

# Pond Tail Surgery

## Inspection report

The Green  
Godstone  
Surrey  
RH9 8DY  
Tel: 01883742279  
[www.pondtailsurgery.co.uk](http://www.pondtailsurgery.co.uk)

Date of inspection visit: 27 June 2018  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Requires Improvement overall.** (inspected August 2016 - rated Requires Improvement. Follow up inspection February 2017 - rated Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Pond Tail Surgery on 27 June 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, some of these processes were not always implemented effectively, including the processes to monitor and follow up on safeguarding concerns, the recording and oversight of safety alerts, significant events and complaints, and the systems for monitoring patient health in relation to the use of medicines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The practice ensured patients had good access to care by offering extended hours surgeries, and telephone consultations, as well as offering appointment booking online.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an open and transparent approach to safety, significant events and complaints, although we found the recording processes could be improved and learning was not always shared effectively with staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Strengthen the guidance provided for staff to include identification of symptoms for potentially seriously ill patients, such as sepsis.
- Continue to strengthen the systems used to record learning and share lessons, identified themes and action taken to improve safety in the practice as a result of significant events and complaints.
- Ensure all staff are aware of the practice vision and future planning in relation to their role, and that improvements and innovation within the practice are communicated to all staff.
- Review the arrangements 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.
- Continue to monitor and take action where appropriate for areas with high exception reporting on Quality Outcomes Framework.
- Strengthen the programme of clinical audit and quality improvement activity, including to routinely review the effectiveness and appropriateness of the care provided.

**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

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager advisor.

## Background to Pond Tail Surgery

Pond Tail Surgery provides general medical services to approximately 7,500 patients. The practice also provides care and treatment for the residents who are registered at the practice and who live in nearby care homes, which serve individuals with a diagnosis of dementia or who have nursing care needs.

Services are provided from Pond Tail Surgery, The Green, Godstone, Surrey, RH9 8DY.

There are two GP partners (one male, one female), three practice nurses and one phlebotomist. GPs and nurses are supported by the practice manager, an assistant practice manager and a team of reception/administration staff. The practice told us they had a new salaried GP starting in September 2018.

Data available to the Care Quality Commission (CQC) shows the number of patients from birth to 18 years old served by the practice is comparable to the national average. The number of patients aged 85 years and over is slightly above the national average. The percentage of registered patients suffering deprivation (affecting both adults and children) is slightly lower than the average for England.

Pond Tail Surgery is open from Monday to Friday between 8am and 6pm. Extended opening hours were on alternate Mondays from 6.30pm to 8.00pm, alternate Saturdays from 9am to 10.30am and every Tuesday, Wednesday and Thursday from 7:30am.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website ([www.pondtailsurgery.co.uk](http://www.pondtailsurgery.co.uk)).

The practice offers a number of services for its patients including; sexual health advice and family planning, chronic disease management, minor surgery, smoking cessation, health checks and travel vaccines and advice.

Pond Tail Surgery is registered with the CQC to provide the regulated activities; Treatment of disease, disorder or injury; Surgical procedures; Diagnostic and screening procedures; Maternity and midwifery services and Family Planning.

# Are services safe?

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

## Safety systems and processes

The practice had most 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. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a risk assessment in place of a Disclosure and Barring Service (DBS) check and we saw this included that chaperones were not left alone with patients. (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 monitored and followed up on failed attendances for children's appointments, or following referral to secondary care or for immunisations if the child was subject to safeguarding procedures or on a child protection plan. The practice did not always record this information or share with other agencies if there were no known safeguarding concerns.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Systems were in place to highlight vulnerable patients on record. However, there was not a risk register of specific patients.
- 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 not always adequate systems to assess, monitor and manage risks to patient safety.

- Some 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. It was not clear whether all staff roles were covered for periods of absence.

- 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. We found that not all staff were aware of where to find additional information if they needed it.
- 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.
- The practice had a documented approach to the management of test results and this was managed in a timely manner. However, we found that this process did not always operate effectively, for example blood tests would not be automatically rebooked if a patient cancelled or did not attend their appointment, including for those prescribed with a high risk medicine.

## Appropriate and safe use of medicines

The practice did not always have 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

## 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 not always monitored in relation to the use of medicines and followed up appropriately. This included for patients who were taking medicines considered to be high risk. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had some systems for reviewing and investigating when things went wrong. However, we found they did not always formally record learning and shared lessons, identified themes and action taken to improve safety in the practice. We saw that the practice had recently started to improve the method of recording and oversight of significant events.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We found that they did not always clearly record the actions completed as a result of a safety alert. However, they demonstrated to us on the day of inspection that they received alerts and took the necessary action.

**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.**

*(Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice)*

## 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.
- 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.
- We saw evidence of care plans that met best practice guidelines.
- 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.
- Patients were able to speak with or see a GP when needed and the practice site was accessible for patients with mobility issues.
- 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.

- Longer appointments and home visits were available when needed.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice demonstrated how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

### Families, children and young people:

- The practice evidenced that childhood immunisations were carried out in line with the national childhood vaccination programme. The evidence provided by the practice did not align with the data used by the care quality commission data, as the age ranges do not mirror World Health Organisation targets.
- The practice offered services including family planning and childhood immunisations.
- The practice actively arranged flu vaccine clinics to capture a larger number of children for each year's campaign. This included offering appointments before and after school hours.

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

- The practice's uptake for cervical screening was 72%, which was in line with the England average of 72% but 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 average for England.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks. 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:

# Are services effective?

- 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.
- 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
- We found that the practice had an above average exception reporting rate than local and England averages in some areas. (Exception reporting is the removal of patients from calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a completed care plan in the last 12 months was 100%, which was above the clinical commissioning group (CCG) average of 93% and the England average of 90%. However, we noted that the exception reporting rate was 24%, which was above the CCG average of 12% and the England average of 13%. The practice was unable to provide an explanation for this high rate of exception reporting.

## Monitoring care and treatment

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

- The overall exception rate was 6%, which was in line with the CCG average of 6% and the England average of 6%.
- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

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

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



## Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

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

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

**Please refer to the evidence tables for further information.**



# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a vision and credible strategy to deliver high quality, sustainable care.

- There was a vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Some staff were aware of and understood the values for the practice. Not all staff could describe the practice vision or strategy and their role in achieving them.

## Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- We found that the processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective. For example, the processes to monitor and follow up on safeguarding concerns, the recording and oversight of safety alerts, significant events and complaints, and the systems for monitoring patient health in relation to the use of medicines.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

## Are services well-led?

- There was a lack of evidence to demonstrate that clinical audit had a positive impact on quality of care and outcomes for patients. The audits that were presented showed 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.
- 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 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There systems and processes for learning, continuous improvement and innovation were not clear.

- Not all staff knew about improvement and innovation. This included that the practice was installing a new upgraded telephone system on the 29th July to improve efficiency and reduce patient waiting times. Some staff were not aware of this and not all staff could describe what the new system would do.
- The practice did not always formally record internal and external reviews of incidents and complaints. There was a lack of evidence to demonstrate that learning was shared with all staff.
- 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.**

# 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.

## **Involvement in decisions about care and treatment**

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

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

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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 good for providing responsive services .**

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, they offered ad hoc child immunisation appointments and additional flu vaccine clinics during busy periods. They also used an automated text and email messaging service to remind patients of appointments and health campaigns.
- Telephone 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. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

### 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 meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary, either with a GP or the nurse practitioner.
- Postnatal checks, eight-week baby checks and childhood immunisations were booked in as requested with nursing and GP personnel, with appropriate time allocated for these appointments.
- The practice provided primary care to pupils of a nearby independent specialist college for young adults with disabilities. The practice told us that pupils could either attend the practice or GPs attended the college if preferred. We spoke with clinicians who explained they allowed extra time for the appointments to provide additional support and reassurance where necessary.

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

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

### People whose circumstances make them vulnerable:

- The practice recorded when 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.

### 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 hosted a wellbeing service. This included advice and signposting patients to support organisations and befriending services.

## Timely access to care and treatment

## Are services responsive to people's needs?

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

### **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. We saw some evidence that the practice conducted an analysis of trends. The practice 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 at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a vision and credible strategy to deliver high quality, sustainable care.

- There was a vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Some staff were aware of and understood the values for the practice. Not all staff could describe the practice vision or strategy and their role in achieving them.

## Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- We found that the processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective. For example, the processes to monitor and follow up on safeguarding concerns, the recording and oversight of safety alerts, significant events and complaints, and the systems for monitoring patient health in relation to the use of medicines.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

## Are services well-led?

- There was a lack of evidence to demonstrate that clinical audit had a positive impact on quality of care and outcomes for patients. The audits that were presented showed 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.
- 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 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There systems and processes for learning, continuous improvement and innovation were not clear.

- Not all staff knew about improvement and innovation. This included that the practice was installing a new upgraded telephone system on the 29th July to improve efficiency and reduce patient waiting times. Some staff were not aware of this and not all staff could describe what the new system would do.
- The practice did not always formally record internal and external reviews of incidents and complaints. There was a lack of evidence to demonstrate that learning was shared with all staff.
- 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><b>How the regulation was not being met:</b> 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: Systems for the appropriate and safe handling of medicines were not always reliable or operating effectively, such as for the regular and appropriate health monitoring and clinical review for patients, including those prescribed with high risk medicines, and the oversight of uncollected prescriptions. Systems were not always in place to monitor and follow up on concerns for patients at risk, including children who fail to attend appointments and there was not a risk register of vulnerable patients. Safety alerts were not always documented, discussed, lessons learnt and recorded onto the practice system. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>