

Haydon Bridge and Allendale Medical Group

Inspection report

North Bank
Haydon Bridge
Hexham
Northumberland
NE47 6LA

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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. (Previous rating under old provider July 2015 – Good)

The key questions at this inspection 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 Haydon Bridge and Allendale Medical Practice on 6 September 2018 as part of our current inspection programme.

At this inspection we found:

- The practice had some systems in place to manage risk so that safety incidents were less likely to happen. However, they were not following best practice guidance or their own policy in relation to ensure the cold chain was maintained for medicines requiring refrigeration and needed to strengthen their arrangements for monitoring patients prescribed high risk medicines.
- 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.
- There was a focus on continuous learning and improvement at all levels of the organisation.

There was an area where the provider must make improvements as they are in breach of regulations. They must:

- Ensure that care and treatment is being provided in a safe way by doing all that is reasonably practicable to mitigate risks to the health and safety of service users.

There were areas where the provider should make improvements. The provider should:

- Review the arrangements for monitoring the stock and expiry dates of emergency medicines in GP bags and consider holding the full range of emergency medicines recommended by best practice guidance.
- Introduce a schedule of planned clinical audit and quality improvement activity.
- Familiarise all staff with the practice business continuity plan and business continuity arrangements.
- Maintain a record in-house of staff immunity status
- Advertise the availability of pre-bookable extended access appointments as part of the Hadrian Extra Care Hub arrangements.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

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 also included a GP specialist adviser.

Background to Haydon Bridge and Allendale Medical Group

Haydon Bridge and Allendale Medical Practice provides care and treatment to approximately 5,400 patients of all ages from Haydon Bridge and the surrounding areas of Northumberland. The practice is part of NHS Northumberland Clinical Commissioning Group and operates on a Personal Medical Services (PMS) contract.

Since November 2017 the contract for Haydon Bridge and Allendale Medical Practice has been held by Northumbria Primary Care Partnership (NPC) Limited which is a wholly owned subsidiary of Northumbria Healthcare NHS Foundation Trust. NPC Ltd also hold the contract for several other GP practices in the Northumberland and North Tyneside areas, including 49 Marine Avenue Surgery, Collingwood Medical Group, Cramlington Medical Group, Ponteland Medical Group, Spring Terrace Heath Centre and the Rothbury Practice.

Haydon Bridge and Allendale Medical Practice provides services from the following addresses, which we visited during this inspection:

Main surgery

Haydon Bridge Health Centre
North Bank, Haydon Bridge
Hexham

Northumberland, NE47 6LA

Branch surgery

Allendale Health Centre
Shilburn Road, Allendale
Hexham, Northumberland
NE47 9LG

Both surgeries are in purpose built single storey premises. The consultation rooms are on the ground floors of both premises. Access at the Allendale Surgery for patients with mobility issues is good and includes automated entrance doors. The Haydon Bridge premises does not have automated doors but a bell in is operation to allow patients to summon assistance in entering the building should they need to do so. Small car parks are available at both surgeries and nearby on street parking is also available.

Patients can book appointments in person, on-line or by telephone. Opening hours are as follows:

Haydon Bridge Health Centre

Monday to Friday – 8am to 6pm
(N.B. open alternative Thursdays until 8pm)

Allendale Health Centre

Monday, Tuesday, Thursday and Friday – 8am to 6pm

Wednesday - 8am to 12.30pm 8.45am

(N.B. open alternative Thursdays until 8pm)

Patients registered with the practice are able to access GP, nurse and healthcare assistant appointments at either location. They are also able to access pre-bookable GP appointments from 6pm to 8pm on a weekday and from 9am to 5pm on a Saturday at a nearby extended access facility based in Corbridge and on bank holidays at a GP practice based in Cramlington.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors.

The practice has:

- 4 full-time and part-time salaried GPs (two male and two female)
- Two part-time practice nurses (female)
- Three part-time healthcare assistants (female)
- 13 non-clinical staff members including a practice team leader, officer manager, admin team leader, administrators, receptionists, dispensers and a cleaner.

It is a teaching and training practice involved in the teaching of 3rd and 5th year medical students and training of GP registrars. It is also registered with the Royal College of General Practitioners as a 'research ready' practice. As a result, patients registered with the practice are able to contribute to research programmes should it be appropriate and they wish to do so.

The practice is a dispensing practice and dispenses medicines to approximately 1500 of their patients who live more than a mile from their nearest pharmacy.

The average life expectancy for the male practice population is 81 (national average 79) and for the female population 84 (national average 83). 26% of the practice's patient population are in the over 65 age group.

At 64%, the percentage of the practice population reported as having a long-standing health condition was comparable with the national average of 54%. Generally, a higher percentage of patients with a long-standing health condition can lead to an increased demand for GP services.

At 63% the percentage of the practice population recorded as being in paid work or full-time education was comparable with the national average of 62%. The practice area is in the seventh most deprived decile. Deprivation levels affecting children and adults were lower than local and national averages.

Are services safe?

We rated the practice as good for requires improvement for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and 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 abuse, neglect, 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.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The provider used a daily situation report (SitRep) to assess whether their individual practices needed additional support in times of pressure. If so, clinical and non-clinical staff from other practices managed by the provider were able to provide cover. This included remote triaging of requests for home visits or urgent appointments.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and we were told that staff were suitably

trained in emergency procedures. However, we were told that GPs were responsible for checking the contents and expiry dates of medicines they carried in their doctor's bags for use on home visits. Although all the medicines in the doctor's bags that we checked were in date there was no central or individual log of expiry dates. There was a log and system in place to check the expiry dates of emergency medicines held for use on the premises. However, they were not conveniently stored together which could present a problem if staff needed to obtain them quickly during an emergency. Neither did the emergency medicines held for use at the Haydon Bridge surgery contain all recommended medicines and there was no risk assessment in place to stipulate why this was not felt to be necessary

- Some staff that we spoke to during the inspection were unaware of the practice or provider business continuity/ disaster recovery plans.
- 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The practice performance was comparable with local and national averages in relation to the prescribing of antibacterials, antibiotics and hypnotics.
- A pharmacist and medical technicians (meds techs) attended the practice on a regular basis to support practice staff with medicines optimisation, safe and cost-effective prescribing

Are services safe?

- A standard operating policy and flowcharts were in operation to govern the prescribing and monitoring of high risk drugs, including warfarin, methotrexate and lithium. However, only one of the five patient records we reviewed where a patient had been prescribed methotrexate had an alert placed on their patient record in line with best practice guidance.
- The systems for managing and storing medicines requiring refrigeration were not sufficient. When we looked at the refrigerator use to store medicines requiring refrigeration at the Allendale Surgery we noticed that there were numerous occasions when the refrigerator temperature had exceeded the recommended maximum temperature of 8C. However, there was no record of what action the provider had taken in relation to this despite their own cold chain policy giving clear guidance on what action should be taken in the event this happened. When we checked the refrigerator at the Haydon Bridge Surgery we found that there were a few days when the temperature had not been recorded so were not assured that necessary checks had been undertaken in line with policy. When we highlighted this issue the provider immediately took the appropriate action and recorded and investigated the matter as a significant event.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had some arrangements in place to ensure safety.

- There were comprehensive risk assessments in relation to safety issues. The provider maintained a comprehensive risk register for all of their locations.
- The practice monitored and reviewed safety using information from a range of sources.

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.

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Practice staff were able to access monthly educational events hosted by the provider, Northumbria Primary Care Partnership. Future events included haematology, medicines management, paediatric care, child and adult safeguarding and waiting room emergencies.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs and regular medication reviews. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. The provider had recently appointed a frailty nurse to work across all locations.
- The provider had also appointed care navigators to work across all their locations. Their role included ensuring that patients medical and social needs were assessed to prevent admission to hospital.
- Systems were in place to ensure there was appropriate and timely follow up of older patients discharged from hospital.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention when appropriate. People with suspected hypertension were offered blood pressure monitoring at home and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was comparable to local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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 82%, which was above the 80% coverage target for the national screening programme and higher than the local average of 78% and national average of 72%.
- The practice's uptake for breast and bowel cancer screening was comparable with local and national averages.
- 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.

Are services effective?

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice ensured they were referred to the local mental health crisis team.
- 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 offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a 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.

- Practice attainment for the 11 clinical indicators in the Quality and Outcomes Framework (QOF) scheme 2016/17 were comparable with local and national averages.
- At 3.6% their overall QOF exception rate was lower than the local average of 5.6% and national average of 5.7%.
- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

The QOF data above relates to published QOF data for 2016/17. The practice was able to provide as yet unpublished or verified data for 2017/18 which showed that:

- The practice had attained 97.6% of the total points available to them despite undergoing significant organisational changes.
- They had attained 100% for 14 of the 19 separate clinical indicators. We had no concerns about the attainment rate for the other five indicators
- The overall clinical exception rate was 7.78%. This was higher than the clinical exception rate for 2016/17 which was 3.6%

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Clinical staff had regular meetings and also had access to a provider wide social media group where they could discuss and share best practice guidance with clinicians from other practices managed by Northumbria Care Partnership (NCP). All staff could access an educational programme hosted by NCP. Practice GPs had undertaken resilience training.

Coordinating care and treatment

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

Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. Feedback from attached staff who we spoke with in advance of the inspection was good.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- 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.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, 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.

Please refer to the evidence tables for further information.

Helping patients to live healthier lives

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

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were comparable with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice held a register of patients with caring responsibilities. Carers were offered an annual health check and influenza vaccination and were signposted to appropriate help and support agencies.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Notices were displayed in the waiting rooms of both surgeries advising patients that they could request a discussion in private if they preferred to do so.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

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. For example, they had recognised that elderly patients, who represented a high proportion of the practice patient population, often wished to discuss more than one concern during their appointment. They were therefore trialling 15-minute appointment slots.
- 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 are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice. The provider (Northumbria Care Partnership) was in the process of employing care navigators to work across all their practices to ensure both the social and medical needs of older, frail and vulnerable patients were being met.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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.

- Practice clinicians regularly liaised with the local district nursing team who were based on the same site 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.

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, appointments every weekday from 8am and extended opening hours on a Thursday evening until 8pm.
- Patients registered with the practice were also able to access pre-bookable GP appointments from 6pm to 8pm on a weekday and from 9am to 5pm on a Saturday at a nearby GP practice in Corbridge. Bank holiday appointments were available at a GP practice in Cramlington.
- Telephone appointments were available.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients were 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.

Are services responsive to people's needs?

- 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.
- National GP patient survey results published in July 2017 and July 2018 showed that practice attainment was comparable with local and national averages for questions relating to access to care and treatment.

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. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

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.
- 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.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Systems and processes were in place to support the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- 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 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- There was some evidence of recent clinical audit activity that could demonstrate a positive impact on quality of care and outcomes for patients. The lead GP told us that clinical audit activity had not been a priority recently

Are services well-led?

due to the focus on progressing the change in legal entity and the change to the practice computer system. They did not have a planned programme of proposed clinical improvement activity.

- The practice had plans in place for major incidents, including disaster recovery and business continuity plans. However, some staff we spoke with were unaware of the practice or provider business continuity plan and arrangements.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted upon appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The practice had developed a six-month improvement plan in July 2018 which covered many issues including nursing team workload, infection control, premises, dispensary and administration.
- 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, the public, 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.
- An active patient participation group (PPG) was in existence. PPG members who we spoke with told us that they felt listened to and that their views were sought in relation to the running, development and performance of the practice.
- The practice had tasked their patient participation group (PPG) with designing a future patient survey.
- 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 and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was not doing all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The practice was not following recommended guidance or their own policy in relation to maintaining the cold chain for medicines requiring refrigeration• The process for reviewing patients prescribed high-risk medicines needed reviewing and strengthening. <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> |