Tunstall Primary Care

Inspection report

Tunstall Primary Care Centre
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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. (At the previous inspection on 2 December 2014 it was rated Good overall)

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

We carried out an announced comprehensive inspection at Tunstall Primary Care on 22 June 2018 and returned on 26 June to review two staff records, that were not available on 22 June, as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, risk assessments were not always completed to mitigate safety risks to patients.
- Systems to assess staff immunity to potential healthcare acquired infections were not effective.
- 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. However, patients prescribed the high-risk medicine, lithium, had not been monitored in line with national guidance.
- Reception staff had not received training in identification of the rapidly deteriorating patient.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system had improved and reported that they were able to access care when they needed it.
- There was a complaints system in place but information on how to complain was not readily available to patients within the practice.
- Staff stated they felt respected, supported and valued and there was an open culture within the practice.
- There were clear responsibilities and roles of accountability to support good governance and management. However, some policies did not reflect current guidance.
- 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.
- Ensure specified information is available regarding each person employed.
- Ensure, where appropriate, persons employed are registered with the relevant professional body.

The areas where the provider should make improvements are:

- Update policies to ensure they reflect current guidance. For example, policies for safeguarding vulnerable adults, recruitment and maintenance of the cold chain when providing vaccinations in patients' homes.
- Information regarding how to complain should be readily available for patients to access.
- Introduce a system for tracking prescription pads throughout the practice.
- Regularly monitor patients prescribed lithium in line with national guidance.
- Provide reception staff with training to identify the rapidly deteriorating patient.

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Tunstall Primary Care

Tunstall Primary Care is registered with the Care Quality Commission (CQC) as a partnership provider and is located in Tunstall, Stoke-on-Trent. It provides care and treatment to approximately 11,561 patients of all ages. The practice holds a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. In August 2017, the main practice merged with another practice in the locality. It now delivers services from two locations which we visited during our inspection:

- Tunstall Primary Care, Alexandra Park, Scotia Road Stoke-on-Trent Staffordshire ST6 6BE
- Packmoor Medical Centre, Thomas Street, Packmoor, Stoke-on-Trent, ST7 4SS

The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. Demographically 25.4% of the practice population is under 18 years old which is higher than the Clinical Commissioning Group (CCG) average of 21.7% and the national average of 20.8% and 14.4% are aged over 65 years. This is lower than the CCG average of 16.7% and the national average of 17.2%. The percentage of patients with a long-standing health condition is 52% which is lower than the CCG average of 58.2% and national average of 53.7%. The practice is a training practice for GP registrars and undergraduate medical students from a nearby university.

The practice staffing comprises:

- Three male GP partners.
- Four salaried GPs (three female and one male) and a GP Registrar.
- Two practice nurses, two advanced nurse prescribers, a locum advanced nurse practitioner and a healthcare assistant.
- A practice manager and assistant practice manager.
- 11 members of administrative staff working a range of hours.

GP telephone consultations are available for patients who are unable to attend the practice within normal opening hours. During the out-of-hours period services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The practice offers a range of services for example, immunisations for children, child development checks,

family planning services, travel vaccinations, minor operations and management of long term conditions such as diabetes. Further details can be found by accessing the practice's website at

Requires improvement

Are services safe?

We rated the practice as requires improvement for providing safe services because:

- The policy for safeguarding vulnerable adults did not reflect national safeguarding guidance.
- Assessment of staff immunity to potential healthcare acquired infections had not been completed for all staff.
- Administrative staff had not received training in identification of the rapidly deteriorating patient.
- The practice's system for monitoring uncollected prescriptions was not effective.
- Prescription pads were stored securely but there was no system in place for tracking their use throughout the practice.
- Comprehensive risk assessments in relation to safety issues were not always in place or lacked effective detail.
- The practice did not take emergency medicines on home visits. A risk assessment to mitigate potential risks had not been completed.
- The practice did not hold the recommended emergency medicines at the practice.
- All the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not available for each person employed or locum staff.
- There was no system in place to ensure that professional registrations remained in date.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from the risk of abuse, however they were not always followed.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing clinical waste kept people safe.
- The practice had systems to safeguard children and vulnerable adults from abuse. 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 most had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from the risk of abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

However,

- There was no evidence to demonstrate that a practice nurse had received safeguarding training for children or vulnerable adults.
- The practice had not always carried out appropriate staff/locum checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control, however assessment of staff immunity to potential healthcare acquired infections had not been completed for all staff.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- Staff were suitably trained in medical emergencies and 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 however administrative staff had not received training in identification of the rapidly deteriorating patient.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.

Requires improvement

Are services safe?

- 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 did not have fully reliable systems for the appropriate and safe handling of medicines.

- Staff prescribed and administered 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.
- The systems for managing and storing medicines, medical gases and emergency equipment, minimised risks. Whilst vaccines were stored safely within the practice, nursing staff were not fully aware of national guidance for maintaining the cold chain when providing immunisations in patients' homes.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines. However, on the day of our inspection we identified two patients on a high-risk medicine who had not been monitored in line with current guidance. The practice contacted the patients on the day of our inspection to ensure they received appropriate monitoring and safe care.
- The practice's system for monitoring uncollected prescriptions was not effective.
- Prescription pads were stored securely but there was no system in place for tracking their use throughout the practice.
- The practice did not take emergency medicines on home visits. A risk assessment to mitigate potential risks had not been completed.
- The practice did not hold the recommended emergency medicines at the practice. Following our inspection, they informed us they would remove some of the emergency medicines they had on the day of our inspection. They submitted a risk assessment to us the net working day after the inspection, however it did not include clear guidance about how potential risks to patients with life threatening conditions would be mitigated.

Track record on safety

The practice did not have a full track record on safety.

- Service wide risk assessments had been completed. For example, for fire and legionella.

However:

- Comprehensive risk assessments in relation to safety issues were not always in place or lacked effective detail. For example, risk assessments had not been completed to mitigate risks for DBS checks when staff transferred from a different employer, staff without a DBS check in place, not taking emergency medicines on home visits and not assessing staff immunity to potential healthcare acquired infections.

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 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 assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice used technology and equipment to improve treatment and to support patients' independence. For example, the practice used Florence Simple Telehealth (FLO) service, a text messaging service that sends patients reminders and health advise to support them in monitoring and managing their long-term conditions.
- 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:

- The practice planned to identify patients, over 85 years of age, with severe and moderate frailty using an electronic frailty index.
- Older patients at risk of increased unplanned hospital admissions were regularly reviewed as part of the practice's avoiding admissions programme. The practice told us these patients were offered a care plan.
- The practice followed up 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.
- The practice had provided health checks for patients over 75 years old and met the local Clinical Commissioning Group (CCG) target.

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 the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to deliver a coordinated package of care.
- Minutes from nurse meetings showed there were no long-term condition protocols in place for nurses to follow and two practice nurses had limited training in long-term condition management. Plans were put in place to develop protocols and training was identified.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice offered people with suspected high blood pressure ambulatory blood pressure monitoring. Patients with atrial fibrillation (an irregular heart beat) were assessed for the risk of stroke and treated appropriately.
- The practice had a system in place to identify 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 higher than the target percentage of 90%. The practice nurses worked with the child health department and Health Visitor to follow-up children who failed to attend for immunisations.
- 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.
- The practice had arrangements for following up children that failed to attend hospital appointments.

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

- The practice had increased its uptake for cervical screening from 69% to 74% over the last year. This was below the 80% coverage target for the national screening programme but in line with the clinical

Good

Are services effective?

commissioning group (CCG) average of 70.6% and the national average of 72.1%. The practice was aware of this and had a system in place to follow up patients that failed to attend.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice supported the temporary registration of students home for holidays.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way and considered the needs of those whose circumstances may make them vulnerable. The practice held three monthly palliative care professionals' meetings to support patients near the end of their life. There were systems in place to support patients to die in their preferred setting.
- The practice held a register of patients living in vulnerable circumstances including carers, housebound patients and those with a learning disability.
- Longer appointments were available for patients who required extra time and care.
- Patients with a learning disability were offered annual health checks.

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.
- 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. Severely depressed patients had regular medication reviews and if appropriate to do so prescriptions were changed from repeat to weekly.
- The percentage of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the previous 12 months was comparable to the CCG and national averages.
- The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses that had a comprehensive, agreed care plan documented in the previous 12 months was comparable to the CCG and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. The percentage of patients experiencing poor mental health that had received discussion and advice about alcohol consumption was comparable to the CCG and national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice's dementia diagnosis rate was above the national target rate.

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. The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

- Practice QOF data and their exception reporting were comparable with other practices.
- The practice used information about care and treatment to make improvements.
- When the practice merged with the branch practice, they identified that some patients had been read coded incorrectly and patient records had not always been summarised effectively. The practice implemented a plan to address these issues to ensure patients received appropriate care and treatment.
- The practice had appointed clinical leads to areas relating to each of the six population groups.

Effective staffing

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

Good

Are services effective?

- 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. Where gaps in staff knowledge were identified training was provided.
- A protocol for the role of the advanced nurse practitioner (ANP) had been developed. It clearly identified the role and responsibilities of the ANP and the patients they were trained to care for.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff told us the practice provided them with ongoing support. This included an induction process, appraisal, clinical supervision and support for revalidation. The GPs ensured the competency of ANPs by six weekly reviews of their clinical decision making, including 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 appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. For example, the ILCT and/or the palliative care team.
- The practice shared information with relevant professionals when deciding on care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- The practice shared information with, and liaised, with community services, social services and the children's hospital at home team. They shared information with health visitors for children who had relocated into the 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 ensured that end of life care was delivered in a coordinated way which took account of the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff helped 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 patients with dementia.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes and FLO.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice used consent forms to gain informed consent to minor surgery procedures.

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 mainly positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- Data from the national GP patient survey showed that patient satisfaction was in line with other practices in the clinical commissioning group (CCG) and national averages for questions related to kindness, respect and compassion. Their own patient survey supported these findings.

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 translation services.
- 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 identified carers and signposted them to local support services.
- Data from the national GP patient survey showed that patient satisfaction was in line with other practices in the clinical commissioning group (CCG) and national averages for questions related to decisions about care and treatment. Their own patient survey supported these findings.

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. Confidentiality rooms were available at both the main and branch practice.
- Staff recognised the importance of maintaining patients' dignity and respect.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice told us that all patients had a named GP who supported them in whatever setting they lived. However, when we spoke with the managers/nursing staff of two care homes that the practice provided care to, they told us they did not know who the named GP was for the patients living in the home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and nursing staff accommodated home visits for those who had difficulties getting to the practice. However, staff from one nursing home told us the practice were not responsive to their request for home visits and it often took several calls to the practice before a GP would visit.
- The practice was trialling the use of encrypted skype consultations for patients in nursing homes.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicine 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 Integrated Local Care Team (ILCT), a team that included health and social care professionals, to discuss and manage the needs of patients with complex medical issues.

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 failed to attend hospital outpatient appointments.
- The practice told us that all parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. We received mixed parental comments about the responsiveness of the practice to provide this service.

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 telephone consultations.
- Patients including working age people could book appointments and request repeat prescriptions on line.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including housebound patients, vulnerable adults and those with a learning disability.
- People in vulnerable circumstances could register with the practice, including those with no fixed abode.
- Patients with a learning disability were offered longer appointments.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided a weekly ward round for approximately 40 patients with dementia who lived at a local care home.

Good

Are services responsive to people's needs?

- Patients with dementia were offered appointments at the end of the surgery to try to minimise potential social anxiety.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that access to 'on the day' appointments could be challenging. In response to this concern the practice changed their appointment system to provide two-time slots, one in the morning and one in the afternoon, for patients to call and book urgent on the day appointments.

Data from the national GP patient survey showed that patient satisfaction was in line with other practices in the clinical commissioning group (CCG) and national averages for questions related to access to appointments.

Listening and learning from concerns and complaints

The practice responded to complaints appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was not readily available for patients to access within the practice. Leaflets were available behind the reception desk but patients needed to request them.
- The complaints policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. They informed us that they held an annual analysis of trends but were unable to provide minutes from this meeting to confirm this.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw examples of nursing staff driving forward the vision.
- 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.

Culture

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

- Staff stated they felt respected, supported and listened to. They were proud to work in the practice which was supported by high staff retention.
- 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 could raise concerns and were encouraged to do so either face to face or anonymously through the staff comment box. They had confidence that concerns would be addressed.
- There were processes for providing all staff with the development they need. This included protected learning time, appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted 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.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended however some of these polices needed updating to reflect current guidance.

Managing risks, issues and performance

There was clarity around processes for managing most risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks to the practice. However, risk assessments in relation to patient safety had not always been completed. For example, staff recruitment and staff immunity to potential health care acquired infections.
- The practice had processes to manage current and future performance. Performance of advanced nurse practitioners 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.

Good

Are services well-led?

- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service improvements at the branch practice. For example, improved access to appointments.

Appropriate and accurate information

The practice gathered 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The practice monitored their performance in line with the CCG dashboard. For example, reducing unplanned hospital admissions and A&E attendances.
- The practice used information technology systems to monitor and improve the quality of care.
- There were 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 at the branch practice. The practice was working with the PPG to improve engagement with patients at the main practice. A patient survey had been completed by the practice which had led to changes in how patients could access appointments.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to attend staffing group meetings to review team objectives, processes and performance.
- The practice was a training practice for doctors training to be GPs. It had successfully supported four GP Registrars through this process.

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 **There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:** • Assessment of staff immunity to health care associated infections had not been completed for all staff. **Assessments of some of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:** • GPs not taking emergency medicines on home visits. • Staff who had not received recent safeguarding training. • Staff providing care and treatment to patients whose immunity status to health care associated infections was unknown. **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:** • The practice did not hold the recommended emergency medicines at the practice. The risk assessment completed did not mitigate obvious risks to patients or the judgments made.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:**

This section is primarily information for the provider

Requirement notices

- DBS checks or risk assessments to mitigate potential risks.
- Physical or mental health assessments.
- Proof of identity including a recent photograph.
- Explanations of gaps in employment history.
- Satisfactory evidence of conduct in previous employment.

The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:

- There was no system in place to ensure that professional registrations remained in date.