

Queens Bower Surgery

Quality Report

201 Queens Bower Road
Bestwood Park
Nottingham
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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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement 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? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement

We carried out an announced comprehensive inspection at Queens Bower Surgery on 11 January 2018. This inspection was undertaken following the new registration of the provider and as part of our inspection programme.

At this inspection we found:

- The practice had systems in place to enable staff to report and record significant events.
- There were processes in place to manage risk; however there were areas where improvements were required in respect of fire risk and arrangements for dealing with emergencies.
- Prescription stationery was not always managed securely in line with guidance.
- Clinical waste was not always managed appropriately.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Governance arrangements needed to be strengthened to ensure that staff were supported and risks to people using the service were minimised.

Summary of findings

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

- Consider a review of the practice's website to ensure ease of navigation and access to information for patients.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	Requires improvement 
People with long term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Queens Bower Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager advisor.

Background to Queens Bower Surgery

Queens Bower Surgery provides primary medical services to approximately 4300 patients from purpose built premises in the Bestwood Park area of Nottingham. Services are delivered through a General Medical Services (GMS) contract.

The practice is located at 201 Queens Bower Road, Bestwood Park, Nottingham, NG5 5RB. The provider is registered to provide the following regulated activities from this location:

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

The practice is staffed by a lead GP who is supported by regular locum GPs. The lead GP is supported by two part time practice nurses. The practice employs three reception and administrative staff and receives some support from a locum practice manager.

The level of income deprivation affecting the practice population is above the national average and similar to the local clinical commissioning group (CCG) average with the practice falling into the second most deprived decile nationally.

Out of hours services are provided by NEMS when the practice is closed and can be accessed via 111.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

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

- Clinical waste arrangements were not operated effectively
- Fire risk arrangements needed to be reviewed
- Regular checks of all items of emergency equipment were not being undertaken

Safety systems and processes

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

- The practice had a range of safety policies in place which included adult and child safeguarding policies. Staff received safety information for the practice as part of their induction and refresher training.
- Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on care records.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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 the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 ensured that equipment was safe and that it was maintained according to manufacturers' instructions.

However there were some areas where improvements needed to be made:

- There were some systems in place to manage infection prevention and control. The GP was the infection prevention and control lead for the practice. The infection control audit undertaken in May 2017 had identified areas for improvement; the follow up review in November 2017 indicated that some of these areas were still in need of improvement and had therefore been added to the refurbishment plan for the practice.
- Systems for safely managing healthcare waste needed to be improved. Issues included sharps waste bins not always being properly assembled, a sharps waste bin was identified as not being stored securely and had not been emptied within three months in line with guidance. In addition, there was evidence of sharps waste being used for the disposal of waste other than sharps. The practice did not have purple-lidded sharps bins within the practice which were required for the disposal of cytotoxic medicines. Following the inspection, the practice obtained a purple-lidded sharps bin.
- During the inspection we identified a number of expired consumables around the practice including syringes and needles.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice used regular locums to provide cover for the GP. Comprehensive information was provided for locums.
- There was an effective approach to managing nursing staff absences and for responding to epidemics, sickness, holidays and busy periods. There were two members of the nursing team who did not take leave at the same time.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, the defibrillator was

Are services safe?

not being checked on a regular basis as part of the checks of emergency medicines and equipment. The practice advised us that a regular check of defibrillator had been commenced following the inspection.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a system in place to ensure that test results were managed appropriately.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had some systems in place for the appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and 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 to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- However blank prescriptions were not always stored securely in line with guidance.

Track record on safety

- There were risk assessments in relation to safety issues including legionella and fire risk. However, the fire risk assessment needed to be reviewed to ensure all risks were identified and mitigated. In addition there had been no recent fire evacuation drill undertaken.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. There were premises and health and safety risk assessments in place.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. 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.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Relevant safety alerts were shared with patients within the practice and on the website.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems in place 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 advised patients what to do if their condition got worse and where to seek further help and support.

Older people

- Older patients identified as being at risk of admission to hospital received assessments 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.
- 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.

People with long-term conditions

- Patients with long-term conditions were offered 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

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 in line with the target percentage of 90% or above.
- 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 failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students)

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme. This was above the CCG average.
- Screening rates for bowel and breast cancer were in line with or above local and national averages. The uptake rate for bowel cancer screening was 55% compared with the CCG average of 53% and the national average of 55%. The uptake rate for breast cancer screening was 77% compared with the CCG average of 69% and the national average of 70%.
- 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.
- Regular meetings were held with community based staff to meet the needs of vulnerable patients.

People experiencing poor mental health (including people with dementia)

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 12% below the national average and 10% below the CCG average.

Are services effective?

(for example, treatment is effective)

- 72% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This achievement was below the national average and local averages; however, this was achieved with a 0% exception reporting rate.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national and local average and was achieved with a 0% exception reporting rate.
- 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recently published QOF results demonstrated that the practice had achieved 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. The overall exception reporting rate was 3% compared with a local and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice used information about care and treatment to make improvements. We were provided with copies of two completed two-cycle clinical audits. The audits reviewed demonstrated changes had been made and re-audit showed that there had been improvements.

The practice was actively involved in quality improvement activity. The practice had a system of internal referral validation whereby referrals made by locum GPs were reviewed and validated by the lead GP to ensure appropriateness.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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 recording training on a matrix and this included schedules for the completion of refresher training in specific areas.

- The practice supported staff to undertake training. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with some ongoing support. This included induction processes, training and support for revalidation. However, the lead GP confirmed that no staff had received appraisals within the practice since October 2016.

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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 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 health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- 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 monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

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

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- We received a total of 43 completed comment cards; 39 of which were wholly positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. A total of 274 surveys were sent out and 92 were returned. This represented a 34% response rate and was equivalent to about 3% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.
- 92% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.

- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 91%.

The practice reviewed the results of the survey when they were released annually. In addition, the practice reviewed the results of the Friends and Family Test on a monthly basis and planned to produce their own practice questionnaire next year.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients 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 patients who were carers. There was a carer's identification policy in place and information displayed for carers on a dedicated noticeboard in the waiting area. Carers were encouraged to identify themselves at the point of registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers; this was equivalent to 1% of practice list.

Staff told us that if families had experienced bereavement, their usual GP contacted them using a bespoke letter or sent a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was information regarding bereavement on the practice's website.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages:

Are services caring?

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice had made improvements to the waiting areas to minimise conversations with receptionists being overheard by other patients in the waiting room. Staff knew they could offer to speak with patients away from the reception area where required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. At the time of the inspection, the practice did not offer extended hours appointments but was planning to commence these.
- 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 by undertaking visits to patients at home.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

The practice had a comprehensive website where patients could access a wide range of information about their health; however, the website was not easy to navigate and it could be difficult to find the information required.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- 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 practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- Information about bowel and breast cancer screening was displayed within the practice and on the practice website.

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.

- The practice held regular meetings with the local community health and social care teams 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 had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Information about cancer screening appropriate to this group was displayed on the practice's website and in the patient waiting area.

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

- The needs of this population group had been identified and considered. The practice was planning to increase their opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- There was a wide range of information available on the practice's website.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

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 offered patients with mental health conditions (including dementia) regular reviews of their health needs.
- Patients who failed to attend were proactively followed up.

Timely access to care and treatment

Are services responsive to people's needs?

(for example, to feedback?)

Patients were generally able to 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 the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to or above local and national averages. This was supported by observations on the day of inspection. A total of 274 surveys were sent out and 92 were returned. This represented a 34% response rate and was equivalent to about 3% of the practice population. For example:

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 78% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 71% and the national average of 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 88% of patients who responded said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 91% of patients who responded described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

- 63% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 64%.

A total of 43 completed CQC comment cards were received on the day of the inspection; 34 of these were wholly positive about the service received from the practice. Nine of the comment cards were mixed with negative aspects related to access to appointments with the lead GP and waiting times to be seen.

The practice had conducted a number of reviews of appointment system and of access to appointments. The most recent review had been undertaken in July 2017 and showed that there were nurse prescriber appointments available for the same day and the waiting time for a routine GP appointment was one week.

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. We were provided with details of four complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- 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. There were examples of the lead GP proactively reviewing complaints with locum GPs.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Governance arrangements were not operated effectively to ensure that all risks were identified, assessed and mitigated
- Arrangements to provide operational management and staff support were not always operated effectively

Leadership capacity and capability

- There was a lack of leadership capacity to ensure the delivery of high-quality, sustainable care.
- There was no practice manager in place at the time of the inspection and this had been the case for some time. There was some support from a locum practice manager.
- Although there was a draft business plan in place which indicated the strategic aims for the practice, the timescales for achieving the objectives was unclear.
- The lead GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges but it was unclear as to when these would be addressed.
- The lead GP was visible and approachable but there was a lack of day to day operational management within the practice.
- The practice did not have processes in place to develop leadership capacity and skills, including planning for the future leadership of the practice. We were told that the practice did not plan to recruit a manager but would seek to recruit a senior administrator.

Vision and strategy

- There was a clear vision and set of values. The practice had a documented strategy and supporting business plan to achieve priorities. The business plan did not give detail on timescales for areas for improvements. There were other supporting plans in place in respect of areas including refurbishment.
- Staff were aware of and understood the values of the practice but had little awareness of the future aims and strategy for the practice or 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.

Culture

- Staff stated they felt respected and valued by the lead GP and that they were proud to work at the practice. However, staff reflected that there had been a period of recent turmoil and that the practice would benefit from operational management support.
- The practice focused on the needs of patients.
- 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.
- Processes for providing all staff with the development they needed were not being operated effectively. Staff had not received performance appraisals since October 2016.
- There were positive relationships between staff and teams

Governance arrangements

- Structures and processes to support governance and management were understood; however the vast majority of these were the responsibility of the lead GP with little evidence of delegation. For example, the GP was the lead for infection control and managed all arrangements for referrals and recalls of patients with long term conditions.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. The GP was the infection control lead with the nurse undertaking audit checks when instructed to do so.
- Practice leaders had established proper policies and procedures to ensure safety; however these could not be assured that these were always operating as intended, for example in respect of prescription security and the management of healthcare waste.

Managing risks, issues and performance

- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, there were areas where

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

risks needed to be reviewed; for example, in respect of fire risk. In addition, there had been no assessment carried out of the risk of locums providing cover in the practice.

- The practice had some processes in place to manage performance. Referrals made by locums were monitored and verified by the lead GP. The lead GP 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.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. There was evidence of regular review of clinical performance and patient feedback.
- There was limited evidence of quality and sustainability being discussed in relevant meetings.
- 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.
- 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 and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged.
- There was an active patient participation group and the group was positive about their relationship with the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This included risks related to arrangements for dealing with emergencies; fire risk and the arrangements for the security of prescriptions.

This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider was not ensuring that governance arrangements were operated effectively to assess, monitor and mitigate risks relating to the service.

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.