

Boneyhay Surgery

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive at Boneyhay Surgery on 25 April 2018. This inspection was carried out as part of our inspection programme.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- The practice had systems to keep patients safe and safeguarded from the risk of abuse.
- Staff recruitment practices were not in line with legal requirements.
- Systems had not been implemented to ensure that health and safety risk assessments were completed.
- Effective systems were not in place to monitor training completed by staff and some staff had not received mandatory training.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines. However, it had not routinely reviewed the effectiveness and appropriateness of the care it provided.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Most patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There were some gaps in the practice's governance arrangements.

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.

For details, please refer to the requirement notices at the end of this report.

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

- Improve the arrangements for ensuring that the facilities and equipment are safe and in good working order.
- Implement clearly identified systems for the ongoing monitoring of staff training.
- Review the arrangements for access to health and safety risk assessments and maintenance work completed by external contractors.
- Review the systems in place to manage significant events provides details of all events identified.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Boneyhay Surgery

Boneyhay Surgery is registered with the Care Quality Commission (CQC) as an individual GP practice. The practice is part of the NHS South East Staffordshire and Seisdon Peninsular Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract. This is a contract between NHS England and general practices for delivering general medical services. The practice operates from Boneyhay Surgery, 11 Longfellow Road, Boneyhay, Burntwood, Staffordshire WS7 2EY.

There are approximately 2,081 patients of various ages registered at the practice. The practice has a higher than average number of older patients when compared to the Clinical Commissioning Group (CCG) and national averages. For example, 29% of the practice population are 65 years older compared with the CCG average of 20% and the national average of 17%. The percentage of patients with a long-standing health condition is 50%, which is lower than the local CCG average of 55% and national average of 54%. The practice provides GP services in an area considered as one of the least deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds not just financial.

The practice team consists of a male GP, who works full time, ten sessions. The GP is supported by a regular female locum GP and a practice nurse who works part time. Clinical staff are supported by a practice manager and four reception staff. In total there are seven staff employed either full or part time hours to meet the needs of the patients.

The practice is open and offers appointments between 8am and 1pm Monday to Friday, Monday 3pm to 7.30pm, Tuesday, Thursday and Friday, 3pm to 6.30pm. The practice is closed on Wednesday afternoon. When the practice is closed, there are alternative arrangements for patients to be seen. Patients are directed to the out of hours service Vocare via the NHS 111 service.

The practice offers a range of services for example, management of long term conditions such as diabetes, contraceptive advice, immunisations for children and travel vaccinations.

Additional information about the practice is available on their website

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:

- Staff had not received all training relevant to their role
- Formal risk assessments had not been completed
- Safe recruitment practices were not consistently followed.
- Staff files were not maintained and stored securely to ensure confidentiality.
- Arrangements to ensure that the facilities and equipment were not effectively managed.
- Not all medicines were appropriately managed.
- There was a lack of completed health and safety risk assessments and those in place were not regularly reviewed and updated.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Reception staff who acted as chaperones were not trained for their role and staff spoken with described standing outside of the curtain when carrying out this role. This would mean that staff could not witness that both the patient and professional had behaved appropriately during the procedure. The practice manager arranged for staff to complete the training. Records showed that all staff 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.
- Safe recruitment practices were not consistently followed. The practice had not followed its own procedures to ensure all relevant documentation had been obtained prior to the employment of staff. For

example, confirmation of qualifications and identification were not available in staff files. Following the inspection the practice provided copies of documents to confirm that this had been addressed. However, we found that staff files were not organised or stored securely to maintain confidentiality.

- There was an effective system to manage infection prevention and control.
- The practice had not ensured that the arrangements to check that facilities and equipment were safe and in good working order were formally monitored.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not all adequate.

- 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 and permanent staff tailored to their role.
- The practice was mostly equipped to deal with medical emergencies. The practice staff described the management of a recent emergency situation, which involved a patient. However, we found that the practice had a large oxygen cylinder, which would not be easily accessible and easy to move in the event of an emergency, and the oxygen was out of date. A number of medicines used for treating various emergencies were not available and staff had not received recent training to ensure they were suitably trained in emergency procedures. Following the inspection documents were provided to confirm that these issues had been addressed.
- 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. There were alerts on the patient information system.

Information to deliver safe care and treatment

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

Are services safe?

- 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. We saw that there were no outstanding test results waiting to be reviewed at the time of the inspection.
- 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. Where concerns were raised about referrals not received or delays in patients receiving a referral the practice had taken appropriate action to address this.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of all medicines.

- The systems for managing and storing medicines, including vaccines, 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 prescribing of antibiotics was in line with the Clinical Commissioning Group (CCG) and national averages.
- The health of most patients was monitored in relation to the use of medicines. Patients were involved in regular reviews of their medicines. For example, records showed that 83% of patients prescribed four or more medicines had been reviewed.
- The practice had an effective system in place to ensure that repeat prescriptions were not issued when a medicine review was overdue.
- We looked at three high risk medicines prescribed for individual patients. We found that the systems in place were not fully effective as most patients had been monitored but not all. For example, one of the medicines reviewed showed that eight patients had been prescribed the medicine, of these four patients had not had tests completed regularly and the tests were overdue. Another review identified that of eleven patients prescribed another high risk medicine, tests for one patient was overdue. These issues were discussed with the GP who acknowledged that the arrangements were not fully effective to ensure that patients were appropriately managed at all times. A more in-depth review of three of the eleven patients showed that

regular monitoring in line with national guidance had taken place. We saw that the practice had completed a two-cycle audit of this medicine. The outcome of the audit identified that appropriate monitoring of patients prescribed this medicine had taken place overtime. The practice planned to repeat this audit and complete audits of the other high-risk medicines used.

Track record on safety

The practice could not demonstrate a good track record on safety.

- The practice could not demonstrate that all activity related to safety was monitored and reviewed. For example, we were told that health and safety risk assessments were completed through regular observations. However records were not maintained to confirm this.
- Comprehensive risk assessments had not been completed in relation to safety issues. Formal and structured risk assessments had not been completed using tools that would identify the level of risk and how to mitigate these risks. The practice manager assured us that this would be addressed.

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. However, not all significant events were recorded properly, we saw evidence that some had been recorded in the minutes of practice meetings but not in the significant event register the practice kept. We identified three further events for example, a patient was prescribed a medicine, which they were allergic to. The error was immediately identified and acted on.
- Systems for reviewing and investigating when things went wrong within the practice were consistently applied. A copy of the minutes of a meeting held specifically to discuss significant events with staff contained appropriate information to demonstrate learning and changes made.
- The practice learned and shared lessons identified themes and took action to improve safety in the practice.

Are services safe?

- The practice received safety alerts related to equipment and medicines safety alerts. However, the process for acting on safety alerts that may affect patient safety was not fully effective.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups.

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:

This population group was rated good for effective because:

- Older patients who were 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

People with long-term conditions:

This population group was rated good for effective because:

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met.

- Staff who were responsible for reviews of patients with long term conditions had received specific training. This included for example, training in the care of patients with diabetes.
- The GP followed up patients who had received treatment in hospital or through out of hours services for long term conditions.
- The GP and practice nurse worked with other health and care professionals to deliver a coordinated package of care to patients with complex needs
- The practice's performance on quality indicators for patients, with long term conditions was above the local and national averages. The results showed that the practice had performed well in the treatment of patients with diabetes, congestive obstructive pulmonary disease (COPD) a collection of lung diseases that cause difficulties in breathing, and asthma. However there were high exception reporting rates for patients with diabetes and COPD. The practice could not provide a possible reason for this. The GP and practice nurse were responsible for managing the care of patients with long term conditions. The practice manager was responsible for collating the data for QOF. Discussions with the GP did not indicate that arrangements had been put in place to review the reasons for the high exception reporting in these areas. The practice could not demonstrate that an effective call and recall system was in place to ensure that patients who failed to attend appointments were actively followed up. The GP and practice manager told us that they would carry out a review and set a date for a clinical review meeting.

Families, children and young people:

This population group was rated as good for effective because:

- The immunisation rates for children aged one year was below the target of 80%. The practice nurse was monitoring this and ensured recall letters were sent to parents and children who repeatedly failed to attend were referred to the health visitor. The other relevant childhood immunisation uptake rates were above the World Health Organisation target of 95%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term

Are services effective?

medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. A midwife carried out a weekly clinic at the practice.

- Although there was a lack of evidence to demonstrate that the practice had responded to Medicines & Healthcare products Regulatory Agency (MHRA) guidance. We found that the practice responded appropriately to the alert on the risks of women of childbearing age taking a specific medicine.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 73%, which was in line with the local and national averages but below the 80% coverage target for the national screening programme. The practice nurse was aware of this and had systems in place to support improvements. Women were sent a written invitation, and up to three written reminders if needed. Women who did not attend their appointment were identified on their record so that the screening test could be discussed and offered opportunistically.
- The practice's uptake for breast and bowel cancer screening was comparable to 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 practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had nine patients with a learning disability on its register. The practice had not offered annual health checks to patients with a learning disability. The practice did not have plans in place to demonstrate how this would be addressed.

- End of life care was delivered in a coordinated way which took account of the needs of those whose circumstances may make them vulnerable.

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

This population group was good for effective because:

- The practice's performance on quality indicators for mental health was 100% with no exception reporting. This was above the local and national averages.
- 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.
- The practice had specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, with zero exception reporting. This was above the local and national averages.
- 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.

Monitoring care and treatment

The practice had arrangements in place to monitor performance, the effectiveness and appropriateness of the care provided and quality improvement in some areas. For example, the practice nurse was not a nurse prescriber but there was evidence that consultation and prescribing reviews were completed for the locum GP. The practice had not looked at the reasons for the high exception reporting rates for some patients with long term conditions.

There was evidence of monitoring and improvement through audits. The practice had undertaken two clinical audits linked to NICE guidelines. Both audits were related to medicine management. Recommendations from the audit included putting prompts on patient's records to ensure staff were alerted to when specific tests were needed.

The Clinical Commissioning Group (CCG) benchmarked the practice against other practices in the locality. Areas

Are services effective?

identified as good practice was shared with other practices and areas requiring improvement were discussed. The GP attended regular peer review meetings to review and discuss the clinical management of medical conditions and share good practice.

Effective staffing

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

- Evidence indicated that staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions.
- 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.
- Staff were provided with protected time to complete the training they required. Staff had access to online resources to complete suggested mandatory training, such as fire safety, infection control and health and safety.
- There was an induction system in place for locum GPs. The practice had used the same female locum GP, which provided continuity for patients.
- The practice provided staff with ongoing support and appraisals were completed. There was an induction programme for new staff.
- 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.

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

- 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.
- 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 caring?

We rated the practice as good for caring services.

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 national patient survey results showed that patient satisfaction was in line with other practices in the local clinical commissioning group (CCG) and national averages for questions related to kindness, respect and compassion. The 29 patient Care Quality Commission comment cards we received contained positive comments about the service experienced.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP national patient survey results were in line with the local CCG and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- The practice staff knew their patients well. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect and 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 .

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, extended opening hours supported patients who were unable to attend the practice during normal working hours. Patients also had access to advanced booking of appointments.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.
- The practice provided patients with online and collection services for repeat prescription requests.
- The facilities and premises were appropriate for the services delivered. Patients had level access to the practice and all consulting rooms were on the ground floor.
- The practice signposted patients to voluntary and other community health services appropriate to support their health and social care needs.
- 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.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The GP 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 regular meetings with local health and social care professionals to discuss and manage the needs of patients with complex medical issues.
- Patients with long term complex needs were referred to appropriate specialist community support teams where needed.

Families, children and young people:

- 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.
- The practice identified children who failed to attend appointments at the practice. The children were followed by letter and referred to the health visitor.

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 a flexible range of appointments throughout the day if urgent.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice ensured that students were made aware of the registration process if they registered with a GP nearer to the university they attended. The practice ensured students were made aware of the need to attend the practice for a Meningococcal (ACWY) vaccination before they started university.

People whose circumstances make them vulnerable:

- The practice worked closely with and signposted vulnerable patients to community social agencies and community health professionals.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.

Are services responsive to people's needs?

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

- The practice held a register of patients experiencing poor mental health and or 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 GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up.
- All patients experiencing poor mental health (including people with dementia) had a care plan completed.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice ensured patients who experienced mental health and dementia had access to extended appointments and were referred to appropriate specialist community teams for support.

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.
- Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they

could access care and treatment was higher than local and national averages. Two hundred and forty one surveys were sent out and 112 were returned. This represented about 12% of the practice population. This was supported by observations on the day of inspection and completed comment cards.

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 accessible to patients through leaflets at the practice and on the practice website.
- The complaint policy and procedures were in line with recognised guidance. The guidance available ensured staff treated patients who made complaints compassionately.
- The practice had received three formal written complaints in the last year. Records we looked at showed that these had been appropriately responded to in a timely way. Patients and staff told us that verbal concerns received were documented and reported to the practice manager or GP. Staff advised that most concerns raised verbally were resolved immediately.
- The practice learned lessons from individual concerns and it acted where appropriate to improve the quality of care. The practice had received three formal written complaints in the last year. Records we looked at showed that these had been appropriately responded to in a timely way.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- There was a lack of clarity of staff individual lead roles and responsibilities.
- Systems were not in place to manage and monitor that staff were up to date with training to support their role.
- Arrangements were not embedded to ensure that there were effective systems in place to monitor and manage and review risks in all areas.
- Formal arrangements were not in place to ensure that the performance of the practice was appropriately and effectively managed and monitored to ensure improvement.

Leadership capacity and capability

The practice had recently changed from a partnership to an individual GP practice. The GP was new to the management and leadership of a GP practice. We found that the practice did not have effective embedded processes to support the development, leadership and capacity required to deliver high-quality care.

- The GP and practice nurse had the skills to deliver high-quality care.
- We found that there was a lack of clarity related to staff individual roles and clinical and managerial responsibilities.
- The practice staff were knowledgeable about issues and priorities related to the quality and future of services. They understood the challenges the practice faced and were actively looking at how best to address these.
- The GP and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had vision and plans to deliver high quality care.

- Although we found there was a lack of clarity about staff roles and responsibilities the practice did have a vision and set of values. This was reflected in the rapport we

saw between patients and staff and the comments received from patients. When asked staff shared the same awareness of the vision, values and strategy of the practice.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work at the practice.
- The practice focused on the needs of patients.
- 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 development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. However, training records were not available to demonstrate that staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff told us that they were a very inclusive team and supported each other at all times.

Governance arrangements

Structures, processes and systems to support good governance and management were set out. However, there were areas where these needed to be strengthened.

- Staff were clear about the management structure. However, effective governance arrangements were not embedded to ensure staff were clear about their responsibilities, lead roles and accountabilities within this.
- We found that not all staff had received suggested mandatory training in infection control and prevention training and other training related to health and safety

Are services well-led?

for example, fire safety. Following the inspection, the provider had set dates within which the training would be completed. All staff were provided with protected learning time monthly.

- Practice leaders had established policies, procedures and activities to ensure safety. The policies and procedures were not easily accessible to staff. The practice manager told us that they planned to transfer the policies and procedures onto a shared drive. This would allow staff to access the documents from their computer.
- Processes to identify learning from complaints and significant events were in place.

Managing risks, issues and performance

There was not an effective process for managing risks, issues and performance.

- Effective processes to identify, understand, monitor and address current and future risks including risks to patient safety were not in place.
- The practice did not have clear processes in place to manage its current and future performance.
- Practice leaders had oversight of, incidents and complaints.
- There was a lack of management oversight in some areas. For example, effective systems were not in place to manage safety alerts, and ensure the appropriate completion of risk assessments of health and safety within the practice.
- Audits had been completed to monitor treatment related to medicines prescribed. However, there was a lack of clinical audits to provide quality improvement oversight of the clinical management of patients.
- The practice had plans in place and had trained some staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was not always used to ensure and improve performance. For example, there was a lack of evidence to demonstrate that patients with long term illnesses who failed to attend appointments were followed.

- Performance information was reported but there was no evidence that this was monitored to ensure management and staff were held to account.
- There was evidence of consideration of patients views to gain feedback to support improvements at the practice.
- The practice submitted data or notifications to external organisations as required.
- We were not assured that there were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient and staff 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 the delivery of services.

- Patient, staff and external partners' views and concerns were encouraged, heard and shared within the practice.
- The practice did not have a patient participation group. The practice had made attempts to encourage patients to form a group, however patients were reluctant.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of the review of systems and processes for learning and continuous improvement.

- The practice had identified that staff had gaps in their training. This included training in basic life support and safeguarding. To address this the practice manager had discussed with staff dates for the completion of training this included health and safety related training.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The GP, practice manager and practice nurse attended peer group meetings within the locality, which involved bench marking against other practices and sharing best practice.
- The practice

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met.</p> <p>The registered person 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>Health and safety risk assessments were not completed as required:</p> <ul style="list-style-type: none">• Risk assessments of the safety and security of the premises had not been completed.• COSHH risk assessments had not been completed.• Non-clinical staff who acted as chaperones had not received appropriate training to support them in the role.• Effective systems were not in place for the appropriate monitoring of all high risk medicines prescribed.
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>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was a lack of management oversight of governance arrangements related to:<ul style="list-style-type: none">▪ recruitment processes▪ staff lead roles and responsibilities.▪ Staff training

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Requirement notices

- The management and review of risks in all areas.
- Formal arrangements were not in place to effectively manage and review the performance of the practice to ensure improvement. For example;
 - Clinical audits related to health conditions experienced by patients were not completed.
 - Performance related to quality indicators for patients with long term conditions were not discussed.