

Stockwell Lodge Medical Centre

Inspection report

Rosedale Way
Cheshunt
Waltham Cross
Hertfordshire
EN7 6HL
Tel: 01992 624408
www.stockwelllodge.co.uk

Date of inspection visit: 28 August 2018
Date of publication: 18/10/2018

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

Ratings

Overall rating for this location

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
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? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Stockwell Lodge Medical Centre on 18 May 2017. The overall rating for the practice was inadequate and the practice was placed into special measures for a period of six months. A warning notice was served in relation to breaches identified under Regulation 12: Safe Care and Treatment. We completed an announced focussed inspection on 3 August 2017 to check on the areas identified in the warning notice and found that sufficient improvements had been made regarding these.

We carried out an announced comprehensive inspection at Stockwell Lodge Medical Centre on 18 January 2018. The practice was rated inadequate for responsive and the overall rating for the practice was requires improvement. The comprehensive and focused reports can be found by selecting the 'all reports' link for Stockwell Lodge Medical Centre on our website at www.cqc.org.uk.

This announced comprehensive inspection on 28 August 2018 was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had the skills, knowledge and experience to carry out their roles.
- Patient feedback and comment cards completed by patients told us they felt they were treated with compassion, dignity and respect.
- Patients found the appointment system easy. However, some patients reported that they were not able to access care when they needed it.
- There were clear responsibilities, roles and systems of accountability to support good governance and management in most areas.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the process in place to ensure all relevant staff members have a clear understanding of identifying acutely unwell and deteriorating patients.

Overall summary

- Continue to monitor the National GP Patient Survey results and take steps to improve performance.
- Continue to monitor and review patients with a diagnosis of diabetes.
- Continue to document care plan reviews for patients with dementia.
- Continue to monitor the processes in place for repeat prescribing.
- Continue to review the system in place for clinical coding, for example Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).
- Review the systems in place to ensure all referrals made by clinicians meet the required standards.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by this service. The service will be kept under review and if needed could be escalated to urgent enforcement action. We encourage the practice to sustain and embed the improvements.

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

Please refer to the detailed report and the evidence tables for further information.

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 Care Quality Commission (CQC) lead inspector.

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

Background to Stockwell Lodge Medical Centre

- The registered provider of the service is Dr N Sullivan.
- The address of the registered provider is Stockwell Lodge Medical Centre, Rosedale Way, Cheshunt, Hertfordshire, EN7 6HL.
- The practice website is www.stockwelllodge.co.uk
- Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract) to approximately 11,400 patients.
- The service is registered with the CQC to provide the following regulated activities:
 - Diagnostic and screening procedures
 - Treatment of disease, disorder or injury
 - Maternity and midwifery services
 - Family planning
 - Surgical procedures
- Stockwell Lodge Medical Centre is located within the Hertfordshire local authority and is one of 55 practices serving the NHS East and North Hertfordshire Clinical Commissioning Group (CCG) area.
- The practice population is pre-dominantly white British and has a black and minority ethnic population of approximately 9% (2011 census). National data indicates the area is one of mid deprivation.
- The practice team consists of two male GP Partners and one female GP Partner. There are three regular locum GPs, two nurse practitioners, including one regular locum, one practice nurse, three health care assistants and one trainee health care assistant. The practice also has three primary care pharmacists, one of which is a locum, and one primary care paramedic.
- The team is supported by a practice manager and a team of practice administration and secretarial staff.
- Home visits are available to those patients who are unable to attend the surgery. Out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Are services safe?

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

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

At the time of inspection, the practice did not have a documented policy, clear process or clear audit trail in place for the management of clinical documentation. Two staff members had not completed essential training relevant to their roles. Not all non-clinical staff members had a clear understanding of identifying acutely unwell and deteriorating patients.

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. Most of the staff members had received up to date safeguarding and safety training appropriate to their role. All of the staff members we spoke with knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety in most areas.

- 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. However, during our inspection we found not all non-clinical staff members had a clear understanding 'red flag' sepsis symptoms. (Sepsis is a life-threatening illness caused by the body's response to an infection). Shortly after the inspection, the practice confirmed relevant staff members had received sepsis training on 4 September 2018.
- 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.
- 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. However, from the documents we reviewed, we found a small sample included a minimal assessment by the referring GP.

Appropriate and safe use of medicines

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

- 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

Are services safe?

line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- 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.
- During our checks and discussions with staff members, we found the practice did not have a documented policy, clear process or clear audit trail in place for the management of clinical documentation. Shortly after our inspection, the practice provided us with evidence to confirm they had reviewed the system and had implemented a documented protocol for the management of clinical documentation.

Track record on safety

The practice had a good track record on safety in most areas.

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

- There were comprehensive risk assessments in relation to safety issues. However, at the time of inspection the practice was not able to provide a copy of the existing fire risk assessment. The practice took immediate action and shortly after the inspection, we received evidence to confirm an additional fire risk assessment had been completed by an external contractor on 30 August 2018.

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 good for providing effective services overall.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used healthcare informatics software to monitor and improve patient care. Senior staff engaged with the local East and North Hertfordshire CCG and accessed CCG guidelines. The practice demonstrated how this information was used to plan care in order to meet identified needs.
- 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.

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.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice had an effective patient review and recall system. The practice regularly monitored their performance for Quality and Outcomes Framework (QOF) and had taken steps to make improvements where required.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%. The practice had taken proactive steps to ensure they achieved high uptake rates for childhood immunisation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice offered a range of family planning services including weekly post-natal and child health surgeries for six week checks. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.

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

Are services effective?

- The practice's uptake for cervical screening was 74%, which was in line with the local and national average and below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability. The practice had 51 patients on their learning disability register and had completed 28 health checks since April 2018.
- 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 medicines.
- 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 told us that they had reached a locality target for Dementia Care Plans. However, during our inspection we found the practice did not record care plan reviews for dementia patients. The practice told us that they were preparing to change to a new clinical system and that this would include access to electronic patient care plan templates. Shortly after the inspection, the practice confirmed that they had created a dementia care plan template and had completed this with all of their patients at a local residential home. The practice was able to provide us with evidence to confirm this and told us that the all patients diagnosed with dementia would have a documented care plan in place before October 2018.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements. For example, the practice regularly audited their antibiotic prescribing and had improved their prescribing rates as a result. The practice audited their prescribing of medicines which required monitoring, this resulted in an improvement in the management of these patients.

Data from the latest Quality and Outcomes Framework (QOF) 2016/2017 showed overall patient outcomes were in line with the local and national average in most areas. Overall exception reporting was also in line with the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Effective staffing

Are services effective?

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, at the time of inspection two staff members had not completed essential training at the practice, relevant to their roles.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 had 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 ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- 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, healthy living and tackling obesity. Staff worked with local organisations and charities in order to provide support to their practice population.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

At our previous inspection in January 2018, we rated the practice as requires improvement for providing caring services, as the data from the National GP Patient Survey published in July 2017 showed patients rated the practice lower than others for many aspects of care.

At this inspection in August 2018 we found the practice had taken steps to improve patient satisfaction. Performance for some indicators demonstrated that some improvements had been made. However, most of the survey scores had remained lower than local and national averages.

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.
- Feedback on the day of inspection showed patients felt they were treated with kindness, respect and compassion. However, results from the latest National GP Patient Survey published in August 2018 showed patient satisfaction was below local and national averages.

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 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 had taken steps to identify carers and provide support to these patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

The practice was rated as requires improvement for responsive because:

At our previous inspections in January 2018 we rated the practice as inadequate for providing responsive services as the results of the national patient survey in July 2017 had showed patients were not satisfied with the responsiveness of the service and complaints were not been handled effectively.

At this inspection in August 2018 we found that although there had been some improvements to improve patient access, results from the latest National GP Patient Survey showed patient satisfaction remained below the local and national average for most areas.

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. For example, the practice had reviewed their appointment booking system and increased the number of telephone consultations to meet patient demand. The practice obtained and reviewed patient feedback and resorted back to offering more face to face appointments as a result.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A named GP provided a weekly visit to a local residential care home and GPs visited the practice on a daily basis. We spoke to a staff member at the home who told us that the services provided by the practice had significantly improved. They described the practice as effective and responsive to the needs of the residents.
- The practice was able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Are services responsive to people's needs?

- Diabetic reviews were completed with referrals for retinopathy screening and podiatry services for patients.
- Staff worked closely with a multi-disciplinary rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

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.
- A community midwife held a clinic at the practice on a regular basis.

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.
- The practice was proactive in offering online services, appointment booking and repeat prescription requests could be made by using the practice website.
- An electronic prescribing service (EPS) was available which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with drug and alcohol dependency, travellers and those with a learning disability.
- There were longer appointments available for patients with a learning disability.
- GPs provided regular visits to five assisted living premises for patients with a learning disability. We spoke to senior staff who told us that the practice provided a good service and had a good understanding of the needs of residents.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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 held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- Patients who failed to attend their appointment were proactively followed up by a phone call from a member of the practice team.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Are services responsive to people's needs?

- Waiting times, delays and cancellations were communicated and managed appropriately. During our inspection a small number of patients reported that waiting times could be between 30 to 60 minutes long.

Results from the latest National GP Patient Survey published in August 2018 showed:

- 47% of respondents waited 15 minutes or less after their appointment time to be seen. This was below the local average of 66% and national average of 69%.
- 60% were satisfied with the type of appointment they were offered. This was lower than the local average of 72% and national average of 74%.
- 31% described their experience of making an appointment as good. This was significantly lower than the local average of 63% and national average of 69%.
- 17% found it easy to get through to this GP practice by phone. This was significantly lower than the local average of 64% and national average of 70%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, the practice did not routinely provide patients with information on the role of the Parliamentary and Health Service Ombudsman (PHSO) when sending a final response to patients. Shortly after the inspection, the practice sent us a copy of their updated final response letter template and confirmed that information about the PHSO would now be included as routine when sending a final response to a patient complaint.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It 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 requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing well-led services because:

At our previous inspections in January 2018, we rated the practice as requires improvement for providing well-led services as we found gaps in some areas such as access to services, patient satisfaction and effective processes to manage significant events and complaints.

Although at this inspection in August 2018 we found that the practice had acted on previous concerns, we found some systems and processes required strengthening. For example, at the time of inspection, the practice did not have a documented approach or audit system in place for the management of clinical documentation. The practice was unable to provide us with a copy of their fire risk assessment. The practice did not have a clear system in place to ensure all staff members had up-to-date records of vaccinations in line with national guidance. The practice did not have effective systems in place to ensure all staff members completed essential training relevant to their role.

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.
- The practice had completed actions identified at the previous inspections and was working to improve. The practice had recently recruited a permanent practice manager who had developed both short and long-term improvement plans which were in the process of being implemented.
- 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.

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 clear strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice was adapting and changing 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.
- The practice focused on the needs of patients and continued to take steps to make improvements where required.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were some 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 had improved.
- 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 in most areas. At the time of inspection, we found some policies required updating and some staff members had not completed essential training relevant to their role.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance in most areas.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. However, at the time of inspection, the practice was not able to provide a copy of the existing fire risk assessment.
- 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.
- 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 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.

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

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

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</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> <p>The provider did not ensure all of the risks had been assessed in relation to vaccinations for staff members. The provider did not have a documented policy, clear process or clear audit trail in place for the management of clinical documentation.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Not all practice procedures were documented and some practice policies were not specific to the practice. The provider did not have clear oversight of fire safety risks. The provider did not have an effective system in place to ensure all staff members completed essential training relevant to their roles.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.