

White Horse Health Centre

Inspection report

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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

Good 

Are services safe?	Good 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This practice is rated as Good overall. (Previous rating from October 2016 – Good)

The key questions at the October 2016 inspection were rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

We carried out an announced comprehensive inspection at White Horse Health Centre on 29 & 30 August 2018, as part of our inspection programme.

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.
- 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.
- The practice had developed a clear dementia strategy to improve their care for patients with this illness, which included an action plan. This included the practice working to become accredited as being a dementia friendly service.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider must make improvements are:

- The practice must ensure all staff receive such appropriate support, training, professional development, as is necessary to enable them to carry out the duties they are employed to perform.

The areas where the provider should make improvements are:

- Improve systems for the handling, monitoring and recording of safety alerts.
- The practice must act to reduce their exception reporting rates.
- Improve systems for monitoring all prescription forms.
- Improve systems for recording staff DBS checks.
- Improve systems to ensure all complainants are given information about how to escalate their complaint if they were unsatisfied with the practice response.
- The provider should continue to make efforts to increase the programme coverage of women eligible to be screened for cervical cancer.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a member of the CQC medicines team and an expert by experience.

Background to White Horse Health Centre

White Horse Health Centre is a GP practice located on the outskirts of Westbury in Wiltshire and has about 22,100 patients registered. It is managed by The Westbury Group Practice and is one of 47 practices serving the NHS Wiltshire Clinical Commissioning Group (CCG) area. The practice is registered to provide the following regulated activities:

- Diagnostic and screening procedures;
- Family planning;
- Maternity and midwifery services;
- Surgical procedures;
- Treatment of disease, disorder or injury.

The practice also runs a dental service under the same registration with the Care Quality Commission, although they operate as a separate service. We carried out an inspection of the dental service at the same time as this inspection and the report of the dental inspection can be found by selecting the 'all reports' link for White Horse Health Centre on our website at [. This report covers our inspection of the GP practice.](#)

The practice occupies a purpose-built building with patient services located on the ground and first floors. There are 12 consulting rooms and two treatment rooms. There are automatic front doors, a lift to the first floor, a

toilet suitable for patients with a disability and a check-in screen which included languages other than English. The waiting areas on the ground and first floors are shared with a number of other medical services that operate from the same building.

White Horse Health Centre has a branch surgery in the village of Bratton, about three miles away, which has a dispensary able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice provides a number of services and clinics for its patients, including childhood immunisations, family planning, minor surgery, and a range of health lifestyle management and advice services, including asthma management, diabetes, heart disease and high blood pressure management.

Data available shows a measure of deprivation in the local area recorded a score of 7, on a scale of 1-10, where a higher score indicates a less deprived area. (Note that the circumstances and lifestyles of the people living in an area affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas). The area the practice serves is urban and rural, and has relatively low numbers of patients from

different cultural backgrounds. 98% of the practice population describes itself as white British. Average male and female life expectancy for patients at the practice is 80 years and 84 years respectively, which is similar to the Wiltshire average and in line with the national average of 79 and 83 years respectively. The practice has a higher than average number of patients reporting deafness or severe hearing impairment; 7% compared to a national and Wiltshire average of 4%.

There are five GP partners and seven salaried GPs making a full-time equivalent of nine GPs. There are 18 nurses, whose number includes five Advanced Nurse Practitioners and one research nurse; a paramedic, a pharmacist, six health care assistants and a phlebotomist. These clinical staff are supported by a management team of four people lead by the practice manager, and a reception and administrative team of 36 staff, four prescription dispensers and six cleaning staff.

White Horse Health Centre is a teaching and training practice providing placements for GP registrars and medical students.

The practice is open from 8 am to 6.30pm, Monday to Friday. Appointments with a GP are 8.10am to 11.50am and 2.40pm to 6.10pm, Monday to Friday. The practice offers extended hours appointments in line with their

service contract with the Wiltshire Clinical Commissioning Group. These are 7.30 to 8am on Tuesday, 6.30 to 8pm on Wednesday and Thursday, and 8am to 10.30am on alternate Saturdays.

The practice has opted out of providing a full Out of Hours service to its own patients. Patients can access an Out of Hours GP service by calling NHS 111. Information about how to contact the out of hours service was available in the waiting area and on the practice website.

The practice has a Primary Medical Services (PMS) contract to deliver health care services. A PMS contract is a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice provides services from the following sites:

- White Horse Health Centre, Mane Way, Westbury, Wiltshire, BA13 3FQ.
- Bratton Surgery, The Tynings, Bratton, Wiltshire, BA13 4RR.

The practice has a website containing further information. It can be found here:

www.westburygp.co.uk

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The practice system for recording staff DBS records had been seen by the appropriate staff did not include the signature of the witnessing staff member.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety, with the exception of emergency medicines which are discussed below.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- Staff were suitably trained in emergency procedures. The practice was equipped to deal with medical emergencies.

- 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.

The practice did not have a current electrical safety certificate which is required to be completed every five years. When we pointed this out to the practice, they took immediate steps to correct this and after our inspection the practice sent us evidence that a contractor had been commissioned to complete the tests.

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.

On our last inspection in October 2016, we found some minor irregularities relating to the management of medicines and we told the practice they should:

- Ensure all actions taken when the dispensary fridge recorded temperatures are outside of the normal range are documented.
- Ensure all controlled drugs that had been returned by patients are recorded until destroyed.

On this inspection we saw evidence these issues had been appropriately addressed by the practice.

- The systems for managing and storing medicines, including vaccines, medical gases and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in

Are services safe?

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.

- Blank prescription pads and forms were stored securely and there was a system in place to monitor their use. However, at the Bratton branch surgery the records showed that some prescription serial numbers had not been recorded.
- The practice had a system for managing emergency medicines. We saw this was appropriately monitored, except in relation to atropine. When we looked at the list of emergency medicines we found there was no Atropine, which is a drug recommended to be available in practices such as White Horse Health Centre who fit Intrauterine device (coils) or perform minor surgery. However, we saw atropine was stored in the clinic where coil fitting and minor surgery were performed.
- 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.

Dispensary at Bratton Branch Location

- The practice has a dispensary for medicines at the Bratton branch and was able to offer a dispensing service to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.
- Arrangements for dispensing medicines at the practice kept patients safe.

- Systems were in place to deal with medicines alerts or recalls, and records were kept of any actions taken. However, it was not always evident that these actions were shared with management.

Track record on safety

The practice had a good track record on safety.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and 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. However, there was no central system for recording these alerts or confirming that all appropriate action had been completed.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all the population groups as requires improvement for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had adopted a number of technologies and equipment to improve treatment and to support patients' independence. For example, they had adopted a system of computerised treatment templates, which helped clinicians plan and structure their consultations and treatment in a uniform way that met the latest best practice guidance. They had a number of laptops with special security features, which GP and nurses took with them when they visited patients in nursing and care homes. The laptops were able to access the practice IT system, which meant the GP could see a patient's full history and make contemporaneous notes.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had worked with the other local practices under a clinical commissioning group (CCG) programme called Transforming Care for Older People (TCOP) to establish a service to improve care for older people. The service staff included a care coordinator employed by the CCG who liaised with the practice to identify patients at risk. 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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 in line with local and national averages, although their exception reporting was higher than local or national averages and in some cases significantly higher.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The lead safeguarding GP reviewed all children who failed to attend an appointment.
- The practice was accredited by the local authority as being a young people friendly service.
- The practices offered a "No Worries" sexual health service aimed at young people who did not need to be registered with the practice. With this service the practice was able to offer sexual health advice, free pregnancy testing, free condoms and chlamydia testing kits.

Are services effective?

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

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme, but in line with the CCG average of 76% and national average of 72%. The exception reporting rate was in line with local and national averages.
- The practice's uptake for breast and bowel cancer screening was in line with national averages, although their exception reporting rates were higher than the national average. 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 had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- 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. The practice had carried a wide range of audits and we saw evidence that at least five of the clinical audits were full cycle audits. (Full cycle audits are those that have been repeated to monitor improvements made.) For example, they had completed audits of their warfarin (a blood thinning medicine) and antibiotic prescribing, coil fitting, ear irrigation and a clinical notes audit covering all clinical staff.

Following a recent incident with the fridge temperatures, the practice had started doing quarterly management audits and monthly checks on a range of tasks such as fridge temperature monitoring, waste management and treatment room monitoring.

Where appropriate, clinicians took part in local and national improvement initiatives.

On our last inspection in October 2016 we found the practice's overall exception rate was 15.6% which was higher than the national average of 10.2%. (Exception reporting is the removal of patients from Quality and Outcomes Framework 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 had higher than average exception rates for a number of clinical conditions such as mental health (exception rate of 34% compared to the national average of 11%), and cancer (exception rate or 23.5% compared to the national average of 15.4%). We told the practice they should improve these figures and ensure their exception rates are reviewed.

On this inspection we found no effective action had been taken by the practice to reduce their exception rates. The practice showed us their unpublished and unverified QOF data for the year 2017/18. This indicated that of the four

Are services effective?

specific indicators we looked at, the exception rates for one had remained the same, one had gone up and two had gone down slightly. For example, the exception rates for the diabetic indicator we looked at had gone down from 34% to 28% where the national average last year was 8%. During the inspection we looked at the medical records of 20 patients who had been excluded in the QOF data. We found no evidence of poor care in these records.

- 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

On our inspection we found the practice systems to ensure all staff had the skills, knowledge and experience to carry out their roles was not always effective.

- We looked at the practice records for staff training in the Mental Capacity Act, which the practice had determined was essential training for all staff, in line with recognised guidance. These records showed that four GPs, and four nurses had not completed this training.
- When we looked at the training records for safeguarding training, they showed a range of staff had not completed the required training. The practice told us this data was incorrect and by the end of the inspection had provided us with additional evidence that all staff had completed the safeguarding training appropriate to their role.
- Staff we spoke to had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

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 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 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.

Are services effective?

- 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 results from the GP patients survey conducted from January to March 2017 were in line with 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 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 good for providing responsive services .

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice offered a range of on line services such as making an appointment. Twenty four percent of patients on the practice register had signed up for one or more of these services.
- The practice had a Facebook page which they used to communicate with patients. It had 530 followers.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice was accredited as a Young People Friendly service with Wiltshire Council.
- 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.
- The practice was a registered yellow fever centre able to offer vaccinations against this disease.
- The practice worked proactively with the local drug and alcohol service and pharmacies to provide care and treatment to patients with drug problems under a shared care agreement. Two GPs had undertaken specialist training to deliver this service and patients in the scheme were reviewed every three months.
- The practice had developed a clear written dementia strategy to improve their care for patients with this illness, which included an action plan. This included working to become accredited as being dementia friendly practice. There was a lead GP and a lead nurse for this work.
- The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority. The practice had a comprehensive carers register to identify carers. They had won the award for their work with carers because

they ensured priority and flexible access to appointments and an annual health check for this group of patients. There was close liaison with the local Wiltshire Carers trust to provide support, including benefit advice to all carers within the practice. The practice also offered

carers a yearly educational event. The practice had identified 508 patients who were carers. This was 2.3% of patients on the practice list.

- The practice provided medicines dispensary services for people who needed additional support with their medicines, for example a delivery service, weekly or monthly blister packs, large print labels.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The 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.

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.

Are services responsive to people's needs?

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 Saturday appointments.
- The practice had a drop in service for patients who required a blood test.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had developed procedures to use with patients where domestic abuse was suspected. For examples, they had developed printed sheets they could use to subtly ask patients questions about potential abuse, where the possible abuser was in the room.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a clear written dementia strategy to improve their care for patients with this diagnosis, which included an action plan. There was a lead GP and a lead nurse both promoting and supporting this work.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and written 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.
- However, the practice could not provide evidence that all complainants had received information about how to escalate their complaint if they were unsatisfied with the practice response. Specifically, we found two final letters, which did not contain or refer to this information.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

During the inspection we were given evidence regarding some of the challenges which had been managed by the practice in the past 18 months. Most significant was a practice in a nearby town which the providers of this practice took over in 2016. Shortly afterwards two of the GPs retired, the practice became unviable and they were forced to close it. The practice told us the logistics of closing this surgery had forced them to put development work on hold. They told us they had now resumed their development work and we saw evidence of this during our inspection.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

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

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. 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.
- 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. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance, although some were not always effective.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents, and complaints. However, there was no clear evidence practice leaders had adequate oversight of safety alerts.
- The practice systems for ensuring all staff had received such training as the practice
- 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. However, we found some examples where the practice information was not of the appropriate standard or up to date.

- The practice system for recording staff Disclosure and Barring Service (DBS) checks did not meet recognised standards. The practice did not store a copy of the DBS check or have a signed statement from an approved staff member saying they had seen the DBS check.
- The practice had accepted a reference for a newly employed staff member that did not meet the recognised standards. It started, "To whom it may concern", and gave no information about who the reference was from, the organisation they worked for or their work role. It was on plain paper and unsigned.
- On the day of our inspection, the practice system we were shown for monitoring staff had completed the proscribed mandatory training was inaccurate. The practice told us they were aware the issue and were taking steps to correct it.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were 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 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.
- We saw examples of recent improvement and development work. For example, the practice was working to develop their systems for safeguarding children and vulnerable adults. Recent developments included, the lead GP getting weekly reports of all patients where there were safeguarding concerns and of all children who did not attend for an appointment. The practice had done an audit of their safeguarding system and there were plans to repeat this at regular intervals.
- The practice had developed a clear written dementia strategy to improve their care for patients with this diagnosis, which included an action plan. This included working to become accredited as being dementia friendly. There was a lead GP and a lead nurse who were promoting and supporting this work.

Are services well-led?

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met...
Maternity and midwifery services	The practice did not ensure all staff receive such appropriate support, training, professional development, as is necessary to enable them to carry out the duties they are employed to perform.
Surgical procedures	Specifically:
Treatment of disease, disorder or injury	<ul style="list-style-type: none">There was no evidence four GPs, and four nurses had completed Mental Capacity Act training, which the practice considered to be essential training for these staff.