

Wenlock Terrace Surgery

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.

Overall summary

We carried out an announced comprehensive inspection at Wenlock Terrace Surgery on 23 May 2018. We identified four breaches of regulations and issued two warning notices and imposed a condition on the provider's registration. The condition was 'The registered provider must not register any new patients at Wenlock Street Surgery or Kimberlow Hill Surgery without the written permission of the Care Quality Commission'. This focused inspection carried out on 18 September 2018 was an announced focused follow-up inspection, without ratings, to check whether the provider had taken steps to comply with the legal requirements for these breaches of:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Safe care and treatment

Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Receiving and acting on complaints

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Good governance

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Staffing

The full comprehensive report on the 23 May 2018 inspection can be found by selecting the 'all reports' link for Wenlock Terrace Surgery on our website at www.cqc.org.uk.

This report covers our findings in relation to those requirements.

Our key findings were as follows:

Improvements had been made with respect to the provision of safe care and treatment, receiving and acting on complaints, governance and staffing following our last inspection on 23 May 2018. For example:

- We found evidence of health and safety risk assessments, fire alarm checks, fire risk assessments and portable appliance testing for both sites.
- The provider had satisfied themselves that all clinical staff had medical indemnity insurance and professional registrations were current.

- The provider encouraged reporting of incidents. This had increased the effectiveness of reporting, lessons learned and feedback to staff

- The practice had systems in place to manage risk so that safety incidents were less likely to happen.

- There were arrangements in place to review the effectiveness and appropriateness of the care being provided.

- Arrangements for monitoring and reviewing prescribing helped ensure that patients were kept safe.

- Arrangements were in place to ensure that staff were working within the scope of their competency. Staff received appropriate support, training, professional development and appraisal as was necessary to carry out the duties they are employed to perform

- During our inspection we saw that staff treated patients with compassion, kindness and respect.

- Patients told us they found it easier to get through to the practice by phone.

- Governance arrangements were being operated effectively to ensure the delivery of care.

- The practice had established a system for identifying, receiving, recording, handling and responding to complaints by patients.

- Arrangements for the identification of carers and offer of support had improved.

Patients and staff told us that making an appointment to see a clinician was much easier.

Following this inspection, the condition has been removed from the provider's registration due to the improvements made. The practice will remain in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP

Overall summary

Chief Inspector of General Practice

Our inspection team

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

Background to Wenlock Terrace Surgery

As a response to some safety concerns raised with the Care Quality Commission, we undertook an announced inspection of Wenlock Terrace Surgery and the branch site Kimberlow Hill Surgery on 23 May 2018. At that inspection we gave the provider an overall rating of 'inadequate'. The provider was found to be in breach of four regulations and was issued with two warning notices for Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Staffing; and Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Receiving and acting on complaints. Due to the concerns we found the provider was also issued with a condition on the registration 'The registered provider must not register any new patients at Wenlock Street Surgery or Kimberlow Hill Surgery without the written permission of the Care Quality Commission'.

This September 2018 inspection was a focussed follow-up inspection to assess the progress of actions against the warning notices and action plan to address the issues that led to the condition applied to the provider's registration.

Wenlock Terrace Surgery, 18 Wenlock Terrace, York, North Yorkshire, YO10 4DU, also known as Unity Health (<https://www.unityhealth.info/>) provides general medical services to approximately 23,000 patients in the Fulford, Heslington and Osbaldwick areas of York.

Services are also provided from a branch practice that opened in March 2018 at Kimberlow Hill Surgery, Kimberlow Rise, York, North Yorkshire, YO10 5LA. This branch practice is sited on the University of York campus and as such has a high population of patients who are students (65%).

All patients can be seen at any of these locations. We visited both locations at our inspection on 23 May 2018.

The majority of patients are aged between 18 and 44 years of age. The index of multiple deprivation score for this practice population is 10 which means that it is in one of the least deprived areas and lower than average for England.

There are four Clinical GP Partners (two full time male and two part time female) and one full time Managing Partner, plus six salaried GPs, one full time and five part time. There are six Practice Nurses and three Health Care Assistants (HCAs). There is a pharmacist and a mental health therapist/ counsellor. They are supported by a reception manager, data manager, office manager, secretary, three administration staff and ten reception staff.

The provider is registered for the provision of the following regulated activities from both locations:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice at Wenlock Street Surgery is open from 8am to 6pm Monday to Friday. The Kimberlow Hill Surgery is open from 8am to 6pm with extended hours on Monday to Thursday from 6pm to 8pm and on Saturday from 9am to 1pm.

Are services safe?

We found that the provider had taken steps to address the concerns we identified at the previous inspection carried out in May 2018. For example:

- Safety systems and processes were now in place
- Risks to patients were identified and being addressed.
- Information to deliver safe care and treatment was available to staff.
- Medicines were managed safely.
- There was an improved record on safety.
- There was limited evidence of lessons learned or improvements made, but a system had now been implemented.

Safety systems and processes

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

The practice had assured themselves of appropriate recruitment checks for all staff. There was evidence of recruitment checks for staff who were employed by the federation Nimbuscare Ltd who provided administrative support to the practice.

During the inspection on 23 May 2018 we looked at infection prevention and control at both sites. We were told by staff that there had been no infection control audits and we saw poor infection prevention and control at Wenlock Terrace Surgery.

During this inspection we saw that the practice had contacted the Infection Prevention and Control (IPC) lead at Harrogate Hospital to do some staff training and initial infection control audits. This training had been carried out. The practice had identified a new lead for IPC and they had completed a 2-day training course in IPC at Harrogate Hospital.

Evidence of audits at both sites were seen and action plans were in place. The last infection control audit undertaken at each site showed 99% compliance at Kimberlow Hill Surgery and 95% at Wenlock Terrace Surgery.

During this inspection we visited Wenlock Terrace Surgery and saw that it had undergone a full refurbishment since the last inspection. Measures taken included; the flooring

was now all washable, there were disposal privacy curtains, wipeable chairs for patients and elbow taps in two of the consulting rooms. No stock items were seen stored on the floor.

Risks to patients

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

During the inspection on 23 May 2018 we saw evidence of avoidable delays to patient care and treatment. This was because patients were required to follow a procedure to complete an online form prior to an offer of an appointment. This form was then triaged, but we saw that there was a backlog of forms to triage.

- During this inspection we saw that the online form was discontinued following the inspection on 23 May 2018. The appointment booking system at the practice had been changed since the last inspection. Patients could now book online or by telephone. The practice had increased the number of telephone lines into the practice and recruited four call handlers. They now had a dedicated duty Doctor who sat with the call handlers and answered urgent queries and calls from patients to ensure they received the care they needed. Patients that the practice had deemed vulnerable and health care professionals had a dedicated phone line. There were liaising with the telephone providers to improve the service.
- Practice nurses no longer triaged calls.
- The practice had plans to recruit more clinical staff.

Information to deliver safe care and treatment

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

- The approach to the management of test results was being operated effectively.
- The practice had systems in place for sharing information with staff and other agencies to enable them to deliver care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe handling of medicines

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

- During the inspection in May 2018 we looked at monitoring of medicines that needed to be stored in

Are services safe?

refrigerators to maintain their efficacy. We found there were ineffective systems in place for the refrigerator temperatures to be monitored effectively as there were no second thermometers in place in two refrigerators. We also found that the refrigerator temperatures had not been recorded effectively.

During this inspection we found there was an effective system in place for monitoring medicines in refrigerators. The practice had two thermometers in each medicines refrigerator, a data logger in each refrigerator and temperatures were monitored twice daily. We saw documented evidence of this.

- The provider could assure themselves that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. This was because there was evidence of clinical meetings where current national guidance was discussed and monitoring of staff consultations had commenced. Clinical supervision meetings were not yet implemented for nursing staff but an action plan was in place to address this.
- During the inspection in May 2018 we found there was not a safe system in place for the management of patients taking high risk medicines. This was because there was no practice protocol in place. Also, some patients on the register who were required to have blood test monitoring to ensure that it was safe to prescribe the medicines were overdue blood tests.

During this inspection the practice provided evidence of a practice protocol for patients taking high risk medicines and the clinical pharmacist had done an audit to identify patients in need of blood test monitoring. A system had been put in place to restrict repeat prescriptions of patients requiring blood tests.

Track record on safety

The practice had put systems in place to improve safety.

- During the inspection in May 2018 we looked at safety alerts and found there was no system for handling safety alerts. There was no system in place for the monitoring of email alerts from the MHRA (Medicines and Healthcare Products Regulatory Agency).

During this inspection we were shown a protocol in place for handling safety alerts. They were sent to the Practice Manager and disseminated to the appropriate staff member. There was a spreadsheet to document action taken about the alert on the shared drive.

- During the inspection in May 2018 we looked for evidence of health and safety risk assessments, fire alarm checks and fire risk assessments for both sites and found none. We looked for evidence of fire drills. We asked the registered manager if the health and safety risk assessments and the fire assessments had been done. The registered manager told us these assessments and the fire drills at Kimberlow Hill Surgery had not been done.

During this inspection we found improvements had been made as detailed below;

Kimberlow Hill Surgery

Fire risk assessment done 14 September 2018.

Weekly fire alarm checks documented at Kimberlow Hill Surgery from 14 June 2018 to 13 September 2018.

Firefighting equipment – monthly checks done, July, August and September 2018.

Emergency lighting – checks recorded.

Fire drill recorded 31/5/2018.

Wenlock Terrace Surgery

Fire alarm checks documented weekly 15 June 2018 to 14 September 2018

Firefighting equipment monthly checks seen for June, July and August 2018

Fire drill recorded 15 June 2018

Emergency lighting checks – checks recorded weekly since May 2018

Fire safety systems, alarms, detection, extinguishers all serviced 14 September 2018

Asbestos survey done at Wenlock Terrace Surgery on 17 September 2018.

Gas safety boiler check done at Wenlock Terrace Surgery on 18 July 2018.

Are services safe?

Electrical installation check done at Wenlock Terrace Surgery on 10 September 2018.

- During the inspection on 23 May 2018 we looked for evidence of legionella risk assessments for both sites and asked the registered manager who confirmed that none were available.

During this inspection we found legionella risk assessments were done at both sites on 12 September 2018.

- During the inspection in May 2018 records showed that the last portable appliance testing was done in January 2017.

During this inspection we found medical equipment service/maintenance was done on 23 August 2018 and portable appliance testing was done on 21/22 June 2018 at Kimberlow Hill Surgery and on 22 June 2018 to 17 July 2018 at Wenlock Terrace Surgery.

- During the inspection in May 2018 we looked to see if the practice had equipment needed to manage a patient in the community on home visits. We were told there was no equipment available and that the practice had not assessed the risk of this decision.

During this inspection we saw that the practice now had a bag for GPs to take on home visits. The GP Specialist advisor noted that this bag had the required medicines.

Lessons learned and improvements made

The practice had set up systems to learn and make improvements when things went wrong.

- At the inspection in May 2018 we found that the practice did not always learn and make improvements when things went wrong.
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During this inspection we found improvements had been made.

- ▪ Staff understood their duty to raise concerns and report incidents and near misses.
- ▪ Systems for reviewing and investigating when things went wrong were operating effectively.

- ▪ The practice identified and shared learning. We saw evidence that themes from complaints and significant events were reviewed at practice meetings through minutes of meetings where they were discussed. We were shown that complaints were now a standing agenda item at clinical meetings and staff were able to access the minutes of the meetings on the shared computer drive.
- During the inspection in May 2018 we saw that significant event recording had been completed up until August 2017 but not after that date.

During this inspection we saw evidence that the practice now reported and recorded significant events and that they were a standing agenda item at practice meetings. We were told that all staff were encouraged to report significant events and saw evidence of 51 events reported since the last inspection in May 2018.

- During the inspection in May 2018 we looked at significant events and found that there was limited evidence of analysis or dissemination of learning to all staff. We looked at the significant event process policy which stated that significant event analysis meetings should take place every two months. We were told that the practice had not been having significant event meetings.

During this inspection we saw evidence of a spreadsheet including analysis and minutes of meetings where significant events were discussed. We saw that a significant event had led to the introduction of a dedicated duty Doctor to be available to see/assess urgent cases. Staff were informed about significant events via staff meetings or access to the shared drive on the computer.

- During the inspection in May 2018 we looked at Patient Group Directions and found that they were signed by the staff who used them but not authorised to enable them to administer medicines lawfully.

During this inspection we saw that all Patient Group Directions were signed by staff and the authoriser. They were available in paper form and on the shared drive for easy access.

Are services effective?

We found that the provider had taken steps to address the concerns we identified at the previous inspection carried out in May 2018. For example:

- The provider could be assured that all patients would now receive effective needs assessment, care and treatment
- The provider could be assured that all clinical staff were treating patients within the scope of their competency
- Arrangements for support and supervision of staff had been strengthened
- The provider monitored care and treatment adequately

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.

- A review of patient records demonstrated that 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.
- There was a system in place to monitor or review consultations of patients. The provider could assure themselves that staff were fit to carry out the duties they were employed to perform.
- During the inspection in May 2018 we looked at the care of patients who had long term conditions. We were told that the practice managed these patients through the Quality and Outcomes Framework (QOF), however we found there was no recall system in place for these patients to be called in for a review. There was no lead member of staff or system in place for monitoring QOF. We found that QOF results were lower than the local and national averages in some areas. The providers had not acted to improve the quality of services or reduce risks to patients following identification of the low QOF scores. Staff who were responsible for reviews of patients with long term conditions had received specific training, however there was a significant gap in provision for patients due to a shortage of staff.

During this inspection we saw that since the last inspection the practice had set up a recall system for patients with long term conditions. Those patients were seen by GPs in

weekly clinics but nurses were also being supported to do diplomas in long term condition management. One of the GPs was the QOF lead, supported by the data manager. We saw evidence of QOF registers and were told that areas with lower results were flagged to the QOF lead. We saw an example of action being taken as a result, with a dementia tool kit implemented and all GPs were asked to review a number of patients each.

Monitoring care and treatment

- During the inspection in May 2018 we found the practice did not have arrangements in place to monitor performance. For example, there was no evidence of consultation or prescribing reviews for locum GPs or practice nurses. There was evidence of monitoring and improvement in some areas through clinical audit, but findings of audits and actions required were not always shared amongst clinicians. During the inspection in May 2018 we looked at the procedure for following evidence based guidance. We found that the provider did not routinely monitor that staff were up to date with the changing advice on best practice for delivering care to patients. From the evidence we saw on the day of our inspection, staff were not regularly reviewing National Institute for Health and Care Excellence (NICE) guidance.

During this inspection we saw evidence that the GPs had begun monitoring the performance of clinician's consultations. We saw minutes of meetings where learning was shared. We saw evidence of two emails sent to clinical staff with NICE guidance updates. We were told that the GPs planned to take it in turns to present new guidance to other clinicians in clinical meetings.

Effective staffing

During the inspection in May 2018 the provider could not be assured that all staff had the skills, knowledge and experience to carry out their roles.

We saw improvements at this inspection. For example;

- Staff undertaking reviews for people with long term conditions had received training to support this. As the practice nurses were no longer triaging they had capacity to do reviews.
- Up to date records of competencies, skills, qualifications and training were maintained for all clinical staff.

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- During this inspection we found that there was a system in place to ensure that staff had the appropriate skills for the jobs they were employed to undertake. The practice had recruited a nurse manager who was putting together a programme of training and appraisal for nursing staff. Clinical supervision implementation was part of the action plan.
- During this inspection we examined five staff files and saw that appraisals were completed formally with development plans and follow up reviews. Staff told us that they were now having appraisals.
- During this inspection we saw that the practice had introduced a registration protocol. They told us that they had implemented professional registration checks annually in appraisals.
- During this inspection we were shown evidence of indemnity insurance for all staff who needed it (16 staff), which was now kept in a file with dates on a spreadsheet of when it was due for renewal. We saw that the locum check list included evidence for checking indemnity insurance.

Coordinating care and treatment

- During the inspection in May 2018 we saw that staff did not always work with other health and social care professionals to deliver care and treatment.

During this inspection we were shown evidence of multi-disciplinary meetings with other health and social care professionals.

Helping patients to live healthier lives

- During the inspection in May 2018 we found;

The practice did not proactively identify all patients who may be in need of extra support or direct 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.

During this inspection we saw that one of the GPs had liaised with a palliative care lead GP and implemented best practice palliative care meetings. We saw a system had been set up to improve the identification of carers and those at risk of developing a long-term condition.

Are services caring?

We found that the provider had taken steps to address the concerns we identified at the previous inspection carried out in May 2018. For example:

- During the inspection in May 2018 we looked for a system in place for the identification of carers and were told by the Registered Manager that there was no system in place.

During this inspection we saw that there was a system in place for carers and a policy. The practice now had two

carers champions. They told us that they asked patients at registration if they are a carer and send information out with flu invitation letters. They had identified 56 patients as carers.

Privacy and dignity

- During our inspection in May 2018 we identified that one of the consulting rooms at the Wenlock Street Surgery did not have privacy curtains.

During this inspection we found privacy curtains in all consulting rooms.

Are services responsive to people's needs?

We found that the provider had taken steps to address the majority of the concerns we identified at the previous inspection carried out in May 2018. For example:

- Patient feedback during this inspection was that access to appointments had improved.
- Patients were now able to book an appointment online, in person or by telephone. Health care professionals and vulnerable patients were given a dedicated telephone number.
- During the inspection in May 2018 we found that patients were unable to get through to the practice due to telephony issues. The practice had taken steps to address this.
- The practice were addressing clinical and reception staff shortages.

Responding to and meeting people's needs

The practice had set up systems to organise and deliver services to meet patients' needs.

- The practice demonstrated understanding of the needs of their population and tailored services in response to those needs. For example, the practice had stopped the triage system as there had been a backlog of patients waiting to be seen.
- The facilities and premises were appropriate for the services delivered.

People with long-term conditions:

- The practice now held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Timely access to care and treatment

- During the inspection in May 2018 we saw that patients made appointments by completing an online form. This form was then triaged by a nurse or GP who decided if the patient needed to be seen by a doctor. An appointment time and date were then given to the patient. Patients could make appointments by attending the service in person but were unable to request appointments by telephone unless they were classed as vulnerable by the practice.

During this inspection we saw that the system had changed. Patients we spoke with told us it was easier to make an appointment either by telephone, online or by calling in to the practice. Reception staff told us that patients were no longer complaining about the access to appointments.

- During the inspection in May 2018 we were told that the practice had a problem with the telephony system and that this had been the case since the move into the new branch surgery at Kimberlow Hill in March 2018.

During this inspection we saw that the practice had met with British Telecom on several occasions to improve the service. Measures included:

- Four call handlers now answered the lines.
- There were eight lines currently and the practice had purchased eight more lines in anticipation of becoming busier when the student population returned. If the call handlers were busy this was relayed to the caller and they were asked to ring back.

Listening and learning from concerns and complaints

At this inspection the practice told us they took complaints and concerns seriously;

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance.
- Evidence indicated that all complaints were recorded.
- During the inspection in May 2018 we asked the provider for evidence of learning from complaints or identification of themes or trends and were told this had not been done.

During this inspection we saw evidence that there was a system in place for complaint analysis. The practice manager kept a spreadsheet of all complaints with a column for appropriate actions and any themes or trends. This was scheduled for discussion at practice meetings quarterly as a standing agenda item. We were shown evidence that the number of complaints had reduced since the appointment system had changed. The system had been implemented but was not yet embedded with regard to identification of themes or trends.

Are services well-led?

We found that the provider had taken steps to address the concerns we identified at the previous inspection carried out in May 2018. For example:

Leadership capacity and capability

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

- Leaders demonstrated knowledge about issues and priorities relating to the quality and future of services. There was evidence to indicate that challenges were being addressed. For example the practice had recruited extra staff, including a long term GP locum and a practice nurse was due to start in the next few weeks.
- Staff told us that leaders were much more visible and approachable.
- The practice was developing effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and a supporting business plan to deliver high quality care.

- There was a clear vision and set of values. The practice had a business plan in place for the coming year.

Culture

The practice was working to develop a culture of high-quality sustainable care.

- Staff told us the practice was improving. Comments from staff included that the management team were more approachable. Staff told us they valued the morning meeting that had been implemented for all staff to join if they wanted to discuss any issues or support each other.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so
- Processes for providing all staff with the development they required were improved. This ensured staff had the skills and competency appropriate to their role.
- Staff had received an appraisal or had one arranged.
- There was documented evidence of the evaluation of work of clinical staff.

Governance arrangements

Governance arrangements were improving.

- Staff were clear on their roles and accountabilities.

- During the inspection in May 2018 we looked to see how many meetings were held in the practice. We saw that some meetings were not taking place regularly.

During this inspection we saw evidence that the practice had started a programme of meetings. There was an informal meeting every morning for any staff who wanted to discuss anything. There were whole practice meetings, clinical meetings, reception team meetings and nurse meetings. We saw examples of minutes of practice meetings on 20 June 2018, 25 July 2018 and 1 August 2018. The practice had a palliative care meeting in August 2018 and a significant event meeting in September 2018, these were scheduled to take place quarterly.

- Processes to identify learning from significant events and complaints were now implemented. The practice manager kept a spreadsheet of complaints with a column for themes/trends. This was discussed at practice meetings quarterly.

Managing risks, issues and performance

- There was a 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. Performance of some employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints and appropriate action was taken in response to these.
- Clinical audit had some positive impact on quality of care and outcomes for patients. There were systems in place to share and disseminate learning from audits to improve quality across the practice.
- During the inspection in May 2018 we found no system in place to check if staff who needed it had indemnity insurance as there was a lack of records to demonstrate this. During this inspection we were shown evidence of indemnity insurance for all staff who needed it (16 staff) which was now kept in a file with dates on a spreadsheet of when it was due for renewal. We saw that the locum check list included evidence for checking indemnity insurance.
- The practice had trained staff and had plans in place for dealing with major incidents.

Appropriate and accurate information

Are services well-led?

The practice had implemented systems to ensure they had appropriate and accurate information.

- Quality and operational information was reviewed to try to improve performance.
- There was evidence of discussions regarding sustainability of staff and action to address staffing shortages.
- 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.
- During the inspection in May 2018 we looked at policies and procedures in the practice and found that the majority were dated 2016. There was no system in place to regularly update policies and procedures.

During this inspection we examined the practice policies and procedures and found that 29 out of 33 had been updated and had a date for the next review on a spreadsheet. There was an action plan in place for the remaining four.

Engagement with patients, the public, staff and external partners

The practice told us they had engaged with patients, the public, staff and external partners to support the delivery of services.

- A range of patient views and concerns were encouraged and feedback was shared within the practice.
- There was an active patient participation group.