

OHP-The Dove Medical Practice

Inspection report

60 Dovedale Road
Erdington
Birmingham
West Midlands
B23 5DD
Tel: 01214655789
www.dovesurgery.co.uk

Date of inspection visit: 30/05/2018
Date of publication: 25/07/2018

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall.

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

We carried out an announced comprehensive inspection at OHP-The Dove Medical Practice on 30 May 2018 as part of our inspection programme. The practice last received a comprehensive inspection under the previous provider in December 2015 and received an overall rating of requires improvement. The practice received a focussed follow up inspection in June 2016 and was subsequently rated as good overall.

The current provider of this practice registered with CQC in August 2017. This is the first inspection under the current registration.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, systems were not always well established. We identified areas where there was a lack of clear oversight and effective monitoring of risks. These included, risks relating to the premises, administration of vaccinations and injections and locum recruitment.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.

- Patient outcomes were comparable to other practices locally and nationally. Staff worked with other health and social care services to provide person-centred care and treatment.
- Staff received appropriate training and development for their roles.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had developed services to meet the needs of their practice population. However, patients reported that they found access to appointments difficult.
- Results from the National GP patient survey and other feedback received showed patients were satisfied with their consultations with clinical staff but not with access. This had continued to be an issue since our previous inspections. The practice had recently implemented new initiatives to try and address this.
- There was a strong focus on continuous learning and improvement, some staff had attended a leadership course and brought the learning back to help develop and improve the practice.

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.

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

- Review information available to support staff working on a temporary basis.
- Review support for reception staff ensure they are aware of 'red flag' symptoms and action they should take.
- Review systems for reporting incidents to ensure learning opportunities are maximised.
- Review how care and treatment for patients with a learning disability may be improved.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector and consisted of a GP specialist adviser to CQC and a practice nurse specialist adviser to CQC.

Background to OHP-The Dove Medical Practice

OHP – The Dove Medical Practice is a member of the provider organisation Our Health Partnership, a partnership of approximately 40 practices with 340,000 patients predominately across the West Midlands area. The partnership aims to support the member practices in meeting the changing demands of primary care. The practice also sits within NHS Birmingham and Solihull Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is located in an urban area of Birmingham with high levels of deprivation (within the most deprived 10% in the country). The premises are purpose built for providing primary medical services and shared with other community health teams. The practice registered list size is approximately 10,000 patients.

Services to patients are provided under a General Medical Services (GMS) contract. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

The practice currently has four GP partners (two female and two male), two salaried GPs (both female) and two GP registrars. There is a team of nursing staff consisting of a nurse practitioner, three practice nurses and three health care assistants. Other practice staff include a practice manager, IT manager, an operations manager and a team of administrative / reception staff who support the daily running of the practice. The practice is a training practice for qualified doctors training to become a GP.

The practice is open between 8am and 6.30pm on a Monday, Tuesday, Wednesday and Friday and between 8am and 5.30pm on a Thursday. When the practice is closed primary medical services are provided by an out of hours provider Birmingham and District General Practitioner Emergency Room group (BADGER).

The practice is registered with CQC to provide the following regulated activities: 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. We identified areas including gaps in locum recruitment records, fire safety arrangements and use of patient specific directions for the administration of vaccines and injections.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse, this included those at risk of domestic violence. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, we identified some gaps in the information available for locum staff and the practice was unable to verify with us what checks or assurances the locum agency used prior to providing locum GPs.
- There were systems to manage infection prevention and control. The premises were visibly clean and tidy and cleaning was arranged through the landlord. An infection control audit had been completed and staff were able to give an example of action taken in response. However, it was not clear from the evidence provided whether all the actions had been fully completed or how the action plan was being monitored.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. Safety systems relating to the premises were carried out by the landlord. We found these were mostly in place

but noted there had been no fire drills since 2015. Staff asked were unable to identify who the fire marshal for the practice was and records showed that not all staff had completed fire safety training.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods. The practice was in the process of recruiting a second nurse practitioner to help improve access to appointments.
- Temporary or locum staff were recruited through an agency and shown around the practice usually by the practice manager. Telephone contacts were displayed in each room if the locum needed any assistance. However, there was no specific locum pack in place for temporary staff. Following the inspection, the practice advised us that they were reviewing this.
- 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. Sepsis guidance was displayed in the clinical rooms. No specific guidance had been given to reception staff but they would refer to a GP if they had any concerns.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There were systems in place for managing test results.
- The practice also 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.

Are services safe?

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines, although we identified some weaknesses in the monitoring of prescription stationery.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately, including those on high risk medicines. Patients were involved in regular reviews of their medicines. The practice was also identifying those on multiple medicines to ensure they had appropriate reviews.
- However, we identified weaknesses in the monitoring of prescription stationery in which systems in place for monitoring did not include total stock. We also identified that patient specific directions were not consistently being utilised for healthcare assistants administering vaccinations.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues. Any maintenance issues were passed on to the landlord for action.
- The practice advised us that risk assessments in relation to the premises were carried out by the landlord. Although, we found these in place there was a lack of oversight by the practice to ensure actions had been completed.

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. The practice had reported four incidents in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. Action was taken in response to incidents to improve safety in the practice. The practice learned and shared lessons from incidents. Incidents were also shared across the wider provider organisation through the provider IT systems.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. There were systems in place for receiving and acting on safety alerts and we saw a recent example where action had been taken.

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 .

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. The practice made use of templates when reviewing patient care.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had in-house equipment such as ambulatory blood pressure monitoring, electrocardiographs and spirometry to help diagnose and monitor long term conditions and to support with care and treatment.
- Information such as NICE (National Institute for Health and Care Excellence) was shared through the provider IT systems across all their practices. We saw examples of clinical audit which reviewed prescribing against NICE guidance.
- Staff used appropriate tools to assess the level of pain in patients.

Older people:

- The practice was working to identify some of their more vulnerable patients who regularly used the service. They had identified approximately 30 patients who were living with frailty and identified a GP to lead on the project. At the time of the inspection a meeting was planned to identify action to better support this group of patients.
- Older patients who were housebound were offered annual reviews of their physical and mental health. Staff also worked with the community health teams to support and help prevent unnecessary hospital admissions.
- The practice was also working to identify patients on multiple medications as part of a CCG initiative to ensure they were appropriately managed.

- The practice followed up on patients discharged from hospital as appropriate. It ensured that their care plans and prescriptions were updated to reflect any extra or changed 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.
- As part of a CCG initiative the practice offered regular checks to patients with chronic obstructive pulmonary disease and invited them to participate in a 'move it or lose it' class held at the practice to help improve the patients physical condition.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Outcomes for patients with long term conditions were comparable to other practices within the CCG and nationally.

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 close to the target percentage of 90%. The practice was participating in a GP Immunisation quality scheme pilot actively following up those who did not attend.
- The practice worked closely with the midwives to support pregnant women.
- The practice regularly met with the health visiting team to discuss any concerns relating to children.
- The practice also worked closely with an external agency in supporting those at risk of domestic violence.

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

Are services effective?

- The practice's uptake for cervical screening was 75%, which was in line with local and national averages but below the 80% coverage target for the national screening programme.
- The practices' uptake for breast cancer screening was above local averages and in line the national average.
- The practices' uptake for bowel cancer screening was in line the local average but below the national average
- 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 co-ordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held registers of patients living in vulnerable circumstances such as those with a learning disability. The practice were not taking part in the enhanced service for carrying out annual health reviews for patients with a learning disability. However, following our inspection the practice have advised us that they have now signed up to offer this service.
- The practice had also identified some of their most frequents hospital attenders and were currently working on a plan of action to better support this group of patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. An audit had been undertaken to identify those in need of the pneumonia vaccine who were at risk.
- Weekly substance misuse clinics were held at the practice and supported by substance misuse workers.

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.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- 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 carried out quality improvement activity to review the effectiveness and appropriateness of the care provided. The practice shared with us four audits they had recently undertaken, two of these were full cycle audits this included an audit reviewing the management of recurrent urinary tract infections and for the management of atrial fibrillation (heart condition). The atrial fibrillation audit was a CCG led audit which showed at follow up most standards were being met although there were still some areas for improvement.

- Outcomes for patients based on information collected for the Quality Outcomes Framework (QOF) showed results that were comparable to CQC or national averages.
- Overall exception rates for the practice were comparable to the CCG and national averages. However, we identified two indicators relating to asthma and Chronic Obstructive Pulmonary Disease which had exception rates which were higher than the CCG or national averages. The practice reviewed their data and advised us that this was due to a coding issue after their previous respiratory nurse had left and that they would rectify this.

Are services effective?

- The practice was actively participating in improvement initiative for example, the GP Immunisation Quality Scheme Pilot in Which they were actively following up patients who did not attend their appointment.

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. Staff were encouraged and given opportunities to develop. Learning events took place at clinical meetings.
- The practice provided staff with ongoing support. This included an induction process and annual appraisals. There was evidence of team support and support for staff to undertake further training. However, there was no proactive system of clinical supervision and support to ensure the competence of staff employed in advanced roles. Following the inspection the practice advised us that they would be assigning a mentor and would be arranging fortnightly supervision sessions with these staff,
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- However, there was a lack of oversight and monitoring to ensure training and records were up to date. For example, records seen were not fully consistent with actual training undertaken.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for

people with long term conditions. They shared information with, and liaised, with relevant community services and social services for patients with complex care needs.

- Staff shared information as relevant with health visitors and community services for children who were at risk of harm.
- 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. Regular multi-disciplinary team meetings were held with district nurses palliative care nurses and health visitors. Information was shared as appropriate with the out-of-hours provider.
- The practice was involved in a CCG led ambulance triage scheme to help reduce the burden on secondary care services.

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.
- The practice held information about various community based services and groups which they could signpost patients to for social and other support. The practice was hoping to introduce care navigators to support social prescribing and were waiting for the outcome of a bid for funding to progress this.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. Patients were signposted to other local services if not available in-house.

Consent to care and treatment

Are services effective?

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

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

- Clinicians supported patients to make decisions. Information was available to support them assess and recorded a patient's mental capacity to make a decision, where appropriate.

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 mostly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the latest national GP patient survey (published July 2017) showed results for patient satisfaction with consultations were in line with local and national averages.

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, through the use of

translation services and increasing font size of letters. Staff told us that easy read information was available on request. The practice did not have a hearing loop, this had been risk assessed as not being required and that a quiet room would be offered to patients as an alternative.

- The practice proactively identified carers and supported them. They helped patients and their carers find further information and access community and advocacy services.
- Results from the latest national GP patient survey (published July 2017) showed results for patient involvement in their care and treatment were comparable to local and national averages.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

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. Issues relating to access had persisted over time and had in some areas deteriorated, this impacted on all population groups .

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. However, access was a major challenge to the practice.

- The practice understood the needs of its population and was working to tailor services in response to those needs and was participating in various local initiatives.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice provided effective care co-ordination for patients who were more vulnerable or 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs or who had difficulty attending the practice due to their health.
- The practice participated in an ambulance triage scheme to support those who may need additional care and reduce the demand on secondary care.
- Patients who had difficulty attending the practice in this population group were able to order prescriptions by telephone.

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. Staff told us that those with multiple conditions were reviewed at one appointment.

- The practice held regular meetings with the local community nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice provided various in-house services to support the diagnosis and monitoring of long term conditions such as electrocardiographs, spirometry and ambulatory blood pressure monitoring.
- The practice held in-house insulin initiation services and a community anticoagulation service to registered and non-registered patients with the practice.

Families, children and young people:

- 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.
- Parents or guardians calling with concerns about a child under 16 years were offered a same day appointment when necessary. Appointments were also available outside school hours.
- Premises were accessible to those with young children with dedicated facilities for breast feeding and baby changing.

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

- Comments received from some working patients told us that they found it difficult obtaining appointments. Although the practice offered telephone and on-line appointments there was currently no extended opening hours. However, this was being considered and developed across the whole provider organisation.
- The practice provided health checks to patients of working age and NHS travel vaccinations.
- Minor surgery clinics were held on site for the convenience of patients.

People whose circumstances make them vulnerable:

- The practice held registers of patients living in vulnerable circumstances such as those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Services and support was available in-house for those affected by substance misuse.

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.
- There were systems in place to ensure clinical staff were made aware of those at risk of suicide.
- Patients were signposted to a local wellbeing hub and counselling services as appropriate.
- Patients with poor mental health and dementia received regular reviews of medicines. Staff were able to give an example of a case conference attended in relation to support given to a patient in this population group.
- The practice had recently joined a clinical trial to look at improving health outcomes by providing support to patients with poor mental health within primary care.

Timely access to care and treatment

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

- Patient feedback through our CQC comment cards, NHS Choices and the latest national GP patient survey indicated that patients experienced difficulties in receiving timely access to services. Results from the latest national GP patient survey were significantly below the CCG and national averages in relation to questions about access. This had also been identified in previous CQC inspection reports under the former provider. Although, the practice had previously taken action these had not demonstrated any significant improvement over time and in some cases patient feedback around access had deteriorated.
- At this inspection the provider told us that access had been an ongoing challenge. They had recently put in place a new appointment system which was advertised

both in the practice and on their website. The new appointment system introduced in May 2018 provided a range of pre-book, same day and walk-in appointments. An Advanced Nurse Practitioner had been employed and saw patients with minor ailments and a second nurse practitioner had been recruited and was shortly due to start. Additional reception staff had been placed on telephones at peak times to take calls. The current changes made were relatively new and had yet to be evaluated.

- Do not attend rates were displayed on the television in the waiting rooms. The practice operated text reminders to patients of their appointments and for ease of cancellation if the appointment was no longer needed.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them as appropriate, however this was not always well documented.

- 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. Complaints were shared as part of the wider provider organisation. For example, action was taken following a complaint in which the patient consultation was interrupted and raised with staff to help improve the quality of care.
- Actions taken following a complaint were not always formally documented.

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. We identified areas in which there was a lack of oversight of risks.

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 endeavouring to address them.
- Leaders at all levels were visible and approachable. They had identified the need to build team work across the organisation in order to deliver improvements such as improving patient access. 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 strategy to deliver high quality, sustainable care.

- The practice had joined a large partnership and shared the wider vision and values of the partnership.
- The vision and values were displayed in the practice and staff were aware of them.
- The practice had identified priorities for improvement. These incorporated feedback received from patients, clinical commissioning group priorities and through local commissioning networks.
- The practice's strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice aimed to provide a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. The practice had identified the need for greater teamwork and communication within the practice to support service improvement. The practice had recently held a team day to support this and bring together ideas from all 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.
- 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 opportunities for development. Staff received regular annual appraisals.
- The practice promoted equality and diversity. Most staff had received equality and diversity training. Staff felt they were treated equally.
- Clinical staff were valued members of the practice team. They were given protected time for professional development and learning and supported to meet the requirements of professional revalidation. However, we identified areas for improvement in relation to ongoing supervision of clinical work for staff employed in advanced or extended roles.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear about their roles and responsibilities.
- Regular meetings were held within each staff groups with plans to extend to whole staff meetings in order to improve communication across teams were due to be implemented.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Although there were systems for managing risks, issues and performance we found that there was sometimes a lack of clear oversight to ensure the systems in place were working as intended.

Are services well-led?

- The practice had recognised the need to improve teamworking and communication in the practice to facilitate and identify priorities for improvement.
- Performance against QOF targets was in line with local and national averages.
- The practice had implemented service developments to support improvements in the quality of care patients received.
- Clinical audit demonstrated some positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- However, we also found a lack of oversight in relation to the premises, staff training records and recruitment of locum staff.
- Records were also not consistently available to demonstrate actions taken to manage risks, for example following infection control audits and complaints. There were low numbers of incidents reported to support learning.
- There was also a lack of proactive monitoring of employed clinical staff in advanced roles to ensure competence.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to support improvement.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The provider submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A 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. The practice had participated in an NHS England led course to help support leadership in the practice.
- Leaders and managers had encouraged staff to take time out to review areas of improvement within the practice. This had led to a focus on the appointment system.
- The practice was working with other local practices in their commissioning network to share ideas and effective ways of working.
- The practice was a training practice for qualified doctors training to be a GP.

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 operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>There was a lack of clear oversight of safe policies, systems and processes to ensure they were operating as intended. This included systems:</p> <ul style="list-style-type: none">• For ensuring patient specific directions were in place for Healthcare assistants administering vaccinations.• In relation to risks relating to the premises in particular arrangements for fire safety.• For ensuring locum recruitment checks undertaken by the locum agency were in place and up to date.• For ensuring clinical oversight of staff working in advanced roles.• For monitoring infection control audits to ensure actions are completed.• For monitoring prescription stationery.• For monitoring training to ensure staff are up to date with their core training requirements.• For recording actions taken in response to complaints.• For reviewing actions taken to improve access. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>