Dr Badcock & Partners

Inspection report

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

Ratings

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

Overall summary

This practice is rated as Good overall. (Previous rating February 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr Badcock & Partners on 7 November 2018. This was part of our planned inspection programme.

At this inspection we found:

- The practice had effective systems to manage risk so that safety incidents were less likely to happen. They were improving their systems for monitoring and documenting for example health and safety checks, to make these more organised and to enable more effective oversight. A five year hard wiring check had not been completed, although the practice agreed to complete this. When incidents did happen, the practice learned from them and improved their processes.
- Recruitment procedures were in place, although these were not always followed including the requests for references and Disclosure and Barring Service (DBS) checks. The practice submitted a risk assessment following the inspection to address a missing DBS check.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Although the practices overall performance on the Quality and Outcomes Framework (QOF) indicators for mental health was in line with the Clinical Commissioning Group (CCG) and England averages, the exception reporting for some of the indicators was above these averages. They excepted patients in line with QOF requirements; however, there was no evidence it was clinically appropriate or that additional outreach had been undertaken to increase the number of patients receiving the intervention. Unverified data for 2018/19 provided by the practice showed a low number of patients with poor mental health receiving reviews.
- The uptake of childhood immunisations was significantly above the World Health Organisation target of 95%. The practice monitored uptake, and patients' representatives who refused, or did not attend their appointment, were invited to discuss this with a GP.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients were involved in decisions regarding their care and treatment.
- The practices GP patient survey results were in line with CCG and England averages for questions relating to access to care and treatment. The percentage of patients to the GP patient survey who stated that at their last general practice appointment, their needs were met was 99%, which was above the CCG and England averages.
- The practices GP patient survey results for how easy it was to get through on the telephone was 47%. The practice had acted to improve this with the addition of two telephone lines, a queueing system and asking patients to phone for test results after 10am. Patients found the appointment system easy to use and reported that they could access care when they needed it.
- The practice learned lessons from significant events and complaints and acted as a result to improve the quality of care. The practice could not always evidence that complaint acknowledgement letters, and information about the how to escalate complaints to the Parliamentary Health Service Ombudsman had been sent.
- There was a focus on continuous learning and improvement at all levels of the organisation. Staff reported feeling supported, with the management team being easily available and responsive to concerns and ideas.

Overall summary

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- 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:

- Document the ongoing checks of the professional registration of staff.
- Undertake a five year hard wiring check.
- Continue to work with the Clinical Commissioning Group to reduce the number of prescription items for co-amoxiclav, cephalosporins and quinolones.
- Improve the documentation to evidence that all complaints are acknowledged and complainants are informed of the Parliamentary Health Service Ombudsman.

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

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

Population group ratings

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)	Requires improvement

Our inspection team

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

Background to Dr Badcock & Partners

- The name of the registered provider is Dr Badcock & partners.
- The practice is registered to provide diagnostic and screening procedures, maternity and midwifery services, surgical procedures, family planning and treatment of disease, disorder or injury.
- The practice holds a Primary Medical Service (PMS) contract with the local Clinical Commissioning Group (CCG).
- The practice area covers East Ipswich and the surrounding villages.
- The practice offers health care services to approximately 11,000 patients.
- The practice website is http://www.felixstoweroadmedicalpractice.co.uk
- There are two GP Partners at the practice (male) and three salaried GPs (two females, one male). The practice clinical team also includes one advanced nurse practitioner and one nurse practitioner, three nurses and two healthcare assistants. The practice manager is supported by a team of 15 administration, secretarial and reception staff, who are managed by an operations manager.
- Dr Badcock and Partners 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.
- Out-of-hours GP services are provided by Care UK via the NHS111 service.
- The practice has a larger number of patients aged 65 to 74 years than the national average. Income deprivation affecting children and older people is below the England average. Male life expectancy is 80 years for men, which is above the England average at 79 years. Female life expectancy is 85 years for women, which is above the England average of 83 years.

Requires improvement

Are services safe?

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

The practice is rated as requires improvement for providing safe services because:

- Recruitment procedures were not followed, one salaried GP (who previously worked at the practice as a locum GP) did not have a Disclosure and Barring Service (DBS) check completed before they worked unsupervised with patients. There was no risk assessment in place, although the practice completed a risk assessment following the inspection.
- References had not been obtained for two staff members; there was no evidence that these had been requested for one member of staff and there was no follow up of references which were not received.
- The five year hard wiring check had not been undertaken since 2010.

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 was 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 some staff checks at the time of recruitment and on an ongoing basis. However, one GP (locum and now salaried) did not have a DBS check completed. They had requested a DBS check, when the GP started as a salaried GP, but the outcome had not been received by the practice and the GP worked unsupervised with patients. The practice submitted a risk assessment following the inspection, to minimise the risk, until the DBS certificate had been received. The practice had not followed their recruitment procedure.
- References had not been obtained for two staff members. For one, there was evidence these had been requested. There was no evidence of follow up for references which had not been received. The practice advised that they made the decision to appoint based on other information where references had not been received.
- The professional registration of clinical staff was checked during recruitment. This was also checked on an ongoing basis, but was not documented.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe. A risk assessment of the storage of clinical waste prior to collection, had been completed and actions taken to minimise the risk.

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, this included temporary staff.
- 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.

Requires improvement

Are services safe?

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The practice's prescribing of high risk antibiotics was above the CCG and England averages. The practice was aware of this and were acting to reduce prescribing in this area.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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.

Good

Are services effective?

We rated the practice and all the population groups as good for providing effective services overall, except for people experiencing poor mental health (including people with dementia): which we rated requires improvement.

We rated people experiencing poor mental health (including people with dementia) as requires improvement because:

- The exception reporting for some of the QOF indicators for mental health, were higher than the Clinical Commissioning Group (CCG) and England averages. There was no evidence that the exception reporting was clinically appropriate or that additional outreach had been undertaken to increase the number of patients who received the intervention. Unverified data, provided by the practice, for 2018/19 showed a low number of patients with poor mental health had received reviews.

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.
- The practice loaned 24-hour blood pressure monitors to patients to aid diagnosis, improve treatment and to support patients' independence.
- 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.
- GPs 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. GPs scheduled patients for a home visit, or appointment at the practice, if appropriate.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GPs 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. The practice had a respiratory nurse who worked at the practice.
- Patients who had received treatment in hospital or through out of hours services, were followed up as appropriate.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. The exception reporting was in line with or below local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above. They had a process for monitoring patients who cancelled or did not attend for their appointment and offered an appointment with the GP to discuss their reasons for this. The availability of appointments had changed from being set clinics to two appointments being available in the morning and afternoon from Monday to Thursday and Friday by request.

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

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme but comparable to local and national averages. The practice discussed this opportunistically with patients during consultations, to try to improve uptake.
- The practice's uptake for breast and bowel cancer screening was above the national average. The practice discussed this opportunistically with patients during consultations.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability. The practice completed 38 out of 59 health checks offered from April 2017 to March 2018. The practice had set up a more managed approach and since April 2018, they had completed 56 out of 66 health checks offered. A further two patients had been referred for additional support to complete their health check.

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

- There was a system for following up patients who failed to attend for administration of long term medicines.
- 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 practices performance on quality indicators for mental health was in line with local and national averages. The exception reporting for some of the indicators was above the local and national averages. They excepted patients in line with QOF requirements. However, there was no evidence that the exception reporting was clinically appropriate or that additional outreach had been undertaken to increase the number of patients who received the intervention. The practice agreed that in the future, all exceptions would be approved by a GP, after consideration of all aspects of the decision, which included other attempts at contacting the patient. Unverified data, provided by the practice, for 2018/19 showed a low number of patients with poor mental health had received reviews.

Monitoring care and treatment

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

Good

Are services effective?

- 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. For example, three nurses were employed by the practice and supported to complete a practice nursing course.
- 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.
- A system was in place 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 end of life care. They shared information with, and liaised with, for example, community services, social services, health visitors and mental health services.
- 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 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.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- 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 supported national priorities and initiatives to improve the population's health, for example, stop smoking and influenza vaccination campaigns.

Consent to care and treatment

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

Good

Are services effective?

- 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 treat people.
- Staff understood patients' personal, cultural, and social needs.
- The practice gave patients timely support and information.
- 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 that they are given.)

- Staff communicated with people in a way that they could understand, for example, 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.

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 are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. The percentage of patients to the GP patient survey who stated that at their last general practice appointment, their needs were met was 99%, which was above the Clinical Commissioning Group and England averages.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice had reviewed the days where a higher number of home visits were requested, which was found to be on three days of the week and responded to this need. On these days, a GP undertook planned and urgent visits based on the identified needs of patients. Home visit were still available on the other working days.
- Flu vaccinations were administered to patients who were housebound.

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 had started to tailor appointments to suit the needs of specific patient groups. For example, undertaking chronic obstructive pulmonary disease and spirometry checks in the summer months, when patients were more likely to be well enough to attend.
- The community specialist diabetes nurse held monthly clinics at the practice for patients with more complex 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.

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.

Good

Are services responsive to people's needs?

- Patients could book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with a nearby drug and alcohol recovery service where patients were registered temporarily with the practice.

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.
- A mental health link worker was available at the practice on a weekly basis, to work with patients.
- Patients with mental health needs were booked with their GP, due to patient preference and to maintain continuity of care. If their preferred GP was not available, they were seen by the duty GP, who informed their usual GP if a follow up appointment was needed.

Timely access to care and treatment

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

- The practices GP patient survey results for how easy it was to get through on the telephone was 47%. The practice had acted to improve this with the addition of two telephone lines, a queueing system and asking patients to phone for test results after 10am.
- Patients reported that the appointment system was easy to use.
- 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.

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 at 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. Standard templates were used to respond to the complainant, however, in two of the four complaints we reviewed, they could not evidence that they had followed their policy with acknowledging the complaint and informing complainants of the Parliamentary and Health Service Ombudsman.
- 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 to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud and happy to work in the practice.
- The practice focused on the needs of patients.
- Systems and processes were in place for leaders and managers 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 that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity and human rights 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 and joint working arrangements promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Good

Are services well-led?

- 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 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, although evidence of the acknowledgement letter and information about the Parliamentary Health Service Ombudsman being sent to patients was not always recorded.
- 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 three key members of staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. However, the Quality and Outcomes (QOF) exception reporting for some of the QOF indicators for mental health, 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. Unverified data, provided by the practice, for 2018/19 showed a low number of patients with poor mental health had received reviews.
- 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 full 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.

- The practice was a training practice for qualified doctors who were undertaking further training to become a GP. There was one GP trainer and one GP Registrar at the time of the inspection.
- The practice made use of internal 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 mental health 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. Unverified data, provided by the practice, for 2018/19 showed a low number of patients with poor mental health had received reviews.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that operated 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:** • The system for ensuring appropriate recruitment checks were in place when staff commenced employment was not always effective. • One GP, who had worked as a locum at the practice and had recently started work as a salaried GP, did not have a current Disclosure and Barring Service (DBS) check. • The practice submitted a risk assessment following the inspection. References had not been obtained for two staff members; there was no evidence that these had been requested for one member of staff and there was no follow up of references which were not received.