

# Civic Medical Centre

## Inspection report

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Date of inspection visit: 20 June 2018  
Date of publication: 13/08/2018

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: 07 December 2017 – Requires improvement)

We carried out an announced comprehensive inspection at Civic Medical Centre on 5 September 2017. The overall rating for the practice was requires improvement. The service had been removed from special measures following an earlier inspection on 19 January 2017. The full comprehensive reports on the January 2017 and September 2017 inspections can be found by selecting the 'all reports' link for Civic Medical Centre on our website at [cqc.org.uk](http://cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 20 June 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 5 September 2017.

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is now rated as Good.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. Some areas of risk management required improvement.
- 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.

- The practice worked proactively in collaboration with the hospital to improve bowel cancer screening uptake. There was an increase from 30% to 62%, becoming one of the highest achievers in the locality.
- Staff roles were developed and non-clinical staff were known as Healthcare Navigators (HCNs) and were involved in clinical meetings.
- 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 strong focus on continuous learning and improvement at all levels of the organisation. Since the previous inspection, the practice had sought support from several support organisations to deliver improvement to the quality of care.

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 for patients.

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

- Consider an updated DBS certificate for the Enhanced Nurse Practitioner that reflects the current registered body.
- Maintain appropriate staff induction records.
- Take action to carry out and review prescribing audits.
- Monitor and improve the child immunisation uptake.
- Continue to monitor and improve patient satisfaction with regards to GP consultations.
- Take action to ensure patients complaint response letters clearly state how to escalate complaints.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

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

## Background to Civic Medical Centre

Civic Medical Centre is located at 18-20 Bethcar Road in Harrow, Middlesex. The practice premises comprise of two semi-detached residential properties, set over three floors. There is a ramp access as well as the reception, two waiting rooms, ten clinical rooms, one minor surgery room, with an additional administration room all located on the ground floor. The practice website can be found at [www.civicmedicalcentre.com](http://www.civicmedicalcentre.com)

The practice patient list is approximately 4,200 patients. The practice area is rated in the sixth most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have a greater need for health services. The practice has an ethnically diverse population and includes a higher than average proportion of working age and infant population and a lower proportion of patients aged over 65.

The practice is open between 8am and 6pm on Monday to Friday. Extended hours are offered between Tuesday and Thursday between 7am and 8am and Wednesday, between 7.45am and 8am. Outside of these hours, patients are redirected to their out of hours provider, Care UK.

The practice is a single-handed GP practice run by a male GP. The practice is supported by three female salaried GPs, one full-time nurse, one enhanced nurse practitioner

who works seven hours a week and a Clinical Commissioning Group (CCG) clinical pharmacist who works one day a week. Also employed are a newly-recruited full-time practice manager and three administrative staff who are also known as Healthcare Navigators (HCNs). The practice is a teaching practice supporting third and final year medical students from Imperial Medical School.

The practice operates under a Personal Medical Services (PMS) contract and is commissioned by the Harrow CCG. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures; family planning and maternity and midwifery services.

The practice is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These include meningitis provision, childhood vaccination and immunisation scheme and extended hours access. Services provided also includes chronic disease management, minor surgery, phlebotomy, smoking cessation and ECG monitoring.

# Are services safe?

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

**At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing safe services in relation to infection control and medicines management. These arrangements had improved when we undertook a comprehensive inspection on 20 June 2018.**

**The practice continues to be rated requires improvement for providing safe services because:**

- We were not always assured that action was taken to address the risk assessments recommended areas for improvement.

## Safety systems

The practice had systems to keep people safe and safeguarded from abuse, although some required monitoring.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. There were DBS checks in place for new staff, however, the DBS certificate in place for the enhanced nurse practitioner but this was last carried out in 2009 and referred to a defunct body, the Primary Care Trust (PCT).
- 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 practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. We saw evidence that two members who were due basic life support update training had dates booked to undertake this.
- 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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance, with the support from the Clinical Commissioning Group (CCG) pharmacist once a week.

## Are services safe?

- Although the practice was a positive outlier for antibacterial prescribing at 0.62, which was above the national average of 0.98, we did not see evidence that they reviewed their antibiotic prescribing. The practice told us that prescribing audits had not yet been carried out; however, the clinical pharmacist told us that there was a plan to carry out these audits.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety in some areas.

- There were comprehensive disability access and fire risk assessments in relation to safety issues. However, we were not always assured that action was taken to address the recommended areas for improvement. For example, the fire risk assessment had recommended a fire alarm installation but this had not yet been installed. The practice sent evidence after the inspection to show that a fire horn was in place, but this was not in line with the fire risk assessment recommendations.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

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

## **Effective needs assessment, care and treatment**

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had a system for vaccinating housebound patients whereby the practice nurse would visit and administer flu and pneumonia vaccinations in the winter season.
- The practice arranged domiciliary phlebotomy for housebound patients. A referral was sent to the community team who would contact the patient and arrange a convenient appointment.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how 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 above the local and national averages. The most recent published QOF results for 2016/17 showed that the practice was a positive outlier for patients with diabetes on the register with normal blood pressure levels. For example, 93% of patients with diabetes on their register, had normal blood pressure levels, which was higher than the local and national averages of 78%.
- The practice was also a positive outlier for the percentage of patients diagnosed with COPD, who had a review undertaken using the recommended scale. For example, 100% of these patients received the review and this was higher than the CCG average of 93% and the national average of 90%.

Families, children and young people:

## Are services effective?

- Childhood immunisation uptake rates were lower than the target percentage of 90% or above. The practice told us that they were aware of this and explained that this was due to certain cultures declining the immunisation invitations. The practice carried out immunisations opportunistically and non-attenders were followed up by the practice nurse by telephone or in writing. Patients were sent reminders on the day of their appointment and discussed during their weekly multidisciplinary meetings.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Same day face to face or telephone appointments were offered to children aged six and under.

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

- The practice's 2016/17 uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had acted to improve. This included displaying information in different languages on the noticeboard and electronic display board. Alerts were placed on patients records and they were offered flexible early morning or late appointments. Unverified data produced by the practice showed that their cervical screening uptake for June 2018 was 82%, above the 80% coverage target.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice's uptake for breast and bowel cancer screening was in line with the national average. The practice worked in collaboration with the hospital to increase the uptake of bowel cancer screening. All clinical and non-clinical staff were involved in the bowel cancer audit carried out by the practice.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Patients with a learning disability were offered their flu immunisations at home, if they had difficulty attending the practice.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The lead GP also attended suicide prevention training.
- 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 carried out an in-house weekly counselling service.



# Are services effective?

- The practice's performance on quality indicators for mental health were above average and indicated as positive outliers. For example, the practice achieved 100% for three of the mental health indicators, which was above the CCG and national averages. This included patients with mental health conditions on the register, who had received a comprehensive care plan in the last year, a recorded alcohol consumption and patients with dementia who had received a review in the last year. The practice also achieved 99%, which was above CCG and national averages for patients with mental health conditions on the register, who had a recorded smoking status documented on their record in the last year.

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent published QOF results for 2016/17 showed that the practice had achieved 99.6% of the total number of points available, which was above the CCG and the national average of 96%.
- The overall exception rate was 7%, which was above the CCG average of 5% and the national average of 6%. (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).
- Exception reporting rates for clinical areas such as atrial fibrillation, peripheral arterial disease, Chronic Obstructive Pulmonary Disease (COPD), cancer, osteoporosis, depression and cardiovascular disease – primary prevention were above local and national averages. For example, exception reporting rates for cancer were 63%, when compared to the CCG average of 20% and the national average of 25%.
- The exception reporting rates for other clinical areas such as osteoporosis were 33%, when compared to the CCG and national average of 14%. The practice told us that the high exception reporting rate was due to the 200 patients residing in two nursing homes, that they previously provided care to. They told us that their contract of care provision to these care homes had ended 18 months ago. When we reviewed current patient records, we saw where patients had been exception reported, this had been carried out appropriately.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## 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 had developed non-clinical staff roles and they were trained in phlebotomy and health checks, to support clinicians. Non-clinical staff were referred to as Healthcare Navigators (HCNs) and attended both clinical and non-clinical staff meetings.
- The practice provided staff with ongoing support. There was an induction programme for new staff, although there were no induction records kept in staff files. 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.

## Coordinating care and treatment



# Are services effective?

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when 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.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- 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 mostly in line with local and national averages, with the exception for when patients felt they were listened to. For example, 74% of patients felt that the last time they saw or spoke to a GP, the GP was good at listening to them. This was below the local average of 87% and the national average of 89%. The practice had reviewed these survey results and GPs attended inhouse training on listening skills. Last appointments were offered to patients who required more time with the GP.

### **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 and had received training (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 identified carers and supported them.
- 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.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- 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?

**At our previous inspection on 5 September 2017, we rated the practice as requires improvement for providing responsive services in relation to physical access to and within the premises. At this inspection, these arrangements had improved and we rated the practice as good for providing a responsive service.**

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations and extended hours 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.
- Work was completed to remove the barrier at the patient entrance. This was implemented by removing the raised section of the door frame, thus levelling the entrance. This allowed unrestricted access for wheelchair bound patients.
- 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.
- 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.
- Older patients were accommodated to book same day appointments.
- The practice arranged community transport for older patients who had difficulties getting to and from the practice. Transport was pre-booked using electronic referrals.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the multi-disciplinary team 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered baby breastfeeding facilities for nursing mothers.

### 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, they offered early morning extended opening hours and online appointments.
- The practice offered telephone and online appointments with GPs and the practice nurse, online repeat prescription requests and electronic prescribing.

### 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 in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients with a learning disability were offered priority and up to 30-minute appointments.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly drug and alcohol clinics every month and a counselling service once a week. Patients who failed to attend were proactively followed up by a phone call from a GP.

## Timely access to care and treatment

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 generally minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most of the patients reported that the appointment system was easy to use. There was a self-check-in system at the practice.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. Results showed that 49% of patients found it easy to get through the surgery on the phone, this was below the local average of 64% and the national average of 71%.
- The survey results also showed that 48% of patients responded positively to the experience of making an appointment and this was below the local average of 67% and the national average of 73%.

- The practice was aware of this data and had acted to improve, which included providing extended hours, including on a Thursday, where the practice now closed at 6pm, instead of 1pm. Other improvements included adding a dedicated telephone consultation time each morning with a senior GP. An enhanced nurse practitioner was employed and training staff in phlebotomy, which allowed nurses extra time to see other patients. At the time of inspection, GP patient survey data was not yet available to measure patient satisfaction with improved access.

## 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; however, complaint response letters did not indicate how to escalate complaints to the ombudsman if patients were not satisfied. 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 also 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

The practice had a governance framework; however, monitoring of specific areas required improvement.

- 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. However, some procedures for induction required monitoring, as there were no personal induction records in staff files.

## Managing risks, issues and performance

Processes for managing risks, issues and performance were established, although some were; not always clear.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, some monitoring was required to ensure that these were established in all areas. For example, in ensuring that the enhanced nurse practitioners' Disclosure and Barring Service (DBS) check was up to date. Additionally, monitoring was required to ensure that all recommended actions from the risk assessments had been carried out and clearly recorded on the action plans.

## Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

The practice involved patients, 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. There was an active patient participation group.
- 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><b>How the regulation was not being met:</b></p> <p><b>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks in particular:</b></p> <ul style="list-style-type: none"><li>• Actions were not always taken to address the risk assessments recommended areas for improvement. This included recommendations from the fire risk assessment and the disability access audit.</li></ul> <p><b>This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>