Netherton Practice

Inspection report

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

Ratings

Overall rating for this location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Netherton Practice on 11 December 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk and to ensure that safety incidents were less likely to happen. However, the learning from incidents was not well communicated across the staff team.
- The systems in place for safeguarding patients from the risk of abuse were not robust. This was because there was no designated lead for safeguarding in the practice and a safeguarding register had only recently been produced.
- All clinical sessions were delivered by locum GPs and an agency practice nurse. The provider had taken steps to ensure as much consistency as possible in the use of temporary staff and systems were in place to support the clinical team such as regular meetings. However, members of the clinical team were not always taking these up.
- There were systems in place to reduce risks to patient safety. A risk register was in place and this was monitored.
- There were shortages in the staff team and the practice had been taking on a high number of new patients. This was not being managed effectively and if not addressed could lead to the practice being unable to meet patients care and treatment needs in a timely and safe manner.
- Medicines were not always being managed in line with policies and procedures.
- Procedures to prevent the spread of infection were in place and regular Infection control and cleanliness audits were carried out.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance in those areas we explored.
- Data showed that outcomes for patients at this practice were comparable to outcomes for patients locally and nationally.
- Systems to review the effectiveness and appropriateness of the care provided were in place and some of these were being developed further. However, there were no clinical audits being carried out at the practice.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff told us they felt supported in their roles.
- Patients told us they were treated with dignity and respect and involved in decisions about their care and treatment. Some patients felt there was little consistency in the clinical team. The provider had taken action to reduce the number of clinical staff used.
- Systems were in place to check on the quality of the service. However, these were not fully effective for this location as we identified shortfalls.

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

- Ensure the systems in place for safeguarding patients include a designated safeguarding lead and ensure that safeguarding registers are reviewed on a regular basis.
- Review the governance systems to ensure these are fully effective in monitoring the service, managing risks and driving improvement.

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

- Review staffing levels and staff capacity to ensure this is sufficient to meet demand.
- Ensure procedures relating to the management of medicines and prescribing are followed appropriately.
- Ensure that clinical audits are carried out as part of their assessment of clinical effectiveness and to improve outcomes for patients.
- Identify carers in order to ensure these patients are offered appropriate advice and support
- Improve system for communication with the staff team.

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	Requires improvement
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 Netherton Practice

The registered provider for the service is Urgent Care 24 Limited. The provider is a social enterprise providing a range of urgent and primary care services across four clinical commissioning groups (CCGs).

The provider is registered to provide the following regulated activities: Diagnostic and screening, maternity and midwifery and treatment of disease, disorder or injury,

This inspection was carried out the location: Netherton Practice, Netherton Health Centre, Bootle, Liverpool.

There were no salaried clinical staff. At the time of the inspection the team included locum GPs, an agency nurse, an acting practice manager and an administrative/ reception team.

The practice provides GP services to approximately 2,675 patients living in the Netherton area of Merseyside. The practice is located in an area with lower than average levels of deprivation. The practice has a lower than average population of patients over the age of 65 years and higher than average patient population under the age of 18 years.

The practice is open Monday to Friday 8am to 6.30pm. Patients can book appointments in person, via the telephone or online.

The practice provides telephone consultations, pre-bookable appointments, on the day appointments, urgent appointments and home visits. The practice treats patients of all ages and provides a range of primary medical services.

Netherton Practice has an Alternative Provider Medical Services (APMS) contract with NHS England. The practice is part of South Sefton Clinical Commissioning Group (CCG).

Outside of practice opening hours patients can access the extended GP access service. Outside of this they can contact the GP out of hours service by calling NHS 111.

Requires improvement

Are services safe?

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

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse. However, some of these required improvement.

- The systems in place for safeguard children were not robust. There was no lead member of staff for safeguarding, a register of children at risk had only recently been produced and there were no clear plans for how this was going to be reviewed with other agencies. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. Staff had received up-to-date safeguarding training appropriate to their role and those we spoke with knew how to identify and report concerns.
- Staff who acted as chaperones were trained for their role and had undergone a Disclosure and Barring Service 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 recruitment processes included ensuring appropriate pre-employment checks had been carried out prior to staff appointments. This included assurance that all locum GPs had undergone appropriate checks through the agency they were working for.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection. Monthly cleanliness and infection control audits were carried out and the results of these were submitted to the provider for organisational oversight.
- Arrangements were in place to ensure that facilities and equipment were safe and in good working order.
- Arrangements were in place for managing waste and clinical specimens.

Risks to patients

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

- The provider assessed, monitored and reviewed risks and took action to mitigate risks to the safety of patients and staff. A risk register was in place for the practice and this fed into an organisational wide risk register.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. However, there were shortages in the staff team. The practice did not have any salaried clinical staff. The clinical team consisted of Locum GPs and an agency nurse who worked one day per week. The provider was actively trying to recruit salaried GPs. The practice manager was on a planned period of leave at the time of the inspection and a member of the administrative team was acting practice manager. There was a shortfall in excess of fifteen hours per week in the administrative team. In addition to the staffing pressures the practice had taken on a high number of new patients who were asylum seekers, many of whom had additional needs as a result of their circumstances.
- The provider had put systems in place to mitigate the risk of the high use of locum GPs. These included; using locum GPs on a longer-term basis to support consistency for patients, providing information about the practice and systems for locum GPs, providing clear guidance on the roles and responsibilities of the locum GPs, including the locum GPs in clinical meetings and educational sessions. However, not all GPs at the practice were able to attend these meetings.
- Some systems for oversight of the clinical work were in place and were being further developed at the time of our inspection.
- The practice was equipped to deal with medical emergencies and staff were trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinical staff had been provided with information on how to identify and manage patients with severe infections including sepsis. Administrative staff had been provided with guidance on Sepsis risk.
- A fire risk assessment and prevention plan was in place and measures were taken to mitigate the risk of fire.

Information to deliver safe care and treatment

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

- Individual care records were managed in a way that kept patients safe. Information needed to deliver safe care and treatment was available to staff.

Requires improvement

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referrals to other services were made promptly and in line with protocols and information received from secondary care or other agencies was dealt with in a timely manner including the management of test results.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe handling of medicines overall but some systems required improvement.

- Annual medication reviews were carried out for patients.
- We looked at how repeat prescribing was managed for patients who were taking potentially harmful medicines. GPs were responsible for ensuring all appropriate checks had been carried out before issuing a repeat prescription. Designated members of staff were responsible for running searches to ensure patients taking high risk medicines had undergone appropriate checks. There was no monitoring or oversight of repeat prescribing of high risk medicines by the provider. The policy of the organisation was that patients prescribed high risk medicines would have their medicines prescribed by a GP on an acute basis rather than on repeat prescription. However, this was not being followed by the GPs as they issued repeat prescriptions for these medicines. We looked at a sample of prescribing of high risk medicines and health checks had been carried out appropriately for the patients we looked at.
- We noted that some prescriptions had not been collected by patients for up to six months. There was no consistent approach for dealing with uncollected prescriptions.
- Regular medicines audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy team.
- Medicines prescribing data for the practice was comparable to national prescribing data.
- Medicines for use in an emergency were readily available to staff and there was a system in place to check that medicines were in date and fit for use. An audit of emergency medicines had been carried out and the provider had oversight of the emergency medicines held at each practice. We noted that there was no risk assessment for the provision or absence of medicines carried in GP bags used for home visits.

Track record on safety

The practice had a good track record on safety.

- A range of health and safety policies were available to staff.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There were systems for identifying and reporting significant events and incidents and for sharing lessons learned from events so as to improve the safety of the service. However, we found that staff were not always aware of the outcomes of incidents and complaints at this practice.
- Staff told us they felt supported to report concerns.
- There was a system for receiving and acting on safety alerts and we saw examples of the actions taken by the provider in response to alerts.
- The practice learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice and five of the population groups as good for providing effective services. We rated the practice as requires improvement for the population group families, children and young people.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current guidance and supported by clear clinical pathways and protocols.

- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The provider produced a monthly paper to update the clinical team on any updates in guidance.
- Clinical meetings were held by the provider to discuss best practice guidance and to look at the care and treatment provided to patients. However, the clinical staff at this practice did not attend these meetings.
- Performance data was monitored to improve outcomes for patients.
- Prescribing data showed that the practice was prescribing comparably with local and national averages. However, we noted slightly higher than local and national average prescribing of anti-biotic and hypnotic medicines. There was no evidence that efforts were being made to reduce this. The practice had made some improvements to reduce the prescribing of opiates in line with best practice guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Information on how to respond to suspected sepsis was displayed in treatment rooms and in the reception area. Clinical staff we spoke with were clear on the guidance for recognising and responding to suspected Sepsis.

Older people:

- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people at this practice were comparable to outcomes for patients locally and nationally.
- The practice maintained a register of frail elderly patients to review their needs and provide anticipatory care plans.
- Immunisation programmes were promoted for influenza, pneumococcus and shingles, and home visits were provided for vaccinating patients who were unable to attend the practice and for those living in residential care.
- Book on the day appointments allowed for rapid access to meet the needs of older patients with co-morbidities.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

People with long-term conditions:

- The practice held information about the prevalence of specific long-term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- The provider was making improvement to the call and recall system for monitoring patients living with long term conditions.
- Data from 2017 to 2018 showed that the practice was performing comparably to others locally and nationally for the care and treatment of people with chronic health conditions.
- Clinical staff who were responsible for reviewing the needs of patients with long term conditions had received training appropriate to their role.
- Patients were provided with advice and guidance about prevention and management of their health conditions and were signposted to support services.

Families, children and young people:

Good

Are services effective?

- There was no safeguarding lead in the practice, the register of children at risk had only recently been produced and there was no clear protocol for reviewing this.
- Staff had undergone regular safeguarding training and those we spoke with had appropriate knowledge about child protection and had ready access to safeguarding policies and procedures.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given exceeded the target percentage of 90%.
- The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they identified to relevant professionals.

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

- Cancer screening uptake rates were lower than local and national averages. The practice wrote to patients to encourage them to take up the screening programmes.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required this.
- Staff had been provided with training in the forms of abuse and how to recognise it in vulnerable adults
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided appropriate access and facilities for people who were disabled.
- The practice was supporting a number of new patients who were asylum seekers and therefore vulnerable as a result of their circumstances.

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected a referral was made for assessment and diagnosis.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable with local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% (national average 83%). The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 92% (national average of 90%).
- Patients could be referred to a designated dementia support worker at one of the provider's other locations.
- The provider was developing work with a local secondary care provider looking at referral pathways for the patients with more complex needs.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- Data from the Quality Outcomes Framework (QOF) from April 2017 to March 2018 showed performance in outcomes for patients was comparable to those of the Clinical Commissioning Group (CCG) and national averages. The provider told us they anticipated higher achievement and better outcomes for patients during the current QOF year as they had started to introduce better systems to monitor data. The improvements included; improving the patient call and recall system, closer monitoring of data and processes by designated members of staff and the commissioning of a primary care improvement lead.
- Clinical audits were not being carried out at this practice. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. An audit lead had been identified by the provider and they intended to introduce a programme of audit across all of the provider's locations.

Good

Are services effective?

- A system was in place for monitoring patients referred to secondary care for tests or investigations under the two-week rule.

Effective staffing

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

- Staff had been provided with training in core mandatory training topics and in topics relevant to their roles and responsibilities. For example, those whose role included immunisation and taking samples for the cervical screening programme had received specific training for these roles.
- Staff told us they were encouraged and given opportunities to develop. They were provided with on-going support including; an induction process, annual appraisal and support for revalidation.
- The provider had assessed the learning needs of staff and provided protected time to enable staff to undergo training and to meet their professional development. An up to date record of training was maintained and staff files contained up to date information about their training.
- GPs were encouraged to attend regular education events organised by the provider or the Clinical Commissioning Group (CCG). However, not all of the locum GPs at this practice had taken up these opportunities.
- A shared clinical development group had been established to look at improving some of the processes in place across the provider's seven practices.
- Practice manager meetings and practice nurse meetings were held to support these groups of staff across the providers primary care locations. However, the practice nurse at this practice did not attend these.

Coordinating care and treatment

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

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet system.
- The practice shared information with relevant professionals as part of their delivery of care and treatment for patients.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff supported patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice supported national priorities and initiatives to improve the population's health, for example, by referring patients for smoking cessation or dietary advice.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Patients were encouraged to take up cancer screening and the practice wrote to patients who had not attended. However, cancer screening uptake rates were lower than local and national averages.

Consent to care and treatment

Staff sought patients' 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.
- Clinical staff were aware of their responsibility to carry out assessments of capacity to consent for children and young people in line with relevant guidance.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that members of staff were warm, courteous and helpful to patients and treated them with respect.
- Feedback from patients we spoke with was positive about the way staff treated them.
- We made CQC patient comments cards available prior to our visit. We received 24 completed comments cards. These included positive feedback from patients about how they were treated. Three negative comments received related to a perceived lack of consistency of GPs due to the high use of locum GPs.
- Feedback from the national GP patient survey showed that the practice had received scores that were lower than local and national average scores for patients feeling they were treated with care and concern. The provider was aware of the lower than average scores received from the national GP patient survey and was working to improve patient experience. The survey had been carried out between January and March 2018 and since this time the practice had established a more stable team of clinical staff.
- The practice carried out an annual patient survey. The results of this were mainly positive. Negative comments related in the main to issues of consistency of GPs.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and treatment.

- Results from the national GP patient survey for questions about patient involvement in planning and making decisions about their care and treatment were lower than local and national averages. The provider was aware of the lower than average scores received and was working to improve patient experience.
- Staff demonstrated a patient centred approach to their work during our discussions with them.
- The provider was aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).
- Interpretation services were available for patients who did not use English as their first language.

The practice had information available to signpost carers to local support services for advice and support. However, they did not identify patients who were carers on the patient record system. They were therefore not routinely offering carers any other types of support such as priority appointments or flu vaccines. Health care assistants did offer flu immunisations to patients who they knew were carers.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and they told us how they worked to ensure they maintained patient confidentiality.
- Reception staff told us they could offer patients a private area if they wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

Please refer to the Evidence Tables for further information.

Good

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 provider understood the needs of its patient population and tailored services in response to those needs.
- Telephone consultations were available and this supported patients who were unable to attend the practice in person.
- Care and treatment for patients approaching the end of life was co-ordinated with other services.
- The clinical team provided home visits for patients with enhanced needs who found it difficult to attend the practice in person.
- The practice was located in a building used by other health care providers. The premises were small but they were accessible and provided facilities for patients who were disabled.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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.
- Patients with several long-term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.

Families, children and young people:

- A register of children at risk was in place. This had been recently produced and it was not clear what the arrangements were for reviewing this.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.

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.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability.
- Same day appointments supported patients whose circumstances made them vulnerable.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Longer appointments were available for patients with enhanced needs.

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

- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- Data showed that the practice was performing in comparison to local and national averages for the care and treatment provided to patients experiencing poor mental health.
- Patients experiencing poor mental health were referred to appropriate services such as psychiatry and counselling services and were informed about how to access various support groups and voluntary organisations.

Timely access to care and treatment

The provider had systems in place to closely monitor capacity and demand and utilisation of clinical appointments.

- Patients with the most urgent needs had their care and treatment prioritised.

Good

Are services responsive to people's needs?

- Feedback we received from patients was that they had seen improvements in access to appointments.
- Results from the national GP patient survey showed that the practice had received scores that were lower than those of the Clinical Commissioning Group (CCG) and national averages for questions about access and people's experience of making an appointment. The survey was carried out between January and March 2018. The provider was aware of the results and was working to improve patient experience.
- The practice had one phone line and this resulted in a 'bottle neck' of calls at 8am for patients requesting appointments for that day. The provider was looking to change the phone system to open up a number of lines and include a call waiting service.

Listening and learning from concerns and complaints

A system was in place for receiving, investigating and acting on complaints.

- A complaints policy and procedure was in place.
- A complaints information leaflet was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.
- We viewed a sample of complaints and could see what the outcome of the investigation was and that there had been learning from complaints.
- Complaints were generally investigated at a practice level but they were all reported through a central reporting system and the provider had clear oversight regarding the nature of complaints, the outcome of investigations, lessons learnt and actions taken to improve patient care and experience. The subject of one complaint had been looked into at location level. However there had been no provider oversight because it had been logged as 'rejected' by the provider because consent had not been received. As a result the provider had not retained any oversight of the issues /concerns.
- Staff had been invited to attend workshops to look at their roles and responsibilities for managing complaints.
- We saw examples of the duty of candour being applied in the management of complaints.
- All complaint responses were signed off as agreed by the Chief Executive of the organisation.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services well-led?

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

Leadership capacity and capability

The provider had oversight of the services provided and leaders provided direction to the practice. However, there were areas of practice that required improvement.

- Leaders across the organisation were knowledgeable about issues and priorities relating to the provision of good quality services and the provider understood the challenges to the services.
- This practice was not as advanced in its improvement journey as some of the providers other GP practice locations.
- The provider had introduced some new systems to check on the safety and quality of the service and some of these were still embedding. There was room to improve the level of provider oversight of the systems and processes in place at the practice to ensure these were safe.
- The issue of staff capacity and demand for services and potential risks associated with this were not being managed effectively.
- Staff told us they felt leaders were visible and approachable and listened to their views and suggestions for improving the service. However, some members of the staff team told us they had concerns about staff capacity and demand for services. They were not aware if the provider was acting on these concerns.
- Staff told us they felt well supported to develop their skills. Staff underwent an induction and periodic review of their performance.

Vision and strategy

The practice had a vision and strategy to deliver good quality care.

- There was a clear vision and set of values.
- The strategy was in line with health and social priorities across the region.

Culture

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

- Leaders and staff demonstrated a patient centred focus to their work during our discussions with them.
- 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.
- Staff told us there were positive relationships across the staff team.

Governance arrangements

Systems of accountability and governance were in place.

- Structures, processes and systems to support governance were set out. Some of these had been introduced more recently and had not been fully implemented or embedded at the time of this inspection. There was room to improve the level of provider oversight of the systems and processes in place at this practice.
- Data showed that the practice was performing similar to other practices locally and nationally for the care and treatment provided to patients.
- Clinical staff used evidence based guidance in the treatment of patients.
- Clinical audits were not being carried out to evaluate the care and treatment provided and to improve outcomes for patients.
- The system for reporting and investigating significant events and incidents was effective. However, we found that the learning from events had not been communicated effectively across the staff team.
- The provider arranged meetings for clinical staff across all its registered GP practices to discuss service development and improve patient care. However, not all of the clinical staff at this practice were involved in these.
- Practice specific policies and standard operating procedures were available to staff. However, not all staff knew how to access the full range of policies and not all procedures were being followed.
- The provider had introduced a system for monitoring health and safety checks across all of their primary care locations.

Managing risks, issues and performance

Systems were in place for managing risks, issues and performance.

- A business continuity plan was in place to deal with unforeseen emergencies.

Requires improvement

Are services well-led?

- A system was in place for managing patient safety alerts and for ensuring appropriate action was taken in response.
- Staff appraisals were provided annually and these were up to date across the staff team.
- The practice had a risk register and this fed into the overarching provider risk register.
- Performance meetings were held by leads within the provider organisation to review performance, risks and plans to mitigate these.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Information technology systems were used to monitor and improve the quality of care provided.
- There were appropriate 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, staff and external partners in the delivery of services.

- The practice valued feedback from patients and acted upon this. The acting practice manager provided examples of how the service had been improved in response to feedback from patients. For example, ensuring greater consistency of locum GPs in response to patient feedback.
- The practice did not have a Patient Participation Group (PPG).
- As with patient feedback in the CQC patient comment cards we received the patients we spoke with were concerned with consistency of clinical cover at the practice. The provider was aware of this concern and was actively trying to recruit salaried GPs and using longer term locum GPs in the interim.
- Regular meetings were taking place for staff to raise issues and suggest improvements.
- A staff survey had been carried out and the results of staff feedback had been analysed and published in July 2018.
- The provider had knowledge of and incorporated local and national objectives.
- The provider worked alongside commissioners, partner agencies and other practices to improve and develop the primary care provided to patients in the locality.

Continuous improvement and innovation

There was evidence of systems and processes for learning, improvement and innovation being in place or planned for the future.

- There was a focus on learning and improvement within the practice.
- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of staff meetings.
- The provider was working on a strategy for providing innovative models of care involving a multi-disciplinary approach to service provision.
- The provider was in discussion with commissioners and other stake holders looking at maximising opportunities for improving the estates.
- The provider was working alongside a secondary care provider with a view to introducing a behavioural therapist to support patients with mental health support needs.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The systems in place for safeguarding patients were not sufficiently robust.**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The governance systems were not fully effective for monitoring the service and managing risks.**