

Windermere and Bowness Medical Practice

Inspection report

Windermere Health Centre Goodly Dale, Windermere
Cumbria, LA23 2EG
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Date of inspection visit: 22 November 2018
Date of publication: 04/02/2019

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection February 2017 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Windermere and Bowness Medical Practice on 22 November 2018. This inspection was planned and undertaken as part of our inspection programme and as part of a wider inspection of the provider (One Medicare Ltd). The provider had agreed to contribute to our Primary Care at Scale project.

At this inspection we found:

- The practice had systems to keep patients safe and safeguarded from abuse.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice were actively advertising for salaried GPs as recently, established staff had left the practice. This had been a challenge for all the staff at the practice.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Results from the National GP Survey were above local and national scores. However, recent feedback from

some patients reflected that they were unhappy with the staffing changes at the practice. The provider told us that established GP's had chosen to leave the service to move on to the next stage of their careers.

- The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.
- Feedback from the National GP Survey regarding access was positive, however more recent feedback provided to us by some patients said that access was not as good as it had previously been.
- There was a focus on continuous learning and improvement at all levels of the organisation. The practice proactively used performance information to drive improvement.

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

- 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 their duties.

See Requirement Notice Section at the end of this report for further details

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

- Review and improve the frequency of fire drills.
- Assure themselves that patients know how to escalate complaints and concerns about services provided by the practice, should they be unhappy with the initial response from the practice.

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. The team included a GP specialist adviser, a CQC inspection manager and a second CQC inspector.

Background to Windermere and Bowness Medical Practice

Windermere and Bowness Medical Practice has been registered to be operated by the current provider since August 2015 and provides NHS primary care services. The service is commissioned by NHS Morecambe Bay clinical commissioning group (CCG).

The service is one of 10 registered services managed and operated by One Medicare Ltd (the provider). These include urgent care centres, GP practices and walk in services. The provider's head office and operations centre is based near Otley in West Yorkshire.

GP sessions are provided at the practice by the provider's chief medical officer, approximately 10 sessions every two weeks. There are regular locum GPs and advanced nurse practitioners working at the practice. There is an advanced nurse practitioner, musculoskeletal (MSK) practitioner, nurse practitioner, paramedic, health care assistant and two phlebotomists. The clinical team is supported by a practice manager and eleven staff who undertake administration duties.

The day-to-day operational management of the service was led by the practice manager.

The service is registered with the CQC to provide the following regulated activities;

- Diagnostic and screening procedures
- Family planning

- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice provides services to approximately 5,700 patients and all the regulated activities are carried out from:

- Windermere Health Centre, Goodly Dale, Windermere, Cumbria, LA23 2EG.

Windermere Health Centre is in purpose built premises; all patient services are on the ground floor. There is a car park beside the practice and step free access.

Information from Public Health England places the area in which the practice is located in the ninth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 81 years, which is higher than the national average of 79. Average female life expectancy at the practice is 87 years, which is higher than the national average of 83 years.

The service has been inspected by the Care Quality Commission previously. You can find all the previous reports by accessing our website and clicking on the 'all reports' tab for Windermere Health Centre.

The service had displayed their previous ratings in the patient waiting area. The previous inspection report was

not displayed on the provider's website, but the provider informed us that this was currently being reviewed and the report would be available on their website when this had been completed.

Are services safe?

We rated the practice as good 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 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 Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- 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 were systems in place 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 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 and 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 generally monitored safety.

- There were risk assessments in relation to safety issues. On the day of the inspection, the practice manager was unable to locate the health and safety risk assessment. This was sent to us after the inspection and had been completed by an external contractor.
- There were some issues which needed attention such as the paintwork on the windows and the fire bell,

Are services safe?

although operational, required some attention, so it could be tested safely. The practice manager told us they were already aware of both these issues and they were on a list of actions to be carried out.

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.

Please refer to the evidence tables for further information.

Are services effective?

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

The practice was rated as requires improvement for providing effective services because:

- Some staff did not have appropriate staff appraisals.
- Nurses did not receive formal supervision and felt their induction into the practice was not sufficient.
- Not all staff had received corporate induction from the provider.
- We could not establish the initial training some staff had received to deliver the anti-coagulation service.

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.

- Generally, we found that patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However, we were concerned about the ongoing assessment of patients who attended the anti-coagulation clinic. After the inspection the provider shared a copy of their policy and process with us
- We saw no evidence of discrimination when clinicians made decisions about patients' care and treatment.
- 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.

The matters that led to the key question of 'are services effective' being rated as requires improvement applied to all population groups, hence they are all rated as requires improvement for being provided with effective services. There were also some examples of good practice:

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The clinical interface manager at the practice coordinated all of the meetings and end of life care at the practice. They ensured patients were supported with the appropriate care.

- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice had developed a long-term condition recall system to ensure management of chronic conditions. Where patients had more than one chronic disease, they undertook a holistic review approach, avoiding the need for multiple appointments. The practice were in the process of sharing this approach with other practices in their provider group.
- The practice had recently employed a paramedic who was currently undergoing training for their role in primary care. They were to support the practice with more complex disease management.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were between 93% and 96%, which was above the target percentage of 90%.
- 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's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. The practice had a high percentage of Eastern European patients who did not attend appointments. The practice actively contacted these patients.
- The practice's uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a 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.

- The most recent published QOF results showed the practice's overall achievement was 99.7% which was above the national average (96.3%) and CCG average (98%). The clinical exception reporting rate was 9.4% compared with a national average of 10.1%.
- Some of the QOF exception rates were high, for example depression was 19% and diabetes 11.8%. The clinical lead GP was not aware of this or able to explain to us why.
- The practice used information about care and treatment to make improvements.
- The practice provided us with clinical audits which included a two-cycle audit of the monitoring of patients at risk of diabetes. They provided us with audits of record keeping by locum GPs, a sore throat audit and an audit of outcomes of patients seen by the advanced physiotherapist.

Effective staffing

Not all staff had the appropriate support to carry out their roles.

- We asked the practice manager about staff appraisals. Several of the staff were new and had not received an appraisal. The established nurses had received appraisals in March 2018. However, two phlebotomists and six non-clinical staff had not received an appraisal since 2016. The practice manager provided us with a plan of when these were to be carried out which was either in December 2018 or January 2019.
- We were told by the practice management that new staff received a corporate induction at the provider's head quarters in Leeds. However, when we spoke with some staff they told us this had not happened. The provider later confirmed this was an oversight and three staff had not received a corporate induction.
- Nursing staff we spoke with told us there was currently no nursing supervision as there was no nurse lead at the moment; however, they thought this was in hand and there would be a nurse lead soon. They did hold nurse meetings. Some of the nurses we spoke with told us they did not receive formal supervision. New nursing staff at the practice told us that they felt their local induction had been rushed and insufficient for their roles. Following the inspection, the provider shared a copy of their clinical supervision policy with us.

Are services effective?

- The practice provided an anti-coagulation service. 'The phlebotomist was part of the team delivering this service.'
- The practice protocol for the service stated an annual review of the anti-coagulation service would include safety indicators, which included training received by practitioners and staff. We could not establish the initial training some staff had received to deliver this service.
- 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.
- We saw that staff had received mandatory training. The practice were supporting the paramedic to study a masters qualification at university.

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 considered 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, 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice scored higher than the local clinical commissioning group (CCG) average in every question in the National GP Patient Survey linked to kindness, respect and compassion. For example, respondents to the GP patient survey who said the healthcare professional they saw or spoke to was good at treating them with care and concern during their last appointment was, 97% compared to the CCG average of 92% and the national average of 87%.
- We received six CQC comment cards which were positive about the service. Words used to describe the service included excellent service, patient centred and fabulous.
- We interviewed nine patients, two of whom were members of the practice patient participation group. Five of the patients were unhappy with the service received. They told us that since the regular GPs had left the service it had changed. They didn't know which GP they were going to see and it was difficult to obtain an appointment. They told us they felt the nurses were providing the stability at the practice. Three of the patients told us that they were happy with the service they received and that they were kept informed of their care and treatment.
- The practice provided us with NHS Friends and family test comments which were very positive from April to August 2018, patients praised the service. However, from

September and October 2018 comments, five out of thirteen were negative, patients asking questions about why the service had changed, themes being changes in doctors.

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 scored higher than the local clinical commissioning group (CCG) average in every question in the National GP Patient Survey linked to involvement in decisions about care and treatment. For example, respondents to the GP patient survey who said during their appointment they were involved as much as they wanted to be in decisions about their care and treatment was, 100% compared to the CCG average of 97% and the national average of 94%.

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?

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. They 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.
- There were extended opening hours on a Wednesday evening until 7.30pm.
- The practice employed a physiotherapist who was a musculoskeletal practitioner. They were employed for 12 hours per week and delivered three sessions per week. They provided this service for patients in the local area, not just those registered with the practice.
- There was a sexual health and family planning service.
- There was an in-house anticoagulation service. Anticoagulants are used to prevent and treat blood clots.
- There were additional services provided at the practice so patients did not have to travel to hospital for appointments. There were hearing clinics, physiotherapy and chiropody.
- 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:

- The practice offered same day appointments for the elderly. Home visits were carried out where necessary.
- The practice provided a direct access musculoskeletal service. They particularly worked with the elderly to provide a 'bounce back clinic' to assist the elderly to recover following an injury or fall.
- The practice engaged with the local CCG quality improvement scheme providing frailty reviews.

People with long-term conditions:

- The GPs and advanced nurse practitioner offered 15-minute appointments times as standard for all patients, including those living with long-term conditions.
- 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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- There were extended opening hours on a Wednesday evening until 7.30pm.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice were able to refer patients to community and mental health specialists.
- The practice were in the process of setting up 'wellbeing walks' for vulnerable or disadvantaged patients.

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.

Are services responsive to people's needs?

- The practice held in house counselling. There was access to primary care mental health clinics where patients could be referred.

Timely access to care and treatment

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

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The National GP Patient Survey data on appointments and getting through to the surgery on the telephone was higher than all of the local CCG and national averages. For example, the percentage of patients surveyed who responded positively to the question of how easy it was to get through to someone at the surgery on the phone was 93% compared to the local CCG average of 79% and national average of 70%.
- On the inspection day we saw that there were same day and urgent appointments available. There were routine appointments available in the next two weeks.
- We obtained more recent feedback from patients at the inspection. Five out of nine patients said they were unhappy with the service received. They told us that since the regular GPs had left the service it had changed. They didn't know which GP they were going to see and it was difficult to obtain an appointment.
- The last two months of friends and family test comments supported this with five out of thirteen

comments being negative from September and October 2018. Patients asked questions about why the service had changed with a common theme being changes in doctors.

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.

- However, the practice could not assure themselves that patients know how to escalate complaints and concerns about services provided by the practice, should they be unhappy with the initial response from the practice. We saw that four out of five responses to complaints raised recently did not make reference to the Parliamentary Health Service Ombudsman (PHSO) and therefore patients did not know how or who to escalate their complaint to if they were not satisfied with the response.
- 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. They acted as a result to improve the quality of care.

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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- However, we found that there was a disconnect between local management perception of some of the issues facing the practice and what we found on the day of the inspection. For example, they had worked hard to engage with the patients about the staffing issues at the practice. Some patients remained unhappy with the changes. The management thought the staff had received corporate induction, however when we explored this further, some staff had not received this.

Vision and strategy

The service had a vision and strategy to deliver good quality care and promote positive outcomes for patients.

- There was a vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with 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 both locally and nationally. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider worked with staff to engage them in the delivery of the provider's vision and values.

Culture

The practice were working towards a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- 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.
- The processes for providing staff with the development they needed were in progress. The nursing staff had not received formal supervision. Corporate induction had not always been provided. Staff told us that local induction was not always adequate. There was a programme in place to address the issue that some staff had not received appraisals.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. We saw that structures, processes and systems to support good governance were in place at provider level. This included, for example, for the reporting and oversight of significant events and complaints. Systems were also in place at provider level to enable them to respond to emerging risks; for example, any short term or unexpected staff shortages. Twice-weekly calls were held for clinical leads from each of the provider's registered services to join.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were some issues related to risk which the practice needed to address. For example, the fire bell required a rocker switch so that it could be tested

Are services well-led?

effectively, the window frames would benefit from refurbishment. These issues had been picked up by the service, and were part of a refurbishment plan that was in progress.

- 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

The practice acted on 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 did involve patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met;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. Some staff did not have appropriate staff appraisals.Nurses did not receive formal supervision and felt their induction into the practice was not sufficient.Not all staff had received corporate induction from the provider in line with expectations.We could not establish the initial training some staff had received to deliver the anti-coagulation service.This was in breach of Regulation 18(2) of The Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	