Rosedale Surgery

Inspection report

Ashburnham Way
Carlton Colville
Lowestoft
Suffolk
NR33 8LG
Tel: 01502 505100
www.rosedalesurgery.co.uk

Date of inspection visit: 16/10/2018
Date of publication: 19/11/2018

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

Ratings

Overall rating for this location	Good
Are services safe?	**Good**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. (Previous rating January 2015 - Good)

The key questions at this inspection are rated as:

Are services safe? – Good.

Are services effective? – Requires improvement.

Are services caring? – Good.

Are services responsive? – Good.

Are services well-led? – Good.

We carried out an announced comprehensive inspection at Rosedale Surgery on 16 October 2018. This was part of our planned inspection programme.

At this inspection we found:

- The practice had 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. Risks were assessed and acted upon, however there was no formalised process for identifying the risks in relation to fire and premises safety.
- Effective processes were in place for the management of medicines. All prescription stationary was kept secure, although there was not an effective tracking system for prescription paper.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines. The practice's performance on quality indicators for mental health and long-term conditions was in line with and above the Clinical Commissioning Group (CCG) and England averages. However, the exception reporting for some of the Quality and Outcomes Framework (QOF) indicators for diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD), were higher than the CCG and England averages. They were significantly higher for some of the mental health and dementia indicators and some of these had increased significantly from the year 2016/2017 to 2017/2018. Although the practice excepted patients in line with QOF requirements, a significant number of patients were not receiving the interventions and there was no evidence of additional outreach to increase this.
- Staff worked together and with other health and social care professionals. Multi-professional meetings were held where patients with, for example, palliative care, or complex needs were discussed and reviewed. The practice encouraged other professionals to engage with the practice and invited them to six monthly informal meetings.
- The practice had 77 patients on the learning disability register and 45 had received a health check. They were aware of this and although they had not completed many learning disability health checks since April 2018, appointments had been scheduled to catch up with these.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice gave patients timely support and information. There were some examples where the flexibility of the same day team clinicians had resulted in patients being given more time.
- Patients found the appointment system easy to use and reported they could access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the practice. Regular training tutorials were held for practice staff. All staff received an appraisal. Staff reported feeling well supported.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

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

- Formalise the process for identifying risks in relation to fire and premises safety.
- Improve the tracking in and out of prescription paper.
- Continue to improve the uptake of health checks for patients with a learning disability.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

Population group ratings

Older people	**Good**
People with long-term conditions	**Requires improvement**
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)	**Requires improvement**

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser.

Background to Rosedale Surgery

- The name of the registered provider is Rosedale Surgery.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice holds a General Medical Service (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice area covers Carlton Colville and the surrounding villages.
- The practice offers health care services to approximately 14,200 patients.
- The practice website is http://www.rosedalesurgery.co.uk
- There are seven GP Partners at the practice (four male and three female), some of whom work on a part time basis. The practice clinical team includes one specialist practitioner (paramedic), a prescribing pharmacist, two advanced nurse practitioners, three nurses and three healthcare assistants who undertake phlebotomy. A team of 14 administration and reception staff support the practice manager and assistant practice manager.
- Rosedale Surgery is a training practice and at the time of the inspection had one GP Registrar. GP Registrars are qualified doctors who are undertaking further training to become a GP. The surgery is also a teaching practice for medical students who are training to become doctors. At the time of the inspection they had nine medical students.
- Out-of-hours GP services are provided by Care UK via the NHS111 service.
- The practice has a larger number of patients aged 65 years and over than the national average. Income deprivation affecting children is below the CCG and England average. Income deprivation affecting older people is below the CCG and England average. Male life expectancy is in line with the England average at 79 years. Female life expectancy is 84 years for women, which is above the England average of 83 years.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice checked the professional registration of staff when they paid the revalidation fee on behalf of the staff, however these checks were not documented. They planned to add this check to the computerised system they used to store and monitor practice related processes, for example human resources activities, policies, clinical guidance and significant events and complaints.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- 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 staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- 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 information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines, however, although all prescription paper was stored securely, there was not a system in place to ensure it was tracked.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- Safety issues were identified and acted upon, however the process for this was not formalised. Following the inspection, the practice acted to formalise their process

Good

Are services safe?

and completed a security risk assessment and a fire risk assessment. Actions were identified in the fire risk assessment, which were being resolved or had since been completed.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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 acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Requires improvement

Are services effective?

We rated the practice as requires improvement for providing effective services. All the population groups were rated as good, except people with long term conditions and mental health needs, which we rated as requires improvement. This was because:

- The exception reporting for some of the QOF indicators for diabetes, asthma and COPD, were higher than the CCG and England averages.
- The exception reporting for five of the eight mental health and dementia QOF indicators was significantly higher than the CCG and England average and some of these had increased significantly from the year 2016/2017 to 2017/2018.

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 patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured 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.
- GPs and an advanced nurse practitioner visited patients who lived in two care homes on a weekly basis. This was to improve the overall health of patients, reduce inappropriate and avoidable admissions, improve medicines management, promote end of life care planning and build effective relationships with care home staff. Feedback from care home staff was positive about the service received.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or had received intervention from the out of hours service, where necessary.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Housebound patients who had long term conditions were reviewed at home on an annual basis by a practice nurse.
- The practice's performance on quality indicators for long-term conditions was in line with and above the Clinical Commissioning Group (CCG) and England averages. However, the exception reporting for the QOF indicators for diabetes, asthma and COPD, were higher than the CCG and England averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with and above the target percentage of 90% or above.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 79%, which was just below the 80% coverage target for the national screening programme. The practice promoted cervical screening through posters displayed at the practice, information on the practice's Facebook page and opportunistically following up patient alerts on the practice's patient record system.
- The practice's uptake for breast and bowel cancer screening was above 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:

- End of life care was delivered in a coordinated way which considered 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 offered annual health checks to patients with a learning disability. In the last year, the practice had 77 patients on the learning disability register and 45 had received a health check, which was 61%. The practice was aware of this and although they had not completed many learning disability health checks since April 2018, appointments had been scheduled to catch up with these.
- The practice has a system to identify patients who are under the care of the community matron. Patients were reviewed at monthly multi professional team meetings.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. They undertook home visits for those who were not able to attend the practice.

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

- The practice assessed and monitored the mental and physical health of people with mental illness. They were given a double appointment and a mental health care plan was developed. 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's performance on quality indicators for mental health was in line with the Clinical Commissioning Group (CCG) and England averages. However, the exception reporting for five of the eight mental health and dementia QOF indicators was significantly higher than the CCG and England averages and some of these had increased significantly from the year 2016/2017 to 2017/2018. The practice confirmed they were confident that the exception reporting was clinically appropriate. They excepted patients in line with QOF requirements. However, there was no evidence of additional outreach to increase the number of patients receiving the intervention. The practice was unsure why there had been a significant increase in the exception reporting for some of the mental health indicators, although they thought it may be due to an increase in the patient list size.

Monitoring care and treatment

Requires improvement

Are services effective?

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice achievement for QOF indicators was generally in line with or above the CCG and national averages. There were some indicators where the exception reporting was higher or significantly higher than the CCG and national average and some of these had increased significantly from the year 2016/2017 to 2017/2018. The practice confirmed they were confident that the exception reporting was clinically appropriate. They excepted patients in line with QOF requirements. However, there was no evidence of additional outreach to increase the number of patients receiving the intervention. The practice was unsure why there had been a significant increase in the exception reporting for some of the mental health indicators, although they thought it may be due to an increase in the patient list size.
- 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.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed 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 and liaised with community services, social services and carers for housebound patients.
- 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 end of life care was delivered in a coordinated way which considered 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 need 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.

Requires improvement

Are services effective?

- 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 and 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.

Good

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 treated people.
- Staff understood patients' personal, cultural and social needs.
- The practice gave patients timely support and information. We were given some examples where the flexibility of the same day team clinicians had resulted in patients being given more time.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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 they are given.)

- Staff communicated with people in a way 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 practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

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.

Good

Are services responsive to people's needs?

We rated the practice, and all 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 facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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 longer appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the community nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice undertook home visits for housebound patients with long term conditions to monitor and review their care needs.

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.
- Baby vaccination appointments were available on Mondays from 2pm to 6.30pm, on Wednesdays from 8am to 1.30pm and on Thursdays from 9am to 1pm. This was to give some flexibility of appointment times to working parents.

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, the practice was open until 8pm on a Wednesday and for four hours on a Sunday for pre-bookable appointments.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

- 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.
- The practice contacted patients with a learning disability by telephone the day before their appointment to remind them, where appropriate.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice contacted patients with mental health needs by telephone the day before their appointment to remind them, where appropriate.

Timely access to care and treatment

Patients could 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 the appointment system was easy to use.
- The practices GP patient survey results were in line with 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 in the practice and on the practice's website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

The practice had a clear vision and credible strategy to deliver excellent and accessible Primary Care in a friendly, supportive environment for patients and staff.

- 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 an open culture of learning, to ensure experiences, responsibilities and roles were shared to maintain and develop the practice.

- 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 had systems and process in place to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received a 360° annual appraisal and all staff, except one, had received this in the last year. This staff member's appraisal had already been booked. A 360° appraisal is a process through which multi source feedback, for example, from colleagues and supervisors, as well as self-evaluation. This information is then incorporated into that person's performance review. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

Good

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

There were clear and effective 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.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. 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. For example, in relation to the results of the national GP patient survey.
- 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. However, the Quality and Outcomes Framework (QOF) exception reporting was higher for some long-term condition indicators, and significantly higher for some mental health and dementia indicators, compared to the CCG and England averages. Although the practice excepted patients in line with QOF requirements, a significant number of patients were not receiving the interventions and there was no action plan in place to address this.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Good

Are services well-led?

- 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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Care and treatment was not being designed with a view to ensuring patients' needs were met. In particular:** • The exception reporting for some of the QOF indicators for diabetes, asthma and COPD, were higher than the CCG and England averages. Although the practice excepted patients in line with QOF requirements, a significant number of patients were not receiving the interventions and there was no action plan in place to address this. • The practice had a significantly higher than average exception rate for five of the eight QOF mental health and dementia indicators and some of these had increased significantly from the year 2016/2017 to 2017/2018. The practice was unsure why there had been a significant increase for some of the mental health indicators, although they thought it may be due to an increase in the patient list size. Although the practice excepted patients in line with QOF requirements, a significant number of patients were not receiving the interventions and there was no action plan in place to address this.