Datchet Health Centre

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?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as Good overall. (Previous inspection April 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Datchet Health Centre on 16 May 2018. We undertook this inspection as part of our inspection programme and in response to concerns.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Fire safety risk required a review to ensure fire drills were undertaken at suitable intervals.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Arrangements for monitoring staff training was inconsistent and had not ensured all staff received the required training in health and safety, fire safety or mental capacity act.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had reviewed the appointment system and had introduced changes to staffing to facilitate more appropriate allocation of appointments.
- Many patients reported that they were able to access care when they needed it.
- Complaints were taken seriously and thoroughly investigated to identify learning outcomes.
- There was a clear governance structure in place, although we found some examples where these had been inconsistently applied.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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.

The areas where the provider should make improvements:

- Review recruitment procedures to include a formal health status of employees and ensure all staff have equal access to reasonable adjustments (where necessary).

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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)	Good

Our inspection team

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

Background to Datchet Health Centre

Datchet Health Centre is a purpose built practice which has been located on the current site since 1984. The health centre was rebuilt in 2000 and has subsequently been extended to provide services to a larger patient population (currently approximately 10,300). It is one of 16 practices in the Windsor, Ascot and Maidenhead local area and is a member practice of Berkshire East Clinical Commissioning Group.

There are two GP partners at the practice and two long term locum GPs. Between them they offer 25 to 27 sessions per week with an additional eight sessions covered by other locum GPs. The practice employs a full-time advanced nurse practitioner, a full-time paramedic practitioner, six practice nurses (offering a whole time equivalent (WTE) of 3 full-time staff) and a health care assistant (WTE 0.43).

The practice manager is supported by an assistant and a team of administrative, secretarial and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

Datchet Health Centre is accredited to provide training for qualified doctors who are preparing to become GPs. The practice received a visit for the accrediting body in 2014 and is approved to continue as a training practice. There is currently one GP trainee working at the practice.

The practice is situated in an area of low deprivation although there are areas of known high deprivation within the practice boundary. The population is predominantly white British with approximately 20% of patients from a black, Asian or other minority ethnic backgrounds.

The practice offered the following regulated activities:

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

All regulated activities and services are provided from:

Datchet Health Centre,

4 Green Lane,

Slough,

Berkshire,

SL3 9EX

Patients can access online services and information from the practice website:

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by East Berkshire out of hours via NHS 111.

There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website.

The practice was inspected in March 2015 when they we found to be good overall and requires improvement for working age population group. A follow up desk based inspection in April 2016 found them to be meeting the regulations and had become good for working age population group.

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. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, there were few formal checks of staff health status, although we saw evidence where reasonable adjustments had been made, such as specialist computer equipment. The practice informed us they had commenced collecting this information for new staff in the last few months.
- There was an effective system to manage infection prevention and control (IPC). The practice lead for IPC had taken over the role in November 2017 and had received in-house training from the outgoing lead and the Clinical Commissioning Group. They were due to undertake role specific IPC training in July 2018.
- 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.

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. The practice had reviewed staffing levels following some staff changes. GP sessions were supplemented by locum GPs and other healthcare professionals. For example, the practice had recruited a paramedic practitioner, an advanced nurse practitioner and a clinical pharmacist over the course of the preceding 12 months. Reception staff were aware of the various clinician roles and had written information available to help them assess which patients could be seen by which clinician.
- There was an effective induction system for temporary 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. The practice had arranged for the paramedic practitioner to deliver sepsis recognition and escalation training to reception staff in May 2018.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. We saw evidence of ongoing reviews of staffing levels and skill mix.

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. There was a documented approach to managing test results.
- 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 systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with

current national guidance. The practice had reviewed its antibiotic prescribing and taken action 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.

- There were comprehensive risk assessments in relation to safety issues. However, we noted the practice had not carried out any fire drills in the previous 12 months. The practice showed us evidence they had undertaken a fire evacuation drill two days after the inspection. We found the designated fire marshal was due to undertake fire marshal training and had experience of fire marshal duties from their previous role.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

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 took action 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 of the population groups as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- 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 had facilitated educational meetings with the patient participation group. One event invited the local falls team and targeted elderly patients and carers to discuss falls prevention.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Social prescribing had recently commenced at the practice offering support and sources of information for elderly frail patients, carers and those at risk of falls.

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.
- The practice had employed specialist nurses to provide long term care and support to patients with Chronic obstructive pulmonary disease (COPD – a lung condition) and diabetes. 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 through out of hours services for exacerbation of their long term condition.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90% for three of the four sub indicators. The practice carried out proactive recall of patients and followed up with missed appointments. The practice held "one stop shop" service for eight week old health check and immunisations, which prevented parents having to make two appointments.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Good

Are services effective?

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

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme. The practice was aware of the below national standard uptake and offered recalls and opportunistic screening.
- The practices' uptake for breast and bowel cancer screening was in line 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 took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. 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.
- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the England average.
- 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.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the England average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the England average.
- The practice held quarterly meetings with the community psychiatrist to discuss patients on the mental health register and agree action plans to support care.
- Patients who were identified with alcohol or drug misuse issues had access to various services via the practice. For example, one of the GPs was trained to level one opiate misuse and offered care and support to patients in conjunction with a visiting drug worker from the community team.
- Pregnant or post-natal women with mental health needs or drug and alcohol misuse issues were referred for additional care and support through a specialist team at the local hospital.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, a two-cycle audit of patients diagnosed with prostate cancer demonstrated improvement in routine blood testing to ensure their condition remained stable and could continue with GP led care.

The practice used information about care and treatment to make improvements. Where appropriate, clinicians took part in local and national improvement initiatives. For example, an audit of inadequate samples taken for cervical smear testing demonstrated low rates of inadequate samples which was better than the local audit standard target.

Effective staffing

Good

Are services effective?

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. Staff were encouraged and given opportunities to develop.
- Records of skills, qualifications and training were not always updated or maintained. On the day of inspection we found some inconsistencies between training certificates held in staff files and documented completed training on the training matrix. The practice was able to update and send us the training matrix two days after the inspection.
- We found a number of staff had not undertaken health and safety or fire safety training. We were sent evidence staff had undertaken this training within two days of the inspection.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

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 that 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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving palliative care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing and health coach 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.
- Not all staff had been offered mental capacity act training, although they were aware to escalate any concerns to a GP.
- The practice monitored the process for seeking consent appropriately.

Good

Are services effective?

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, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations with a GP, paramedic practitioner or advanced nurse practitioner 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.
- The practice could access a rapid assessment community clinic for patients with long term conditions or who were frail. This ensured patients were assessed quickly and often reduced the need for a hospital admission.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs, paramedic practitioner and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local multi-disciplinary team to discuss and manage the needs of patients with complex medical issues.
- The practice had commenced a health coach service in April 2018. (A health coach works with patients who have long term conditions to offer them advice, information and support about their condition and set realistic goals to achieve lifestyle changes). The service was offered by an external provider to undertake weekly session at the practice. Patients with a long term condition meeting the criteria for inclusion were sent a letter informing them of the service and requesting consent to refer them.

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.
- We were told all parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. However, patient feedback we viewed did not demonstrate this to always be the case.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and telephone appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

Good

Are services responsive to people's needs?

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.

Timely access to care and treatment

We saw evidence patients were able to access care and treatment from the practice within an acceptable timescale for their needs. However, feedback received demonstrated this was not always the case.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. We viewed patient appointments and saw urgent GP, advanced nurse practitioner and paramedic practitioner appointments available for the next working day.
- Waiting times, delays and cancellations appeared to be minimal and managed appropriately.
- We were told patients with the most urgent needs had their care and treatment prioritised. However, we saw one item of patient feedback that contradicted this statement.
- Patients reported that the appointment system was easy to use, although telephone access to appointments could be difficult at times.

Results from the GP national survey (published July 2017) demonstrated the practice was below average for patient satisfaction with appointments, practice opening hours and telephone access. The survey was undertaken between January 2017 and March 2017. The practice had made changes to the telephone system in June 2017 and were awaiting the results of the next GP national survey due in July 2018. The patient participation group had included a question about the telephone system in the practice survey in October 2017, where responses were mixed as to whether the changes had improved telephone access or not.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance, although not all staff were aware of the recommended timescales for responding to complaints and not all patients had received information about the health ombudsman.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. The practice had reviewed the appointments and telephone systems following complaints about accessing appointments. A new telephone messaging system was introduced in June 2017 and the appointments had been restructured to add more "on the day" appointments. In addition, the practice had recruited an advanced nurse practitioner and a paramedic practitioner who offered triage support to reception staff during busy call times.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services well-led?

We rated the practice as requires improvement 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 strategy 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. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- 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 to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted 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 were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. However, the governance arrangements for ensuring staff were up to date with health and safety and fire safety training was not always effective. The training matrix had not been updated to reflect which staff had received the training or were still required to do so. In addition, not all staff had been offered mental capacity act training.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, some governance arrangements required a review.

- There were structures, processes and systems to support good governance and management although these were not always clearly set out, understood and effective. For example, recruitment documentation did not include a formal record of staff health status, although we saw evidence of reasonable adjustments.
- Governance arrangements had not identified that a fire drill had not been carried out in the preceding 12 months.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Requires improvement

Are services well-led?

- Practice leaders had established proper policies, procedures and activities to ensure safety, although they had not always assured themselves that they were operating as intended. For example, some complaints were not always acknowledged within the timescales set by practice policy and not all patients who complained were offered details of the health ombudsman.

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. Performance of 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.
- 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 implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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. There were plans to address any identified weaknesses.
- 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, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had close links with key stakeholders through external work undertaken by the lead GP.

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.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- 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 17 HSCA (RA) Regulations 2014 Good governance **There were inconsistent systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • Staff training had not been effectively monitored or recorded, to ensure staff were up to date with health and safety, fire safety and mental capacity act training. • The provider had not established a regular program of fire drills. • Complaints processes did not ensure all complaints received an acknowledgement or details of the health ombudsman. **This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**