviewed needed to be updated to reflect national guidance.

Managing risks, issues and performance

There were limited processes for managing risks and issues.

Are services well-led?

- Risks were not always identified, monitored or dealt with appropriately. Risk assessments had not been carried out where needed, for example legionella and staff immunisation. Fire drills had not been carried out at the practice to ensure patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents, and complaints however not all of the safety alerts had been acted upon.
- 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had access to information.
- The practice used performance information which was reported and monitored. For example, Clinical Commissioning Group General Practice indicators such as emergency asthma admissions and A&E attendance rates.
- 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. For example, a text messaging service.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice did not have an active patient participation group (PPG) however they did have a virtual PPG that provided a forum for patients to comment and engage with the practice regarding issues or concerns.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of 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.
- The practice had worked with three local GP practices to establish a befriending group for those who were socially isolated.
- The practice had engaged with secondary services to improve support for patients experiencing poor mental health.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • An effective employee immunisation programme was not in place. Risk assessments had not been completed to mitigate risks to patients or staff. • A legionella risk assessment had not been completed to identify and mitigate potential risks within the practice. • Fire drills had not been carried out at the practice and checks had not been completed to ensure that staff in remote upstairs rooms could hear the hand-held fire bell. • There was no proper and safe management of medicines. In particular: • There was no evidence that systems were in place for monitoring the prescribing of incompatible medicine combinations. • A system to monitor Medicines and Healthcare products Regulatory Agency (MHRA) alerts was in place however it was not always kept up to date. • There was additional evidence that safe care and treatment was not being provided. In particular: • There was no evidence that a GP had completed all the mandatory training identified by the practice. For example, fire and safeguarding vulnerable adults. • Non-clinical staff who acted as chaperones had not received training for this role. • The fire marshal had not completed training appropriate to this role.

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Requirement notices

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- A full employment history was not available for two members of staff.
- Health assessments had not been completed for four members of staff.
- A DBS check had been used from a previous employer for one member of staff and a risk assessment to mitigate any potential risks had not been completed.
- There was no photographic proof of identity for one member of staff.