

Great Western Surgery

Inspection report

Farriers Close
Swindon
Wiltshire
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www.greatwestern-surgery.co.uk

Date of inspection visit: 20 June to 20 June 2018
Date of publication: 24/08/2018

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?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. (Previous inspection 8 August 2017 – Requires Improvement).

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection of Great Western Surgery on 8 August 2017. Overall the practice was rated as requires improvement. The comprehensive report for the August 2017 inspection can be found by selecting the ‘all reports’ link for Great Western Surgery on our website at www.cqc.org.uk.

Following the inspection on 8 August 2017, the provider sent us an action plan that set out the actions they would take to meet the breached regulations. We then carried out an announced follow-up comprehensive inspection of Great Western Surgery on 20 June 2018, to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 8 August 2017. This report covers the announced follow-up comprehensive inspection. We found that although the provider had made improvements since our inspection in 2017, these were not sufficient to meet regulations for safe and well-led services.

At this inspection we found:

- The practice had clear 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.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Great Western Surgery has responded to the needs of its patient group by making routine health appointments at least 15 minutes in duration.
- Patients on multiple medicines attended the practice for a single review of all their medications needs.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality.
- Great Western Surgery identified patients at risk of developing diabetes who were not on the diabetes register, and implemented changes that could help to prevent the progression of this health condition.

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

- The provider must ensure care and treatment is provided in a safe way to patients.
- The provider must 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:

- The provider should continue to make efforts to increase the programme coverage of women eligible to be screened for cervical cancer and other indicators of patient outcomes.
- The provider should ensure that clinical staff confirm the accuracy of computerised notes by cross-checking these with other records of consultations, and audit this process.

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 included a GP specialist adviser.

Background to Great Western Surgery

The provider, Carfax Health Enterprise Community Interest Company, delivers regulated activities from its location at Great Western Surgery. Address details are:

Great Western Surgery

Farriers Close

Swindon

Wiltshire

SN1 2QU

Tel: 01793 421311

Website: www.greatwestern-surgery.co.uk

Great Western Surgery is one of three practices operated by Carfax Health Enterprise Community Interest Company. The practice is based in Swindon, Wiltshire, and is one of 25 serving the NHS Swindon Clinical Commissioning Group (CCG) area. Great Western Surgery is arranged over two floors. All patient services including nurse treatment and GP consulting rooms are located on the ground floor.

The practice has approximately 5,382 registered patients from an area surrounding the practice and Swindon town centre. The practice age distribution is broadly in line with the national average, with most patients being of

working age or older. Great Western Surgery is a member of a new federation of practices, named the Swindon Voice Federation. The aim of the federation is to provide a support network across practices.

Great Western Surgery is a teaching facility for medical students and provides placements to nursing students.

The practice was taken over by the current provider in January 2017, and an Alternative Provider Medical Services (APMS) contract is in place. An APMS contract is a locally negotiated contract open to both NHS practices and voluntary sector or private providers (for example, walk-in centres).

Great Western Surgery provides the following regulated activities:

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

Great Western Surgery's management team also manages their other practices. They are based at the Carfax site and split their time as required between the three locations. Great Western Surgery operates a nurse-led model of care. This means that all the clinicians work together within their own areas of competence, to ensure that patients are seen by the most appropriate

person to meet their needs, also allowing them to build and maintain a workforce of appropriately skilled nurses. Members of the clinical and administrative teams also work across all three sites. There are two salaried GPs (one female, one male). The wider clinical team consists of an advanced nurse practitioner, one treatment room nurse, three chronic disease nurses and two Health Care Assistants (HCA). A clinical pharmacist is also employed by the practice. The reception and administration team includes two medical secretaries, six receptionists and an administrator under the management of an office manager. The provider's corporate team includes a Medical Director, a Director of Nursing, a Director of Operations, an infection control nurse (who is also the practice chronic disease nurse), and a range of corporate administrative staff. Each of the Directors is based in a different practice so that there is a Director available at all times. Each practice also has an Operational Manager.

83% of the practice population describes itself as white, and around 17% as having a Black, Asian and Minority Ethnic (BAME) background. A measure of deprivation in the local area recorded a score of 6, on a scale of 1-10. 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).

Average male and female life expectancy for the practice is 79 and 83 years respectively, and mirrors national averages.

Great Western Surgery is open from 8am to 6.30pm, Monday to Friday, and the practice will take calls during these times. Routine GP appointments are generally available from 8am to 12.30pm and 1.30pm to 5.30pm, Monday to Friday. The practice provides (pre-booked only) extended hours evening appointments, for patients from all its locations, at its Carfax Street location. These are from 6.30pm to 8pm on Monday, Tuesday and Friday. The practice also offers extended hours appointments, on alternate Saturday mornings, with a nurse and HCA.

The practice has opted out of providing Out-Of-Hours services to its own patients. Outside of normal practice hours, patients can access the NHS 111 service, and an Out-Of-Hours GP service is operated by the local acute Trust. Information about the Out-Of-Hours service was available on the practice website, in the patient registration pack, and as an answerphone message.

Are services safe?

We rated the practice as Requires Improvement for providing safe services.

At the last inspection we rated the practice as requires improvement for providing safe services, as the provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. At this inspection, we found there had not been sufficient improvement in these areas.

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. All 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.
- 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.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver care and treatment to patients, but this was not always done in a safe way.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. However, we found that patients' health was not always monitored in relation to the use of medicines and followed up appropriately. For example, when we looked at patient's records, we saw one prescription for medication had been updated. The member of clinical staff concerned was unable to explain why the medication had been reissued, and the patient's computerised notes lacked information about what medical condition the medication was prescribed to treat. Post inspection the practice gave us further details about this. They told us the patient's medication had been reviewed when the provider took over the practice, and that the drug had been administered before the patient was registered at the practice.
- 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. However, Staff did not always prescribe, administer or supply medicines to patients and give medicines advice in line with current national guidance, and patients' health was not monitored in relation to the use of medicines and followed up on appropriately. For example, we looked at patients' medical

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records and saw that a patient taking a higher risk medicine was overdue a blood test to monitor the impact of this medicine. The blood test was not undertaken, and the patient was prescribed a further supply of medicine. The practice provided further comments about this as part of the draft report review process. The practice provided a rationale for the informed clinical decision around this and that discussions had occurred to reach this decision as well as monitoring processes in place. However, we were provided with no further evidence to demonstrate the discussion or document in the patient notes. The practice told us the recording issue was now being addressed by the practice pharmacist and would be categorised as a significant event.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff did not always prescribe, administer or supplied medicines to patients and give advice on medicines in line with current national guidance. The practice undertook regular audits and reviews of its antibiotic prescribing and took action to support good antimicrobial stewardship in line with local and national guidance.

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 activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, not all opportunities to improve safety were taken, for example in relation to high risk medicines.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

The practice was rated as requires improvement for effective at our last inspection. We found the practice had made improvements since our last inspection. The practice and all of the population groups is now rated as good for providing effective services overall .

(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.)

Published data from the Quality and Outcomes Framework dates from 1 April 2016 to 31 March 2017. The service was taken over by the current provider on 1 January 2017. Therefore, QOF data for this provider only applies to a quarter of the year, and is mainly for illustrative purposes. All additional, unverified QOF data supplied by the practice relates to the period 1 April 2017 to 31 March 2018.

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 computer systems enabled them to check patients' treatments against best practice guidance, to improve their health outcomes and to monitor performance against the QOF. For example, the practice ran a quarterly computer audit of all patients prescribed an anticoagulant medicine (medicines used to prevent the risk of blood clots) to check they had had the regular blood test recommended for these medicines and that the results were within the therapeutic range. The results were seen by clinicians who were able to take action, such as contacting the patients and asking them to make an appointment to be seen, where appropriate.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.
- Patients could access a community navigator, employed by Swindon Borough Council. The community navigator supported patients to become more independent and use community services to prevent isolation and mental health issues. Patients were alerted to the navigator through the patient information leaflet and through a GP.

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 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.
- Published QOF indicators for long-term conditions for the period 2016-2017 showed some indicators were lower than local and national averages. Data provided by the practice, which has not been externally verified, showed this had improved for the period 2017-2018.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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.

Are services effective?

- 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).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice 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 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.

- Published QOF indicators for mental health conditions for the period 2016-2017 showed some indicators were lower than local and national averages. Data provided by the practice, which has not been externally verified, showed this had improved for the period 2017-2018.
- 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, which included conducting clinical audits, and routinely reviewing the effectiveness and appropriateness of the care provided.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

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and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 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.
- 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?

The practice continues to be rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

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. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

The practice continues to be rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone 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 made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- 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. It ensured that those patients who had difficulties getting to the practice (due to limited local public transport availability) were able to attend through funding and contracting with a local taxi company. The taxi service collected patients and brought them to the practice.
- Wound and ulcer appointments were booked directly with nurses to ensure ongoing management.

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.

- Diabetic patients were provided with a diabetic passport, which helped them take an active role in their treatment with insulin.
- The practice offered diabetic health checks to promote self-management and individualised care planning.
- The practice held an obesity register and offered blood glucose screening.
- The practice offered medicines reviews with a clinical pharmacist.
- Patients were referred to a range of health management and prevention programs such as weight management and managing COPD.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, text reminders for appointments, telephone consultations and online booking of appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was part of a domestic violence pilot and domestic violence staff were invited to practice safeguarding meetings. Patients were signposted to drop-in sessions elsewhere.

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.

Timely access to care and treatment

Are services responsive to people's needs?

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.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient complained about new medication that contraindicated (reacted in an adverse way with) medication already prescribed. The contraindication was mentioned when the patient was discharged from their local hospital but this information was not included in the GP notes. The practice discussed the issue and the practice manager contacted the patient to apologise. The issue was reported to NHS National reporting and the local clinical commissioning group (CCG).

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

At the last inspection we rated the practice as good for providing well-led services. At this inspection we rated the practice as requires improvement for providing well led services as the deficiencies in governance limited the practices' ability to operate effectively and provide safe care. We found, in several respects, there had not been sufficient improvement in the systems and processes which underpinned patient safety.

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. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 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 had a 'blame free policy' to establish confidence in staff members that management would be fully supportive of their efforts, and not fear their mistakes would be held against them.
- 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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 governance arrangements in place, including a board of directors that provided board-level leadership across the three locations; and an operational leadership group and corporate, administration and clinical teams. However, the leaders did not always have sufficient oversight and accountability to ensure that care and treatment were delivered safely. For example, in relation to high risk medications and medications reviews.

Although there were clear responsibilities and roles to support governance and management, we also found aspects of medical leadership that were weaker. For example, we did not find documentary evidence of minutes of the medical director's weekly meetings regarding the

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practice, so they had no verifiable, formal record of things that have been agreed and could be shared with people who were unable to attend. When the practice received their draft report, they provided further comment about this. They told us the Medical Director was available to staff on all sites and attended each practice regularly, although he did not have formal weekly meetings with staff. The practice also told us the Directors communicated regularly and include a weekly meeting to discuss operational issues within the company. Although not a formal, minuted meeting, we were told that strategic decision making is recorded in Board or Senior Management team meeting minutes.

The governance and management of partnerships, joint working arrangements and shared services promoted interactive and 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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Practice was unable to demonstrate oversight and leadership with regards to the monitoring of high-risk medications (for example, Lithium)

Managing risks, issues and performance

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

- There were systems and processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, the practice was unable to demonstrate oversight and leadership with the monitoring of high risk medications and medications reviews.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- 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 implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on and had appropriate and accurate information.

- 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 information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- 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 was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.

Are services well-led?

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information...

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Specifically: The leadership team did not have oversight of issues with the monitoring of high risk medications, and medications reviews. The practice did not keep documentary evidence of minutes of the medical director's weekly meetings regarding the practice, so they had no verifiable, formal record of meetings where things have been agreed and could be shared with people who were unable to attend.