

# Denmark Road Medical Centre

## Inspection report

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

**This practice is rated as requires improvement overall.** (Previous rating January 2017 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

We carried out an announced comprehensive inspection at Denmark Road Medical Centre on 1 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen, but these systems were limited and did not provide full oversight, particularly in relation to safety alerts. When incidents did happen, the practice learned from them and improved their processes.
- The completion and recording of training by staff was not fully embedded at the practice. This issue had also been identified at a previous inspection in April 2016.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice held regular multi-disciplinary meetings to discuss patients whose circumstances made them vulnerable.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use.
- The practice had scored above local and national averages in the latest National GP Survey results.
- There was a 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:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Continue to improve the uptake for cervical screening to achieve the national target of 80%.
- Review the security of external clinical waste storage.
- Review arrangements for identifying and registering patients who are also carers.
- Review how learning from significant events and learning events are shared with national reporting systems.
- Review how patient participation feedback is used and their involvement in the practice considered.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor and a practice manager advisor.

## Background to Denmark Road Medical Centre

Denmark Road Medical Centre is in Bournemouth, Dorset. The practice covers the area of Winton in Bournemouth.

Denmark Road Medical Centre is located at:

37 Denmark Road  
Bournemouth  
Dorset  
BH9 1PB

The local clinical commissioning group (CCG) is the NHS Dorset CCG. Denmark Road Medical Centre is registered with the Care Quality Commission to provide the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures
- maternity and midwifery services
- surgical procedures
- family planning

The practice has approximately 9,780 registered patients.

Denmark Road Medical Centre has two GP partners, and five salaried GPs. There are two male and five female GPs. There are two practice nurses and two health care assistants. The practice also employs a paramedic practitioner, a nurse practitioner and a pharmacist. The practice also employed a practice manager, a reception manager and a team of reception and administration staff. The practice is a training practice for doctors training to be GPs. At the time of inspection there were two GP registrars attached to the practice.

The practice is open Monday-Friday 7.45am-6.30pm. Extended hours appointments are available on Tuesdays until 7.30pm, both pre-bookable and on the day appointments are offered. Opening times information is provided on the practice leaflet and on the surgery website. Out of hours services 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:

- Safety alerts were not being monitored to ensure necessary actions had been completed and recorded.
- Staff had not consistently received safeguarding training appropriate to their role.

### Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse. However, there were shortfalls in monitoring staff training in safeguarding children and adults and the completion of risk assessments to ensure the safety of patients and staff at the practice.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. However, not all staff had received up-to-date safeguarding and safety training appropriate to their role in line with the practice's own procedures. When spoken to, staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- 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 held a monthly multi-disciplinary meeting with community and voluntary services to discuss patients whose circumstances made them vulnerable.
- The practice was not consistent when carrying 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. We found the external clinical waste storage bin, although kept locked, was not stored securely in line with national guidelines.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety but there were shortfalls in staff training for emergency procedures.

- 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.
- Recruitment processes were not fully embedded which ensured the practice followed their own recruitment policy. For example, we reviewed four staff members personnel records and found each one was missing at least one piece of information that the practice's own recruitment policy had instructed to be recorded. Since inspection, the practice has provided us with the appropriate evidence to show recruitment checks were in line with their own policy.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and but not all staff were suitably trained in emergency procedures. For example, completed annual training in basic life support and fire safety was not recorded for all staff members. This training issue had previously been identified at a previous inspection in April 2016 and had led to a follow up inspection in December 2016.
- However, staff understood their responsibilities to manage emergencies on the premises and how 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.

# Are services safe?

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients' health was monitored in relation to the use of medicines.
- Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice's track record on safety was satisfactory.

- We did not see evidence of recent comprehensive risk assessments in relation to safety issues. The practice's last fire risk assessment was completed in 2015. The practice advised since inspection this was in line with local arrangements.
- Since inspection, we asked for evidence of any further risk assessments in relation to the practice to be provided. We received a completed fire risk assessment checklist, intended to be completed prior to a full fire risk assessment. This checklist was dated 14 November 2018. The practice has also confirmed a full fire risk assessment had been booked for 21 November 2018.
- The practice had not consistently monitored and reviewed activity, apart from fire safety. The practice did

not appear to understand the risks in its own building and so could not present a clear, accurate and current picture of safety or identified where improvements might be needed.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong but the recording of improvements or the associated actions was not consistent.

- 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 told us they shared learning from significant and learning events with the local commissioning group. They did not share this with NHS England or the National Reporting and Learning System.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, the practice were not able to demonstrate how they recorded actions that they had completed in relation to safety alerts received. Staff were able to tell us the actions they had completed recently. For example, we discussed recent alerts for Sodium Valproate (which is used in the treatment of epilepsy) and EpiPens (medical devices used in the treatment of serious allergic reactions), but the practice did not have a method of recording these actions.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

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

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

- Staff had not consistently completed training, or had not received the required appropriate updates, in safeguarding adults and children, infection prevention and control, fire safety, equality and diversity, information governance, basic life support and the Mental Capacity Act 2005 training modules, in line with the practice's own policies;

### 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.
- The practice told us they held weekly educational sessions for clinical staff to attend. The practice arranged for internal and external speakers to attend.

### Older people:

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- 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:

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line local and national averages for all but two indicators. The two quality indicators, one for diabetes and one for hypertension, were below the local and national averages. The practice told us they were aware of these indicators and were investigating how the practice could improve these figures.

### Families, children and young people:

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above. The practice was above 95% in three out of four indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.



# Are services effective?

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

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme. The practice was aware of this figure and confirmed appointments for cervical screening were available throughout the day and leaflets were available for more information.
- The practice's uptake for breast and bowel cancer screening was below 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.
- 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:

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- 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 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):

This population group was rated requires improvement for effective because the issues identified effect all population groups. There were however areas of good practice:

- 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.
- The practices performance on quality indicators for mental health was in line with local and national averages.

## Monitoring care and treatment

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

- Overall exception reporting for all diabetes indicators were higher than the local CCG and national averages. The practice told us they were considering implementing the West Hampshire Integrated Shared Diabetes Outcome Measures (WISDOM) programme to support their improvement plans for diabetes.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, the recording or completion of recommended training was not fully embedded.

- 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.

# Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them.
- Up to date records of skills and qualifications were maintained. Staff were encouraged and given opportunities to develop.
- A training log provided by the practice demonstrated that staff members were not consistently completing the training that the practice had deemed necessary for their roles. This issue was also identified during the practice's previous inspection in April 2016, which led to a follow up inspection in December 2016. The practice demonstrated they were compliant with staff training in December 2016.
- 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. When we spoke with staff, we found some staff were overdue their annual appraisal. Some staff confirmed an appraisal had been booked but this was not consistent for all staff that were overdue. This issue was also identified during the practice's previous inspection in April 2016, which led to a follow up inspection in December 2016. The practice demonstrated they were compliant with staff appraisals in December 2016.
- Since inspection, the practice reported appraisals for non-clinical staff took place every two years, as per their own policy. Non-clinical staff we spoke to were unaware that appraisals could be up to every two years.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

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

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

## Helping patients to live healthier lives

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

- The practice identified patients who may 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. However, we saw evidence that showed not all staff had completed relevant training relating to the Mental Capacity Act 2005.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- The practice monitored the process for seeking consent appropriately.





## Are services effective?

**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's GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion.
- Out of the 29 Care Quality Commission (CQC) comment cards we received, 24 were positive about the practice. The further four cards contained mixed comments and the remaining card contained comments that were negative about the service.

## **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 identified carers and supported them. The practice had identified approximately 1% of its practice population as carers.
- The practice's GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment, with a result of 100%.

## **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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice provided evidence of an audit relating to the telephone consultations completed by the practice. The practice reported the audit demonstrated that telephone consultations were an effective way of managing clinical time and provided patients with alternative access to clinical care.
- 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 had recently installed new push-pad electronic doors at the front of the building, replacing the previous intercom system.
- 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.
- The practice was part of the East Dorset Cluster group and as a result provided Improved Access to GPs (IAGPS), which was provided at the local hospital.

### 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 paramedic also accommodated home visits for those who had difficulties getting to the practice.
- The practice confirmed they were part of the Central Bournemouth Locality which meant they have access to

a new Anticipatory Care Team (ACT). (ACT assess referrals and visit patients who did not meet the criteria of being on a District Nurse caseload). ACT was able to assess and signpost patients as appropriate.

### 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.

### Families, children and young people:

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

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

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

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including 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.

# Are services responsive to people's needs?

- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

## Timely access to care and treatment

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. Although we received some comments that stated appointments did not run to time and waiting times were getting longer. However, patients themselves felt this may be because the practice was popular and many said they would recommend the practice to family and friends.
- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment.

## 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 was not initially in line with recognised guidance. Since inspection, the practice has provided us with a revised complaints policy that contained more appropriate information for patients. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- The practice had only received three complaints in the previous 12 months so no analysis of trends had been able to be undertaken. However, the practice stated they only recorded written complaints. They had no method of recording verbal complaints so the learning from verbal complaints was not documented and then shared with all staff as appropriate.

**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 well-led because:

- Practice leaders did not have oversight of staff training records;
- Practice leaders did not demonstrate adequate assurances that its own policies and procedures were being consistently followed and implemented;
- Risk assessments had not been routinely undertaken to assess and mitigate risks to patients and staff at the practice.

### 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 reported they had made the decision to apply to close their patient list in response to high receipt of new patient registration. The practice took this decision to maintain the high level of care and treatment that their registered patients expected from the practice.
- 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 strategy which aimed to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic 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 planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent 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 inconsistent processes for providing all staff with the development they need. This included appraisal and career development conversations. Not all staff had received regular annual appraisals.
- There was an emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. However, staff training records did not demonstrate that all staff had undertaken equality and diversity training. When spoken to, staff confirmed they felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management but these were not always fully embedded and effective in the daily activities of the practice.

- 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.
- However, processes and systems to support good governance and management were set out but were not consistently effective. For example, with regard to MHRA safety alerts.
- Practice leaders had established policies, procedures and activities to ensure safety but had not assured

# Are services well-led?

themselves that they were operating as intended. For example, the notification of GPs following uncollected prescriptions, in line with the practice's own repeat prescribing policy.

## Managing risks, issues and performance

Clarity around processes for managing risks, issues and performance required improvement.

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice's previous fire risk assessment had been completed in 2015 but had not been reviewed. The practice confirmed a repeat fire risk assessment was booked for 21 November 2018 following the inspection.
- The practice had adequate processes to manage current and future performance. Practice leaders had oversight of incidents, and complaints, but not full oversight of safety alerts. Some performance indicators were below local and national averages.
- 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. The practice had a privacy statement but this was only accessible to patients online.
- The practice confirmed they had arrangements for a Data Security and Protection Toolkit to be completed in late 2018, early 2019 to ensure they were in line with General Data Protection Regulations (GDPR, 2018).

## 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.
- The practice confirmed they did undertake their own patient feedback surveys and we were provided with a generalised summary of the actions undertaken by the practice in response to feedback.
- There was an active patient participation group. However, the patient participation group did not always feel valued by the practice and they felt they could be more effective to the practice if they were given more opportunity to be so. The patient participation group did not feel the practice was particularly open about complaints, significant or learning events. On review of the minutes from the patient participation group meetings, we saw that a discussion around complaints and significant events did not feature in two of the three previous meetings. The remaining meeting had not been minuted so we were not able to ascertain if complaints or significant events had been discussed.
- 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.



## Are services well-led?

- 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems and processes were not fully established and operated effectively, for example:</p> <ul style="list-style-type: none"><li>• The practice was not following its own policies, for example training guidance and monitoring of repeat prescriptions.</li><li>• There was evidence of a continued lack of oversight regarding staff training and appraisals.</li><li>• There was evidence of a lack of oversight for the completion of safety alerts.</li><li>• There was evidence of a lack of oversight with regards to patient outcomes and QOF exception reporting in diabetes and hypertension.</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Staff had not completed training, or had not received the required appropriate updates, in safeguarding adults and children, infection prevention and control, fire safety, information governance, equality and diversity, basic life support and Mental Capacity Act (2005) training modules, in line with the practice's own policies.</li><li>• Staff appraisals were not consistently completed on a regular basis.</li></ul>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.