

The Kings Norton 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.

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; we carried out an announced comprehensive inspection at The Kings Norton Surgery as part of our regular inspection programme on the 20th April 2018.

For this inspection the key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

At this inspection we found:

- The practice was unable to fully demonstrate effective systems to mitigate risk within the practice including high risk medicines, prescription management and monitoring of Patient Group Directions (PGDs).
- The clinical team met daily to discuss any issues arising from the day including safety issue.
- The practice demonstrated good infection control and safeguarding procedures.
- The practice's GP national survey results were higher than local and national averages. The practice demonstrated that they were consistent in their efforts to continue to improve in all areas,

- The practice's achievement in performance related indicators (Quality Outcomes Framework QOF) was higher than local and national averages.
- The practice were involved in the local community and with domestic violence services, charities tackling local poverty and were able to demonstrate that they were able to care for the homeless, travellers and local boating communities.
- 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:

- Ensure care and treatment is provided in a safe way to patients.

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

- Consider ways to ensure that checks of medical gases are documented and monitored.
- Ensure policies and procedures are operating as intended and adhered to.
- Consider ways to ensure that all complaint responses contain information in line with guidance.
- Ensure that clinical waste is stored securely.

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, a practice nurse specialist adviser and a second CQC inspector.

Background to The Kings Norton Surgery

The Kings Norton Surgery is located in the southern Birmingham suburbs and has a branch site located one and a half miles away in Stirchley called Ash Tree Surgery. We visited both sites during the process of our inspection. For further details please refer to the practice website;

The practice services a population of over 11,500 patients in an area that is ranked as a two out of ten in the deprivation decile (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 10 (least deprived area).

There are eight GPs, five are male and three are female, two practice nurses, both female, a practice pharmacist and two HCAs at the practice again both female. The clinical team is supported by a practice manager and a deputy practice manager as well as seven reception staff.

The practice is registered to deliver regulated activities, family planning, maternity and midwifery, treatment of disease, disorder and injury, diagnostic procedures and minor surgery. The practice is also a teaching and training practice for all levels of medical students and trainee GPs.

The practice has Out Of Hours services provided by Primecare, telephone lines between the branch and main site are linked and when the practice is closed, the telephone lines are automatically diverted.

The practice's opening times are from 07:00-18:30 Monday to Friday, except for Tuesdays when the practice does not open until 08.30. The practice is a member of a federation that offers appointments to patients on evenings and the weekend.

Are services safe?

We rated the practice as requires improvement for providing safe services due to concerns over safe prescribing of high risk medicines and blank prescription security.

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. The staff whose files we viewed had received up-to-date safeguarding and safety training appropriate to their role. When we spoke to the staff they explained how to identify and report concerns.
- Staff whose files we viewed 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.)
- The practice worked with other agencies including the local authority, the clinical commissioning group (CCG) and local charities 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 including DBS checks and checks of professional registration.
- There were systems for managing waste and clinical specimens. Infection control audits were completed and actions resulting from the audit were followed-up. Clinical waste was not always securely stored.

Risks to patients

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

- The practice leadership team had arrangements in place for the planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an effective induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures including having group training on cardiopulmonary resuscitation (CPR).
- Staff that we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They had been provided with sepsis guidance which was available in clinical rooms and via computer prompts.

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 designed pregnancy care records that were in addition to the standard available on the practice system, these prompted clinicians to consider, for example whooping cough vaccinations and domestic violence.
- The practice had a system for managing incoming test results, which was managed appropriately.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included sexual health support and guidance to all patients, including vulnerable patients.
- Clinicians whose referrals we viewed had made them in a timely fashion in line with protocols and guidance.

Appropriate and safe use of medicines

The practice had systems for the safe handling of medicines which were not always effective.

- There were appropriate systems for managing and storing medicines, including vaccines, emergency medicines and equipment minimised risks, the practice had a system for checking medical gases such as oxygen.

Are services safe?

- Patients' prescribed high risk medicines were not always monitored and followed up on appropriately We saw examples of where appropriate monitoring of patient's bloods had not taken place.
- The practice responded immediately and recorded this as a significant event and following the inspection the contacted the patients involved to ensure monitoring took place.
- The practice could not demonstrate the systems for managing and monitoring prescriptions was effective.
- The practice was unable to demonstrate the effective management of Patient Group Directions (PGDs).
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance such as completing audits and making changes and learning as a result of those audits.

Track record on safety

The practice generally had a good track record in regards to safety:

- The practice had a risk assessment in place in relation to fire safety
- The practice's risk assessment concerning Legionella was comprehensive.
- The practice was able to demonstrate that they had completed a health and safety risk assessment.

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 systems for reviewing and investigating when things went wrong including holding daily meetings to discuss any issues arising and monthly clinical meetings to discuss overall trends.
- The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, they invited a mental health charity to the practice in response to significant events to support staff in recognising patients with mental health issues and how to communicate effectively.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts and we saw evidence that these were well managed: for example, all alerts were classed as significant events and searches of patient records were seen by the inspection team.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(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.

- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used software designed for GP surgeries nationally for the management of patient data as well as online services.
- Staff whose clinical decisions we saw used appropriate tools to assess the level of pain in patients.
- Staff we spoke to knew how to advise patients what to do if their condition got worse and where to seek further help and support.
- The practice ran a service known as Dr. Who that was a result of an effective systems review. These sessions ran every morning and were attended by patients whose problems could not wait until the next routine appointment, doctors stayed until all patients had been seen. This additional service was open to all population groups and was attended by approximately 20 patients a day.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental needs including long term condition management. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those patients whose records we viewed that were identified as being frail had a clinical review including a review of medication.
- 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 appropriately and they conducted strategic meetings with care homes that they supported to plan the appropriate care for patients who lived there.

People with long-term conditions:

- Patients with long-term conditions whose details we viewed 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 through multi-disciplinary team (MDT) meetings to deliver a coordinated package of care.
- Staff whose files we viewed who were responsible for reviews of patients with long term conditions had received specific training appropriate to their role.
- Diabetic patients who are admitted with hypoglycaemia are followed up as part of the CVD Local Improvement Scheme. COPD and Asthma patients who have an exacerbation or are admitted to hospital are followed up as part of the Respiratory Quality Improvement Scheme.
- The practice conducted polypharmacy reviews involving their employed clinical pharmacist in reviewing patients with long term conditions that were taking multiple medicines. We saw audits that had been completed and reviews that had taken place.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.

Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Care plans had been designed by the practice and alerts put on to the clinical systems prompting GPs to check for whooping cough vaccinations and domestic violence. The patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation; for example, GPs we spoke with alerted the practice's safeguarding lead, who then discussed these at the regular safeguarding meetings involving the health visitor.

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

- The practice's uptake for cervical screening was in line with local and national averages for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average and above local averages.
- Patients whose records we viewed had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice staff explained that there was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified and we saw evidence of this.

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 including gold standard framework (GSF) meetings and multi-disciplinary team (MDT) meetings.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with a learning disability and were ready to accept members of the local boating community.
- 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 by providing access to health checks.
- The practice had arranged access to services that helped people with mental health issues and substance misuse. One of these services was no longer funded by the CCG so the practice continued to fund this themselves.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia and when dementia was suspected there was an appropriate referral for diagnosis. The surgery worked closely with nursing home staff to further support their patients.
- The practice offered annual health checks to patients with a learning disability. Data provided by the practice showed 72 patients had been offered a health check and 59 had attended so far.

Monitoring care and treatment

The practice had a comprehensive 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. Including the CCG run local improvement schemes around cancer outcomes and two week wait referrals.

Are services effective?

- The practice's overall exception reporting within QOF was 7% which was comparable with local and national averages. However, the exception reporting for heart failure, cardiovascular disease and diabetes was higher than local and national averages. The practice was aware of this and we looked at a selection of these patients and found that these patients had been appropriately exception reported.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity, for example: An audit had been completed to review patients with dementia that were on antipsychotic medicines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff we spoke with on the day of the inspection had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people who were experiencing poor mental health.
- Staff whose role included immunisation and taking samples for the cervical screening programme, whose files we viewed had received specific training and could demonstrate how they stayed up to date.
- The practice provided protected time and training to meet the learning needs of staff. Up to date records of skills, qualifications and training were maintained and seen by the inspection team.
- The practice provided staff with ongoing support. This included an induction process, appraisals, coaching and mentoring for medical students, 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable including opportunities to discuss issues with the management and yearly appraisals.

Coordinating care and treatment

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

- Staff at the practice explained that they 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. They shared information and liaised with community services and with health visitors and nursing homes, including having strategic care meetings with the management at those homes.
- 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 through, for example special care notes and gold standard framework (GSF) meetings, 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 in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes through organisations dealing with conditions such as asthma and diabetes and for sexual health and smoking cessation.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health. For example; serving substance misuse patients with advice and support.

Consent to care and treatment

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

- Clinicians we spoke to understood the requirements of legislation and guidance when considering consent and decision making, they supported patients to make decisions and where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The practice's performance in the National GP patient survey was higher than local and national averages in all indicators but one question. The practice's performance concerning the way patients felt staff treated them was positive, this was supported by the 33 comment cards we received from patients on the day of the inspection.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- Patients whose feedback we received explained that 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 we observed communicated with people in a way that they could understand and understood different communication needs, the practice facilitated this through communication aids and easy read materials that were available.
- The practice identified carers and supported them, the carers registered represented 1% of the patient population and the practice had produced a carer's leaflet
- Staff we spoke with knew how to help patients and their carers find further information and access community and advocacy services. This supported them to ask questions about their care and treatment.
- The percentage of patients who stated that they would definitely or probably recommend their GP surgery to someone who has moved into the area was above the local and national averages.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff that we spoke to 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.

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 and Dr. Who services were available to support patients who were unable to wait until the next routine appointment as well as an application for smart phones, allowing patients to access services at the practice.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services for example they had a ramp and door bell and a lift for ease of access. The practice had completed a Disabled Discrimination Act assessment.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs through multi-disciplinary meetings and safeguarding meetings. The practice supported patients to access services both within and outside the practice: for example, through social prescribing and charities that the practice worked closely with.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services, including Gold Standard Framework (GSF) meetings and polypharmacy reviews for those with long term conditions on multiple medicines.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was in their own home or in a care or nursing home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The employed clinical pharmacist reviewed all prescribing and discharge letters for older people to ensure there were no medicine changes required.
- The practice had close links with complex case managers and charities aimed at supporting older people.

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 district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered Echo Cardio Graph (ECG – a piece of equipment used to test the electrical function of the heart) and Spirometer (a piece of equipment used to test lung function) services in-house and also worked closely with the polypharmacy team at the Clinical Commissioning Group (CCG) as well as their employed clinical pharmacist to ensure patients were not continually prescribed medicines that they no longer required.

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 and the practice referred these cases to their safeguarding lead who then discussed them at regular safeguarding meetings.

Are services responsive to people's needs?

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment and when necessary through the Dr. Who service which ran daily.

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

- We found that the needs of this population group had been identified by the practice and they had adjusted their services to ensure these were accessible, flexible and offered continuity of care: for example, the practice offered early morning appointments from 7am, Dr. Who services that ran daily and the practice was the founding practice of a federation that offered appointments throughout the week and at weekends from its various hubs.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with a learning disability. The practice were facilitating the registration by supporting patients with no fixed abode to use the surgery as their postal address.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia, their understanding was enhanced further by additional training the practice had commissioned from a mental health charity.
- The practice held monthly mental health, dementia and substance misuse clinics and patients were able to access to other services led by mental health, dementia and substance misuse charities and organisations. Patients who failed to attend were proactively followed up by a phone call and text message.
- As a result of feedback from Birmingham Healthwatch, the practice produced a dementia friendly action plan and adjusted their premises and services accordingly: for example, dementia friendly signs, longer appointments and additional training for staff funded by the practice.
- In response to significant events, the practice had invited a mental health charity to support staff further on understanding mental health, how to recognise signs and how to communicate with patients whose mental health may be deteriorating.

Timely access to care and treatment

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

- Patients whose files we viewed had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The national GP survey reflected patient satisfaction in this area.
- We saw evidence that patients with the most urgent needs had their care and treatment prioritised.
- Patients whose feedback we received reported that the appointment system was easy to use.

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, however the current system needed strengthening to ensure patients received the appropriate information in line with guidance

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. 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: for example, new policies written to ensure that information about patients, who may be experiencing estrangement from other relatives were fully protected.
- Complaints response letters that we viewed did not contain information on where to go if patients wanted to escalate their concerns

Please refer to the Evidence Tables for further information.

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, through meetings with staff members and responding to patient and external stakeholder feedback.
- 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, this included planning for the future leadership of the practice, for example having a deputy practice manager, with roles and responsibilities separate from that of the practice manager. Each member of the reception staff also had lead roles and responsibilities.

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 we spoke to 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 including CCG local improvement schemes. The practice comprehensively planned its services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients and the local community.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- 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 and we saw a whistleblowing policy was in place.
- The practice were able to demonstrate that staff had regular appraisals and had developed a new system by synchronising staff's birth month with the date of their appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff we spoke to felt that they were considered and treated as valued members of the practice team. Clinical staff members were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. The staff whose files we viewed had received equality and diversity training and when asked, felt they were treated equally.
- Staff we spoke to explained that there were positive relationships between staff and teams.

Governance arrangements

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

- The practice had structures, processes and systems to support good governance and management that were understood by the staff that we spoke with.
- Practice leaders had established policies and activities to ensure safety. However, the systems for the management of medicines was not always embedded within the practice, which resulted in gaps in the process. These areas were addressed during the inspection process.

Are services well-led?

- Staff we spoke to were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Systems and arrangements the practice had in place for complaints were responsive to patients but did not provide information in line with guidance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There was a consistent approach in addressing any identified areas for improvement.

Managing risks, issues and performance

There were policies and systems for managing risks and performance.

- 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 in most cases. Practice leaders had oversight of national and local safety alerts and incidents.
- 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 efficiency changes were made with input from clinicians to understand their impact on the quality of care. This included Dr. Who services that were a result of an efficiency review the practice had commissioned.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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 practice used information technology systems to monitor and improve the quality of care including a smartphone application designed to facilitate patient access to services.
- The practice submitted data or notifications to external organisations as required including special care notes to out of hours providers and safeguarding information to relevant authorities when required.
- There were arrangements for the security and 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.

- 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.
- Performance information was combined with the views of patients: for example, in the case of action plans developed around areas in the national GP survey, despite the practice's good performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met...There was insufficiently safe use of medicines. In particular: Assessing the risk of health and safety of service users of receiving the care and treatment and doing all that was reasonably practicable to mitigate any such risk. The system for ensuring patients on high risk medicines was inefficient. The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: concerning blank prescription security at the branch site and hand-written prescriptions at the main site and the management of Patient Group Directions. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.