

Maylands Health Care

Inspection report

300 Upper Rainham Road
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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 inspection 4 February 2016 – Good)

The key questions 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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Maylands Health Care on 14 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice worked in partnership with patients and external partners to successfully sustain service delivery for its 14,700 patients from various premises due to a serious flood over eight months from July 2016 to February 2017. During this time, the premises was up to 60cm underwater and drying out for a further three

months until spring 2017. Staff and patients explained the practice was still recovering from this major incident that affected business as usual including improving patient access, strategy and oversight, and routine staff checks, annual appraisals and training.

- The practice systems to manage safety and risk were variable. Several risk assessment processes had not been undertaken, were overdue or not followed up. However, patient safety alerts and safety incidents were managed effectively to improve safety.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use but reported that they were not always able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas of practice 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 care and treatment is provided in a safe way to patients.

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

- Review and improve insight and understanding of clinical data and elements of patients coding on records.

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

Population group ratings

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

Our inspection team

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

Background to Maylands Health Care

Maylands Health Care is situated in Hornchurch and is one of the 44-member GP practices in NHS Havering Clinical Commissioning Group (CCG).

The practice has approximately 14,700 patients. Services are provided by the Maylands Health Care partnership under a Personal Medical Services (PMS) contract with NHS England. The partnership is made up of five GP Partners. The practice is in purpose-built health care premises and all patient areas are accessible to wheelchair users. The patient waiting area and 17 consulting and treatment rooms are on the ground floor. There is an independent pharmacy and a dental practice at the same address. The practice is close to public transport and has a car park including three disabled bays.

The clinical staff team are three salaried GPs working at the practice in addition to the five GP partners. In all there are five male and four female GPs making up the equivalent of 7.5 whole time GPs. There are three practice nurses, one full time and two-part time who together make up 2.25 whole time equivalents, a full-time health care assistant, a clinical pharmacist and an advance clinical practitioner pharmacist. The practice is an accredited GP training practice and three of the GP partners are approved trainers. The practice is also

involved in teaching medical students from the local medical school and trainee nurses. Non-clinical staff are a team of administrative, secretarial and reception staff led by a practice manager, assistant manager and reception manager.

The practice's opening times are:

- Monday and Wednesday 8am to 8pm with extended hours 6:30pm to 8pm. When Monday is a bank holiday the extended hours are provided on Tuesday.
- Tuesday, Thursday and Friday 8am to 6.30pm.

Appointment times are:

- Monday and Wednesday 8.30am to 12pm and 1.30pm to 8pm.
- Tuesday Thursday and Friday 8.30 am to 12pm and 1.30pm to 6pm.

The doors and telephone lines do not close for lunch. Telephone lines close at 6.30pm including Mondays and Wednesdays.

The practice is in a third least deprived decile area of England and serves a predominantly White population (88%). A further 5% of the local population identifies itself as Asian, 4% as Black, 2% as Other race and 1% as Mixed race. registered patients.

Maylands Health Care is registered with the Care Quality Commission to carry on the following regulated activities at Maylands Health Centre 300 Upper Rainham Road,

Hornchurch, Essex RM12 4EQ: Diagnostic and screening procedures; Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Are services safe?

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

Safety systems and processes

There were weaknesses in the practice systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones and clinicians were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- However; the process for carrying out appropriate staff checks at the time of recruitment and on an ongoing basis had weaknesses. For example, the recruitment procedure was undated and contained no method to ensure relevant staff immunity status or initial or ongoing DBS checks. There was no appropriate risk assessment for non-clinical staff DBS checks or way to ensure nursing staff registration as required with the Nursing and Midwifery Council (NMC). After we announced our inspection management staff initiated 15 DBS checks for 15 staff.
- Premises and equipment were visibly clean and infection prevention and control actions had been undertaken, but there was no effective system to ensure standards would be maintained in line with relevant good practice guidelines.
- Facilities and equipment were generally safe and in good working order except two toilets with seats that had come off. Staff immediately locked and marked the toilets out of use and appropriate seats were installed and toilets re-opened on the afternoon of our inspection.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not consistently 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 no formalised induction system for temporary or permanent staff or job descriptions except for the assistant manager role. Staff acknowledged the lack of job descriptions and told us staff induction was undertaken but not recorded.
- Staff were clear about their first-hand role in reporting and minimising risk to maintain safety. However, there was no clear lead for health and safety on the organisational chart or health and safety law poster. Management oversight and systems to minimise risks for fire, emergency use oxygen, water safety (Legionella), and control of substances hazardous to health (COSHH) were insufficient.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Arrangements for the defibrillator and emergency use medicines were effective.
- 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.

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 reliable systems for appropriate and safe handling of medicines.

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

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Data showed the practice had a negative variation to the England comparison for the prescribing of a specific group of antibiotics. However, the practice had made improvements during the current year which is not yet reflected in current published data,
- The practice reviewed its antibiotic prescribing and acted 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 track record on safety was variable.

- Risk assessments in relation to safety issues were not consistently undertaken or acted on. There was no evidence of patient harm.

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 acted 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 as good for providing effective services overall and across all population groups.

(Please note: Any Quality Outcomes (QOF) data relates to 2017/18. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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.

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.

- 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).
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. However, the practice QOF performance exception reporting data for patients with asthma was above both local and national averages. (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). Staff told the higher exception reporting was due to an IT system issue and showed us a recently implemented letter to encourage patients to attend by setting out in detail why patients should attend for their asthma review. We also noted the practice overall QOF performance for patients with asthma was significantly above local and national averages, which was a positive indication and meant the practice overall percentage of patients receiving an asthma review was similar to local and national averages.
- 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 QOF performance for patients with atrial fibrillation was below average but unverified locally held data at the practice showed overall performance had recently significantly improved to 94%.
- The practice QOF exception reporting data for patients with Cardiovascular disease (CVD) - primary prevention was 50% compared to 25% in the CCG and nationally. According to data on the NHS digital website the practice overall performance for osteoporosis was 80% which was 7% above the CCG Average, and 8% below the England Average. Locally held unverified data indicated performance for these patients was positive with seven of 57 patients (14%) with CVD on the register having a risk score that would indicate treatment with a relevant medicine were not prescribed it.
- The practice QOF exception reporting data for patients with COPD was above both local and national averages which staff could not explain at the time of our inspection. However, the practice overall QOF

Are services effective?

performance for patients with COPD was significantly above average, which was a positive indication and meant the practice overall percentage of patients receiving appropriate COPD clinical care was similar to local and national averages.

- The practice QOF exception reporting data for patients with Osteoporosis was 31% compared to 13% within the CCG and 18% nationally. We asked staff about this relatively high exception reporting rate and they told us all patients coded as having osteoporosis on the register, including those identified as “at risk” such as due to fragility fractures and being prescribed medicines for osteoporosis were invited for assessment or treatment; but 31% of those patients turned it down because they did not have osteoporosis and their records were now coded correctly and accurate. According to data on the NHS digital website the practice overall performance for osteoporosis was 100% which was 14% above the CCG Average, and 8% above the England Average.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above and significantly above average for children one year old.
- 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 77%, which was higher than both local and national averages but slightly below the 80% coverage target for the national screening programme.
- The practices’ uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- 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.

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.
- 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 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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, but the practice had not maintained staff training records.

Are services effective?

- On the day of our inspection the practice was not consistently able to demonstrate staff had appropriate knowledge and training for their role. For example, evidence of safeguarding training for non-clinical and clinical staff at all levels was missing, staff training records were out of date, and there no evidence of training on file for a member of non-clinical staff. Staff told us records had not been maintained which had become a secondary priority following on-going work needed to recover business as usual after the flood. After our inspection the practice sent us evidence of appropriate safeguarding training for all staff and relevant minor surgery training for GPs staff that had occurred prior to our inspection corroborated that staff training had been undertaken and staff files had not been maintained.
- There was no on-site evidence of appropriate training for staff taking samples for the cervical screening programme but staff we spoke to described they had received specific training. Practice nursing staff were proactively involved in ensuring good coverage and high standards for patients cervical screening and a 2017/18 audit showed less than 1% of samples taken were returned as an inadequate result. This low percentage indicates practice nurses sample takers had a high level of competence. Nursing staff could also demonstrate how they stayed up to date with immunisation schedules and best practice.
- The practice understood the learning needs of staff and provided protected time and training to meet them. 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, clinical supervision and revalidation. Appraisals had not been consistently undertaken or were delayed due to other work needing to be done during and after the practice flood.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- 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.
- 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 have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which 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 need 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.
- The practice trained members of its Patient Participation Group (PPG) to encourage and assist patients to have receive blood pressure and blood sugar monitoring checks.
- 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, and tackling obesity.

Consent to care and treatment

Coordinating care and treatment

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

Are services effective?

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

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

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

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were 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 the population groups, as requires improvement 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 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:

- 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 provided primary care services and a weekly visit to a local care home for older people living with dementia and nursing care needs.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients via local pharmacists.

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.

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.
- The practice had a website offered online appointment booking and prescription requests through the online national patient access system.

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.

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

Timely access to care and treatment

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

Are services responsive to people's needs?

- The practice GP patient survey results published August 2018 for timely access to care and treatment were below average. The practice had acted to improve patient's access, but several actions were not undertaken until two weeks prior to our inspection. The practice had not evaluated the impact on patient's experiences or satisfaction and it was too early to do so. Some improvement actions were in progress or partially implemented such as recruiting additional clinical staff, but patients consistently expressed dissatisfaction including through NHS choices feedback, and patient feedback we gathered through the inspection process.
- Patients feedback indicated they did not have timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were not managed appropriately but patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use but they could not get through to the practice on the phone or get an appointment, including when they attended the practice in person.
- The practice had a website and offered online appointment booking and prescription requests through the online national patient access system.

Listening and learning from concerns and complaints

Systems to capture patient feedback were insufficient but the practice *took* complaints and concerns it did receive seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint, raise concerns or leave feedback was not sufficiently accessible. Complaints information was limited to a form available at the reception desk, but we observed queues at reception during the day which may have presented a barrier for patients wanting to complain or leave feedback and unable to wait for staff to become available. There was no suggestion box or complaints poster on display.
- 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 it received, 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 and all the population groups as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care and had been set back by the effects of managing the flood.

- 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.
- The practice successfully managed safety and performance during the flood that occurred in June 2016. The premises were unusable until February 2017 and gradually drying out for a further three months by spring 2017 when all day to day operations were running from the practice. Staff described to us how all aspects of day to day activities were affected during the flood, including having regular meetings, appraisals and staff training. The practice sustained seeing patients without compromising patient safety including at portacabins and other premises and maintained paper records that were added to patient's computer records.

Vision and strategy

The practice did not have a formalised strategy to deliver high quality, sustainable care because staff had focused on keeping day to day operations running to deliver patients care.

- Leaders were aware of the need to formalise a strategy and clearly presented the current challenges clearly, including access and recruitment and workforce development that they had partially delivered and were able to demonstrate were in the pipeline.
- Staff were aware the values of the practice were to be caring and put patients first, and their role in achieving this.
- The practice plans were in line with health and social care priorities across the region and the practice planned its services to meet the needs of the practice population.

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 including non-clinical staff attending visits with GPs to chaperone for patients where needed, and hand delivering letters in line with urgency and to avoid delays.
- 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, although training records needed updating and some staff annual appraisals were missing or had been delayed. Staff were supported with carer development conversations and opportunities and to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity and staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were generally in place but gaps included health and safety.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective including to ensure appropriate safeguarding arrangements and patient's clinical care.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, but leadership and oversight for health and safety was unclear and ineffective.
- Practice leaders had established proper policies, procedures and activities but not all were in place or appropriately implemented. For example, there were no job descriptions except for one staff role and there was no formalised induction.
- Governance frameworks for meetings had not been maintained or implemented as needed, particularly for a practice of this scope and size. Meetings that took place were not recorded and there was no structure to ensure key considerations such as complaints, safeguarding, significant events access, and health and safety actions agreed or follow up. There was no method to ensure dissemination of information to relevant staff. However, we saw no evidence of patient harm and staff we spoke with on the day of our inspection were aware of key issues and information.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The practice processes to manage current and future performance had been compromised due to the flood. However, the practice had become fully operational in spring 2017 which was 15 months prior to our inspection, and some elements of risk and performance management remained insufficiently addressed including patients access.
- Process to identify, understand, monitor and address current and future risks including risks to patient safety were variable. There was no method for staff to identify day to day risks such as broken / missing toilet seats we found on the day of our inspection and lack of appropriate hazard signage for oxygen gas cylinders. The legionella risk assessment had not been followed up and the most recent infection control audit was three years prior to our inspection.
- Prescriptions usage was not monitored which meant the risk of prescriptions misuse was not managed and there were no audits of medical records summarising or method to check the quality of this work.

- The practice had asked its insurer to undertake a risk visit and received the report in December 2017, the practice had set out and achieved some plans to make improvements and reduce risk.
- 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, staff appraisals were delayed or not undertaken and there was no clear oversight of staff training because records were out of date.
- Quality and sustainability were discussed in relevant meetings where all staff but there were no meeting minutes disseminated to relevant staff.
- The practice used performance information including QOF which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and used but patient's dissatisfaction regarding access was not promptly or fully understood or addressed. There were plans to address any identified weaknesses.
- There was insufficient patient information in the reception area.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment 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: <ul style="list-style-type: none">• Unclear/ lack of health and safety lead.• Fittings and equipment including toilet seats and oxygen.• Legionella risk assessment not followed up.• COSHH arrangements not in place.• Fire safety.• No method to identify day to day risks.
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 There were no effective systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: <ul style="list-style-type: none">• Staff checks including DBS, immunity and registration with relevant professional body.• Premises and equipment maintenance and cleanliness including infection control.• Prescriptions usage was not monitored.• Staff appraisal.• Insufficient information for patients in waiting areas.• Receiving and responding to patient's feedback including regarding access.• No business strategy or plan or to identify and manage associated risks.

This section is primarily information for the provider

Requirement notices

There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Staff continuous professional development. Staff induction.
- Job descriptions.