

Brooklands Medical Practice

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as good overall. (Previous rating August 2015 rated Good).

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? - Good

We carried out an announced comprehensive inspection at Brooklands Medical Practice on 6 November 2018 as part of our inspection programme.

At this inspection we found:

- Patient feedback, both on public websites, national independent surveys, CQC comment cards and directly to the inspection team was overwhelmingly very positive. Feedback indicated patients received a person-centred service and they could access with ease.
- Patients found the appointment system easy to use and reported that they could access care when they needed it with a GP of their choice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- 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 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, some documentation in relation to complaint records, logs of actions taken in response to patient safety alerts and recruitment records required improvement.
- Action in relation to managing and mitigating health and safety risks required improvement. This included implementing fire safety procedures and ensuring staff were appropriately trained in health and safety and safeguarding.

We saw one area of outstanding practice:

- The practice implemented a system of ensuring patients were seen quickly by a GP of their choice. GPs provided a maximum of four appointments each hour with 20 minutes allocated for administrative catch up duties. Patients were offered an appointment with their regular GP. Urgent appointments were available at midday each day and all GPs provided consultations with the patients they saw regularly to provide continuity of care. Patient feedback was consistently good about access to appointments, continuity of GP care and treatment and the welcoming attitude of the reception team.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Maintain records of actions undertaken and the verbal feedback given to patients in response to their complaints.
- Implement action to ensure recruitment records are comprehensively maintained including staff vaccination records and policies and procedures are reviewed at regular intervals.
- Develop systems so that the management team are aware of and can access logs of patient safety alerts.

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 CQC lead inspector.
The team included a GP specialist adviser.

Background to Brooklands Medical Practice

Brooklands Medical Practice, located at 594-596 Altrincham Road in the Brooklands area of Manchester was extensively renovated in 2013. The renovation converted two semi-detached houses into one large property. The practice offers disability access and facilities, with seven ground floor consultation rooms and office space on the first floor. The practice has 5994 registered patients and is part of Manchester Clinical Commissioning Group (CCG). Services are provided under a General Medical Services contract with NHS England. More information is available on the practice website

The practice has one male and two female GP partners, three salaried female GPs and one GP trainee. The practice staff consists of a practice manager, a nurse practitioner, two practice nurses, a health care assistant, a clinical pharmacist, a reception supervisor and a number of reception staff.

The surgery is open from 8am until 6:30pm Monday to Friday and provides extended access on Tuesday and Wednesday evening with a GP, early mornings on Wednesdays with a nurse practitioner and early morning appointments on Fridays with a GP, a practice nurse and a health care assistant. The practice is also a part of a federation of GP practices who provide extended hours cover in the area from 8am to 8pm, seven days a week. Patients can attend appointments at a small number of local health centres as part of this arrangement.

Out of hours services are provided by Go to Doc via NHS 111.

The practice is a training practice supporting GPs in training and a teaching practice, supporting medical students.

Information published by Public Health England rates the level of deprivation within the practice population group as level three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The numbers of patients in the different age groups on the GP practice register is generally similar to the average GP practices in England. The practice has a higher percentage (60.4%) of its population with a long-standing health condition when compared to the local CCG average (53.3%) and the England average (53.7%). The practice has 56.4% of its population with a status of being in paid work or in full-time education, which is below the CCG average (62.8%) and the England average (61.9%). 5.4% of the practice population is unemployed which is below the CCG average (8.8%) and similar to the England average of (4.9%).

The practice provides, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

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

Safety systems and processes

The practice 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 we spoke with 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.) Records to demonstrate all staff had received up-to-date safeguarding and safety training appropriate to their role were either not available or incomplete.
- 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, some documentation had not been retained nor had a log of the information received and destroyed been recorded.
- 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

Systems to assess, monitor and manage risks to patient safety were established.

- 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.
- The practice was equipped to deal with medical emergencies and staff understood how to respond 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 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 was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, 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. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice's safety records required improvement.

- Health and safety risk assessment needed implementing. These included the fire safety assessment, which identified a number of actions to be implemented including staff training, the actions identified in the legionella assessment had not been responded to and general staff training in health and safety had not been undertaken or was not recorded clearly.

Are services safe?

- The practice monitored and reviewed activity including significant events, complaints and patient feedback. 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.

- 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. However, the practice manager was not aware that a log of patient safety alerts was maintained. The practice confirmed that this was available following our inspection.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice good for providing effective services overall and across all population groups

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 offered patients in house ultrasound scanning.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice provided unverified data demonstrating 79% of their over 65 years of age patient received a flu vaccination in 2017/18. This compared favourably with the local achievement of 69.9% and the national achievement of 71.2%.

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 monitored closely its performance on quality indicators. It had recognised that they needed to improve and could demonstrate year on year improvement over the last five years. The practice implemented a range of strategies to encourage patients to attend these reviews. They monitored regularly patient attendance and implemented systems to encourage and remind patients to attend their review.
- The practice provided unverified data demonstrating 57% of their 'at risk' patients received a flu vaccination in 2017/18. This compared with the local achievement of 48.5% and the national achievement of 46.6%.

Families, children and young people:

- The World Health Organisation (WHO) target for childhood immunisation rates was 95%. The practice's childhood immunisation uptake rates for children one year old and two-year-old for measles mumps and rubella (MMR) vaccinations exceeded this with over 96% achievement.
- 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 national screening programme uptake for cervical screening has a coverage target of 80%. The practice's uptake for cervical screening was 74% which was above the local average of 64.8% and the England average of 72.1%. The practice was proactive in recalling patients

Are services effective?

for this screening, including direct telephone calls, and opportunistic provision. The practice also offered early morning appointments, which staff reported were popular with working patients.

- The practice's uptake for breast screening was above local average but below the national average.
- The practice had a designated cancer champion, who was working with public health England to improve patient screening for possible cancers. At our visit the cancer champion was encouraging eligible patients to undertake the bowel self-screening test.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Two GPs offered patients an email service. Data supplied by the practice showed that 7% of patients in this category used email for test results and or self-management advice.

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 and those with a learning disability.
- The practice offered vulnerable patients a triple appointment.
- The practice was proactive in supporting patients whose first language was not English. Data provided by the practice indicated that 76 interpreters had been used in the previous 11 months.
- 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 recognised that this was an area that required improving and had appointed a dementia champion to monitor patient attendance at reviews and implement a system of call and recall.
- The practice offered annual health checks to patients with a learning disability. The practice had a learning disability champion who monitored patient attendance at reviews.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- Practice performance for quality indicators for the last five years showed a year on year increase in achievement, measured by the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice.) Data published on NHS Digital on 26 October 2018 identified that the practice had improved their performance overall for the period April 2017 to March 2018 with 98.1% achievement. (Higher than the local and national averages 97.8%).
- The overall exception rate (where patients are removed from screening due to repeated non-attendance at reviews or because of incompatibility with their current treatment plan) was lower at 4.5% compared to the local exception rate of 7.4% and national rate of 5.8%
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

Are services effective?

- 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.
- Records of skills and qualifications were available, however up to date training records especially in areas of health and safety and safeguarding were not available for several staff.
- Staff were encouraged and given opportunities to develop for example one staff member was supported to be the practice cancer champion.
- The practice provided staff with ongoing support. There was an induction programme for new staff. However, both practice nurses we spoke with confirmed they had not had an appraisal within the last 12 months. Formal clinical meetings with the nursing team were not undertaken. The nurses confirmed they felt supported on a day to day basis with informal meetings with GPs and immediate access to advice and support should this be required.
- 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 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 need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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 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 treated people. Patient feedback, both on public websites, national independent surveys, CQC comment cards and directly to the inspection team was overwhelmingly positive. Feedback indicated patients received a person-centred service and they could access with ease.
- Staff understood patients' personal, cultural, social and religious needs. Data from the GP Patient Survey showed 100% of respondents stated the practice met their needs compared with the local average of 93.3% and the England average of 94.8%.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion. The practice analysed the GP patient survey results to review the breakdown of respondent's responses. So, for example the practice was rated 97.7% for being very good or good at listening to patients. The practice analysed these results further and identified that that 74% of 97.7% total rated the practice very good. Data supplied by the practice, which they confirmed they had taken from the GP patient survey indicated they were within the top 4% of practices with this score.
- The practice also provided other data they had extracted from the GP patient survey which showed that they were within the top 3% of practices for providing helpful receptionists and was within the top 2% of practices offering patients enough time during their appointment

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 had a carer's champion who signposted patients who were carers to avenues of support.
- The practice's GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment. Data from the GP patient survey showed 100% of respondents stated the practice met their needs compared with the local average of 93.3% and the England average of 94.8%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all the population groups, as good

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 ethos that patients come first was supported by the practice's commitment providing continuity of care for patients. This meant that patients saw their own GP for both routine and urgent appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Two GPs also offered an email facility – emailing patients directly with test results and providing low level self-management guidance.
- The practice team also provided a text messaging service to remind patients of scheduled appointments, to provide test results and to arrange appointments for health care reviews.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. This included extended appointments times to double or triple the normal appointment time and being proactive in providing interpretation 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, and offered home visits and urgent

appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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. Systems were under review to improve the service so that multiple conditions could be reviewed at one appointment.
- The practice offered flexible consultation times to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours, telephone consultations and weekend appointment though the GP federation extended access service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- One of the practice's salaried GPs worked closely with asylum seekers and refugees within the Greater Manchester area.

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.
- The practice provided examples where they had repeatedly and persistently tried to liaise with secondary care consultants to ensure the right care and support was provided to individual patients.

Timely access to care and treatment

Patients could 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. The practice held a midday surgery each day to see patients with urgent needs. The named GP or the GP with the most contact with the patient carried out the consultation with the patient.
- Patient feedback both indirectly through review websites, nationally through the GP patient survey and direct to the CQC from comment cards. Discussion with patients confirmed that access via the telephone, to appointments and access to a specific GP was easy.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were above local and national averages for questions relating to access to

care and treatment. For example, the percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018) was 94.3% compared with the local and national average of 65.9%.

- Data supplied by the practice, which they confirmed they had taken from the GP patient survey indicated that the practice was within the top 1.5% of practices nationally for patient satisfaction with appointments times.

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.
- We observed that the practice did not always respond to complaints with a final letter. The practice manager explained they spoke with the complainant to explain the outcome of their investigations, although a log or record of this discussion was not recorded.
- The final letter of the complaint we viewed did not include the details of the health ombudsman should the complainant wish to pursue their issue further.

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.

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 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. Although some documentation needed improving. 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.

- Systems of staff training and regular annual appraisals required improving. Staff spoken with confirmed they felt supported by the practice leaders.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. 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. The practice had recognised that some documentations required updating and had plans to address this.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of 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 considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

Are services well-led?

The practice acted 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 were systems and processes for learning, continuous improvement and innovation.

- There was a focus on reviewing 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 participate at full practice meetings seeking their views and opinions. We heard examples from staff where they had discussed appointment availability for patients through the week. Following on from staff comments the appointment availability was adapted and this had proved to be successful.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Implementation of health and safety risk assessments and policies, including fire safety and legionella <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• Ensuring staff received the appropriate health and safety training, including fire safety, infection control and safeguarding training and maintaining an accurate and up to date record of this.• Ensure staff receive appropriate supervision and appraisal. <p>Regulation 18(2)</p>