Addiscombe Road Surgery

Quality Report

395a Addiscombe Road
Croydon CR0 7LJ
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Website: http://www.addiscomberoadsurgery.nhs.uk/

Date of inspection visit: 20 December 2017
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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 service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection October 2014 rated overall as Requires Improvement; this inspection related to the old provider)

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? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Addiscombe Road Surgery on 20 December 2017 as part of our regular inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However they did not have a clear system in place to manage medicines and safety alerts.
- 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; however the provider did not have a clear system in place to keep clinicians up to date with current evidence-based practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement.

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

Summary of findings

- Ensure there is a system in place to receive, implement and monitor the implementation of medicines and safety alerts.
- Ensure patient safety at all times, including having a system to call for help from the patient toilet and

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

- Develop a system to receive, review and implement evidence based guidelines.
- Consider recording clinical discussions.
- Review processes for exception reporting for patients with long-term conditions.
- Review the process for obtaining consent for clinical procedures to include them being appropriately recorded.
- Improve access for patients who are disabled.
- Develop a system to record verbal complaints.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Addiscombe Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor and an expert by experience.

Background to Addiscombe Road Surgery

Addiscombe Road Surgery provides primary medical services in 395a Addiscombe Road, Croydon CR0 7LJ to approximately 3,000 patients and is one of 52 practices in Croydon Clinical Commissioning Group (CCG). The practice website can be accessed through http://www.addiscomberoadsurgery.nhs.uk/

The practice has a branch surgery which is currently being re-built; the provider informed us that the branch will open in the next few weeks.

The clinical team at the surgery is made up of one part-time female lead GP, two part-time long-term male locum GPs and one part-time female practice nurse. The non-clinical practice team consists of a practice manager and five administrative or reception staff members.

The practice was taken over by a new provider in July 2017; hence the data included in the report partly refers to the old provider.

The practice population is in the third less deprived decile in England. The practice population of children and working age people are below the CCG and national averages and the practice population of older people is above the CCG average and below the national average.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Requires improvement

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control; however the practice had a few fabric chairs which did not meet the infection control standards; during the inspection the practice informed us that they would replace these chairs.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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, for example, sepsis. The provider informed us they had not discussed the latest update on evidence based guideline in the management of sepsis; however we saw evidence that the patients with sepsis were managed appropriately. The practice did not have a paediatric pulse oximeter to measure oxygen saturation in children. The day following the inspection the practice had purchased the paediatric pulse oximeter and sent us evidence to demonstrate this.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice did not have an emergency pull cord in the patient toilet for patients to alert staff if they needed any help.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Requires improvement

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice used a risk stratification tool that analysed medicine interactions and blood result anomalies; this was monitored by the lead GP.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. During the inspection the provider was not able to show us their significant event policy; however the day following the inspection the practice sent us a copy of their significant event policy. 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.
- There was no clear system in place for receiving and acting on medicines and safety alerts. Following the inspection the provider informed us that they had signed up to receive medicines and safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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. However the provider did not have a clear system in place to keep clinicians up to date with current evidence-based practice.

- Patients' 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:

- 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.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above in one out of four areas measured. The practice was slightly below average in the other three areas.
- The practice offered eligible patients to have the meningitis vaccine, for example before attending university for the first time.

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

- The practice's uptake for cervical screening was 76.7% compared to the Clinical Commissioning Group average of 71.1% and national average of 72.8%. This was below the 80% coverage target for the national screening programme.
- 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. The practice had performed health checks for 88% (1256 patients) out of 1416 eligible patients.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. All of the 14 patients with learning disability had their health checks in the last year.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the Clinical Commissioning Group (CCG) average of 86.5% and national average of 83.7%.
- 94.6% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is higher than the CCG average of 88.9% and national average of 90.3%
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 90.1%; national 90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96.5%; CCG 97.6%; national 96.7%).

Good

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice had undertaken three clinical audits in the last two years; two of these were completed audits where improvements were implemented and monitored.

The most recent published Quality Outcome Framework (QOF) results were 96.0% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.8% and national average of 95.5%. The clinical exception reporting rate was 11.1% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. We found that some of the exceptions were not appropriately reported; the practice was aware of this and were in the process of reviewing historical and incorrect exceptions and we saw evidence to support this. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for diabetes related indicators was in line with or below the Clinical Commissioning Group (CCG) and national average. For example, 71.4% (in line with national average exception reporting of 12.9%) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74.2% and the national average of 79.4%.
- 85.3% (above average exception reporting of 10.5%) of patients with atrial fibrillation were treated with anticoagulation therapy compared to the CCG average of 83.7% and national average of 88.4%.
- Performance for mental health related indicators was above the CCG and national averages; 94.6% (2.6% exception reporting) of 93 patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 88.9% and national average of 90.3%.
- 100% (in line with average exception reporting of 6.3%) of patients with dementia had received annual reviews which was above the CCG average of 86.5% and national average of 83.7%.
- The national QOF data showed that 87.4% (below average exception reporting of 2.0%) of patients with asthma in the register had an annual review, compared to the CCG average of 76.4% and the national average of 76.4%.
- 94.6% (below average exception reporting of 5.4%) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 92.4% and national average of 90.4%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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 on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for 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 showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- 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 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 did not always obtain 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 found that the practice did not record patients' consent when they undertook cervical smears and it was not always clear who consented for childhood immunisations.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision; all clinical and non-clinical staff had completed mental capacity act training.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- We spoke with eight patients during the inspection. Seven out of eight patients were positive about the service; one patient indicated they found it difficult to obtain urgent appointments.
- All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Many patients reported that the care had improved over the last year and spoke highly of the practice staff. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 293 surveys sent out 90 were returned. This represented about 3% of the practice population. The practice was in-line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 83%; national average - 86%.
- 98% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand. , for example they used translation services.
- 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 patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (1% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card with detailed bereavement support information. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above the local and national averages:

- 95% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 99% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice manager informed us that they complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. The practice provided extended opening hours and online services such as repeat prescription requests, advanced booking of appointments.
- The practice improved services where possible in response to patients' needs. For example the practice were in the process of re-building their branch surgery which was due to open in the next few weeks.
- Access to patients who were disabled required improvement with no toilet facilities for the disabled. The practice was aware of this and had plans to refurbish the premises once the branch surgery is open.
- The provider used a local charitable organisation to assist patients who found it difficult to travel from branch surgery to the main surgery during the re-building of the branch. The information regarding this was conveyed to patients by the practice's Patient Participation Group (PPG) and was also displayed on the notice board. The PPG informed us that two of their members were involved with this charity and helped to transport patients.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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.
- Flu immunisations were offered for older patients.
- Patients with complex needs were offered 30 minute appointments. For example for assessment of frailty and for medication reviews.

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.
- Patients had access to in-house phlebotomy and spirometry.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. The practice held monthly multi-disciplinary meetings. The practice held informal clinical meetings which were not minuted.

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.
- The practice patients had access to antenatal care, pregnancy vaccination and post-natal mother and baby checks.

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

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

- Patients had timely access to appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- 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 in line with or below the local and national averages. This was supported by observations on the day of inspection and completed comment cards. 293 surveys were sent out and 94 were returned. This represented about 3% of the practice population.

- 63% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%. The patients we spoke to during the inspection were satisfied with the opening hours and all the 40 comment cards were positive about the service.
- 82% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average - 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 79% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 70% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had not received any written complaints in the last year and the practice was not able to show us any complaints received before this period; hence we were not able to review any complaints. The practice did not have a system in place to record verbal complaints.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

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 had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They 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 and staff reported that they are very happy with the support they received from the leaders.
- 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 clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- 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 priorities across the region. The practice planned its services to meet the needs of the practice population.

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.
- 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff members were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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 person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice held regular governance meetings.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety; however the practice did not have a clear system in place to manage medicines and safety alerts.
- The practice had processes to manage current and future performance. Performance of employed clinical

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had an oversight of incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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.

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. For example the practice were in the process of re-building their branch surgery which was due to open in the next few weeks.
- There was an active patient participation group (PPG). During the inspection we spoke to four members of the PPG.
- 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 at all levels within the practice.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not ensure care and treatment was provided in a safe way for service users. The provider did not ensure there was a system in place to receive, act and monitor the implementation of medicines and safety alerts The provider had not considered how patients would call for help from the patient toilet. The provider had not ensured that all chairs used in the practice met infection control standards. This was in breach of Regulation 12(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.