

Leyland Surgery

Inspection report

West Paddock
Leyland
Preston
Lancashire
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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?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating 14/12/2016 – Good)

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? – Requires improvement

We carried out an announced comprehensive inspection at Leyland Surgery on 19 June 2018 in response to concerns.

At this inspection we found:

- The practice did not always have clear systems to manage risk so that safety incidents were less likely to happen. The risk of a backlog of patient information that had not been viewed by GPs or entered onto patient records had not been assessed.
- Learning and actions taken in response to incidents was not always consistent.
- 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 difficult to use and reported that they were not always able to access care when they needed it.

- Patients found it difficult to get through to the practice by phone.
- Governance arrangements were not being operated effectively to ensure the delivery of high quality, sustainable care.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

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

- Improve the monitoring of emergency medicines in the practice.
- Consider the regular review of all children and young people on the practice safeguarding register.
- Develop a summary of significant events to identify any trends in events.
- Continue to improve arrangements for the identification of carers in order to offer them support where needed.

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. The team included a GP specialist adviser.

Background to Leyland Surgery

Leyland Surgery is situated at Westfields on West Paddock in the Leyland area of Preston at PR25 1HR serving a mainly urban population. The building is a purpose-built single-storey health service centre which was renovated and adapted by the practice in 2013 when it moved there. The practice shares the building with a local patient mental health service. The practice provides level access for patients to the building with disabled facilities available, fully automated entrance doors and a reception desk, part of which has been lowered to facilitate wheelchair access. The practice website can be found at www.leylandsurgery.co.uk.

There is limited parking provided for patients in the practice car park and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS) with NHS England.

There are two male GP partners and one female salaried GP together with two long term locum GPs. They are assisted by two practice nurses and two healthcare assistants. A practice business manager, two practice managers, reception supervisor and additional administrative and reception staff also support the practice. The practice is a teaching practice for GPs at

different stages of their training and for medical students. At the time of our inspection, the practice had recruited an additional practice nurse and was in the process of recruiting further clinical staff and a salaried GP. The service provider has another practice in the CCG and staff at Leyland can work across both surgeries.

The practice provides services to approximately 5,567 patients. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 111.

There are lower numbers of patients aged over 65 years of age (19%) than the national average (17%) and higher numbers of patients aged under four years of age (7%) than the national average (6%), otherwise the patient demographics are similar to national figures.

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. Male life expectancy is the same as the national average, 79 years, and female life expectancy is 82 years compared to 83 years nationally.

The practice has a higher proportion of patients experiencing a long-standing health condition than average practices (62% compared to the national average

of 54%). The proportion of patients who are in paid work or full-time education is the same as the national average of 62% and the proportion of patients with an employment status of unemployed is 0%, lower than the local average of 2% and the national average of 5%.

The practice is registered with CQC to provide family planning, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

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

Safety systems and processes

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

- The practice generally had appropriate systems to safeguard children and vulnerable adults from abuse. We were told all staff received up-to-date safeguarding and safety training appropriate to their role, however, staff could not evidence that this training had been completed for two locum GPs. Following our inspection, we saw evidence of training for these GPs. They knew how to identify and report concerns. There was a register of vulnerable children and young people, however, there was no evidence patients on this register were regularly reviewed. 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 a comprehensive recruitment policy although we saw that this was not always followed.
- There was an effective system to manage infection prevention and control (IPC). The policy for the management of IPC was comprehensive although staff did not always follow the recommendations in the policy to conduct six-monthly audits.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. We saw evidence of risk assessments in place to assure patient safety although records of water testing were incomplete. Following our inspection, we saw evidence that these records had been obtained.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were not 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. However, there was evidence that the number of staff employed to carry out administrative tasks associated with the management of patient clinical records was insufficient.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. At the time of our inspection, the practice had lost several clinical staff and GPs and was in the process of recruiting replacement staff to cover this.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a workflow protocol that allowed staff to remove some items of post coming into the practice without sight of the GP, however, we saw this protocol was not followed and staff knowledge of the protocol was insufficient. There was a pile of outstanding post that had not been viewed by GPs or scanned onto patient records dating back to October 2017. There was no GP audit of the process. The practice told us they had addressed the backlog of letters following our visit and would conduct a significant event review.
- Clinicians made timely referrals in line with protocols.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

Are services safe?

Appropriate and safe use of medicines

The practice generally 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. Stock levels for emergency medicines were not checked regularly although we saw supply of these was sufficient and all medicines were in date.
- Staff prescribed and 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.
- 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.

Track record on safety

The practice generally had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues although the risk of scanning patient documents on the reception front desk had not been assessed.

•After our inspection in December 2016, we recommended that the practice workflow protocol be reviewed and an audit of the process be introduced to ensure patient safety. The practice had introduced a new protocol but no audit process, to ensure that it was being followed appropriately.

•The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice did not always learn and make 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 and took action to improve safety in the practice. However, there was no ongoing summary of incidents to identify trends and we saw that the practice response to similar incidents was inconsistent.
- We were told the practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw documents that indicated that action had been taken as a result of patient medicine safety alerts, however, for one alert that we reviewed, we found no evidence in patient records that this had happened.

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 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Clinicians had trained in the care of patients at end of life.
- Older patients were encouraged to take part in immunisation programmes such as vaccination against shingles, pneumonia and flu.

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.

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages although exception reporting for patients was generally higher. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) The practice told us how they excepted patients and said that they always sent three invitation letters to patients for a review before excepting a patient who did not attend.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% for children aged 1 and above the world health organisation (WHO) target of 95% for children aged 2.
- 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 76%, which was below the 80% coverage target for the national screening programme but in line with local and national averages.
- The practice's uptake for breast and bowel cancer screening was above the local and national average. They had improved patient uptake of bowel cancer screening by inviting members of the local bowel cancer screening team into the practice to see patients who had been invited and not taken part in the screening. These team members explained the screening process to patients and encouraged them to take part.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- 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. All of these patients had care plans in place and all patient deaths were reviewed in a multi-disciplinary team meeting to identify any learning points.
- The practice held a register of patients living in vulnerable circumstances including 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 offered annual health checks to patients with a learning disability. They found that by contacting patients two days before to invite them to attend an appointment, patients experienced less anxiety and were more likely to attend for review.

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.
- The practice was in line with local and national averages for offering an annual review to patients with mental health problems and dementia although the exception reporting rate for these patients was higher than local and national figures.
- 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.

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 overall QOF achievement in 2016/17 was higher than local and national averages although the patient exception reporting rate was also higher.
- 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 except for two locum GPs which lacked some details of safeguarding training completed. We were sent proof of training for these GPs following our inspection. Staff were encouraged and given opportunities to develop. Reminders were set on managers' computer systems to ensure that staff skills were maintained and a training programme was put together to ensure training was delivered in a co-ordinated and timely way.
- 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.

Coordinating care and treatment

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

Are services effective?

- 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 for vulnerable adults. We were unable to view records of discussions with health visitors for vulnerable children and young people however, we were told that communication channels were good and care was coordinated.
- 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 and with health visitors and community services for children who had 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.

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.
- 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 generally above local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

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

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above or in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- 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.

Responding to and meeting people's needs

The practice generally organised and delivered services to meet patients' needs. It did not always take account of patient needs and preferences.

- The practice generally 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 apart from the telephone systems which limited patient access to services.
- The practice had not always made reasonable adjustments when patients found it hard to access services. Telephone access to the practice was poor and patients reported a lack of GP appointments.
- 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.

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.
- New patients living in care and nursing homes were offered a health check.

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 home visits for health reviews for those patients who were unable to attend the practice.
- A diabetic specialist nurse attended the practice regularly to assist clinicians in the care of diabetic patients.

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, although there was no regular review of all children who had been identified as vulnerable.
- We were told that all parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary, although one patient told us that this was not always the case.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments.
- The practice offered online access to ordering prescriptions and booking appointments. They held a patient access promotion event to encourage patients to register for this service. We saw that 44% of the practice population had registered at the time of our inspection.
- The practice offered minor surgery clinics on Saturdays for patients who were unable to attend the practice during the week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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. Staff had trained to be “dementia buddies” to support those patients with dementia.
- A member of the Alzheimer’s society had visited the practice to guide staff in recognising and supporting patients with the condition.
- The practice shared the building with a local mental health resource team and a member of that team attended a practice staff meeting to offer advice on the care of patients with mental health problems.

Timely access to care and treatment

Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients reported that the practice did not offer timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times were sometimes lengthy and were not managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. However, if the number of on-the-day appointments had been filled, patients were sometimes asked to attend the local urgent care centre or contact the practice on the following day.

- Patients reported that the online appointment booking system was easy to use. However, patients told us that telephone access to the practice was poor and that appointments were difficult to get.
- The practice’s GP patient survey results were generally in line with or below local and national averages for questions relating to access to care and treatment. Results relating to telephone access were low. The practice told us that they planned to install a new telephone system to address this.

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.

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.

Leadership capacity and capability

Leaders did not always have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about some of the issues and priorities relating to the quality and future of services. They understood the challenges related to the provision of clinical services and aspects of governance and had begun to address them. However, some challenges facing the administration of the practice had not been addressed.
- Leaders at all levels were visible and approachable. However, some staff reported they did not always provide compassionate and inclusive leadership. They said their concerns were not always addressed and they felt under pressure to comply with demands.
- The practice had processes to develop leadership capacity and skills. They had trialled management positions with staff and were addressing gaps in provision.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care. This strategy had been developed with a view to clinical staff roles and responsibilities and areas of practice management but lacked full consideration of administration staff resources.

- There was a clear vision and set of values although the practice strategy and supporting business plans were not comprehensive.
- 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 had not always addressed the needs of the practice population in relation to access to service and told us that it hoped that the future plans for provision of further GPs and clinicians and better telephone access would address this in the future.

Culture

The practice did not always have a culture of high-quality sustainable care.

- Not all staff felt respected, supported and valued. Staff told us that they felt that they were working under pressure and often in difficult circumstances.
- Some staff we spoke with told us they could raise concerns and were encouraged to do so. However, evidence indicated that not all issues raised were addressed.
- The practice staff told us they were focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Not all staff felt there were positive relationships between managers and staff.
- 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.
- There were processes for providing all 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.
- Managers told us there was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

There were not always clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were generally clearly set out and understood. However, these systems were not always operated in a way that kept patients safe. 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, however these policies and procedures were not always followed and staff had

Are services well-led?

not assured themselves that they were operating as intended. There was a policy in place for the management of patient test results although this did not reflect current practice.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always effective.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety was not comprehensive. There was a lack of oversight of significant events to monitor trends and no risk assessment for scanning patient documentation on the front reception desk. The risks related to the backlog of patient documents received from other services and not viewed by GPs had not been addressed comprehensively and in a timely way.
- At our inspection in December 2016 we indicated that a workflow protocol for the management of post into the practice required review and a GP audit process introduced. We saw evidence of a new protocol but there was no audit of the process to ensure patient safety, no provision of processes to ensure that it was followed and staff were not following the protocol.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts and complaints. We saw that patient medicines safety alerts had been recorded as actioned but there was no documentation in patient records for one alert that we viewed to support this.
- 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

Staff did not have full access to appropriate and accurate information.

- Quality and operational information was used to monitor performance although trends were not always addressed. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings. There was evidence of a high turnover of staff

in the weeks before the inspection but no documented evidence of a review to determine the reasons for this. We received conflicting reports of staff reasons for leaving.

- 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 not always accurate and useful. There was a large backlog of patient information that had not been viewed by GPs or scanned and coded onto patient records.
- 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 generally good arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Data security had not been assessed in relation to scanning patient information on the reception desk.

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 to shape services and culture although these views were not always acted on. There was an active patient participation group.
- 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 although these systems were not always comprehensive and identified concerns were not always addressed appropriately.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular, the practice had not addressed the backlog of patient information not viewed by GPs and risk assessment processes had not been followed for the scanning of patient confidential information at the front reception desk. Patient access to practice services had not been appropriately addressed. There was insufficient evidence that the practice protocol for acting on patient medicines safety alerts had been followed and staff had not followed the practice recruitment policy. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular, the protocol for the management of patient information coming into the practice was not followed. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular, there were insufficient administrative staff employed to carry out tasks</p>

This section is primarily information for the provider

Requirement notices

associated with the management of patient clinical records. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.