

The Corner Surgery – Dr Mulla

Inspection report

The Corner Surgery
117 Fylde Road, Marshside
Southport
Merseyside
PR9 9XL
Tel: 01704506055

Date of inspection visit: 19 July 2018 to 19 July 2018
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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.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Corner Surgery – Dr Mulla on 19 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk and to ensure that safety incidents were less likely to happen. Overall, when safety incidents did happen, the practice learned from them and improved their processes. However, we found an example of when timely action had not been taken following an event.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance in the areas we looked at.
- The provider routinely reviewed the effectiveness and appropriateness of the care provided. Clinical audits were carried out and the results of these were used to improve outcomes for patients.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Staff told us they felt supported in their roles and with their professional development.
- Feedback from patients about the care and treatment they received from clinicians was positive.
- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- The practice had appropriate facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- The provider learnt from complaints and made improvements to the service as a result.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The provider had a clear vision to provide a safe, good quality service.
- Systems were in place to check on the quality of the service and ensure good clinical governance.

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

- Ensure recruitment procedures are established and operated effectively to ensure fit and proper persons are employed.

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

- Review the system for recording and investigating incidents and significant events to ensure that timely action is always taken.
- Continue to monitor patient feedback with regards to changes to the phone system and access to appointments.

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 included a GP specialist adviser.

Background to The Corner Surgery - Dr Mulla

The registered provider for the service is The Corner Surgery - Dr Mulla.

The location from which the regulated activities are provided is 117 Fylde Road, Marshside, Southport, PR9 9XL.

The Staff team includes four GPs (two male and two female) one practice nurse, two health care assistants, a practice manager and administrative/reception team.

The Corner Surgery – Dr Mulla is registered with the Care Quality Commission to provide primary care services. The practice provides GP services to approximately 4,000 patients living in the Southport area of Merseyside.

The Corner Surgery – Dr Mulla is open Monday to Friday 8am to 6.30pm and extended access is provided one evening per week where appointments are available up to 8.30pm. Patients can book appointments in person, via the telephone or online.

The practice provides telephone consultations, some pre-bookable appointments, on the day appointments, urgent appointments and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The Corner Surgery – Dr Mulla holds a Personal Medical Services (PMS) contract with NHS England. The practice is part of Southport and Formby Clinical Commissioning Group (CCG).

Outside of practice opening hours patients can access the out of hours GP provider for primary medical services by calling the NHS 111 service.

Are services safe?

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

Safety systems and processes

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

- The practice had systems in place to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding training appropriate to their role. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. Staff we spoke with knew how to identify and report concerns and they told us they took steps to protect patients from abuse, including working with other agencies. One of the GPs held regular meetings with a health visitor to share information and concerns for any children at risk.
- Staff who acted as chaperones were trained for their role and had undergone a Disclosure and Barring Service 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.)
- We viewed a sample of five staff files to look at the provider's recruitment process. We found that appropriate pre-employment/recruitment checks had been carried out prior to staff appointments for permanent employed staff. However, we viewed the record for two locum GPs and these did not contain all of the required information. Examples of missing information included; an up to date DBS check, employment references, confirmation of medical indemnity cover and immunisation status.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Arrangements were in place to ensure that facilities and equipment were safe and in good working order.
- Arrangements were in place for managing waste and clinical specimens.

Risks to patients

There were 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 and busy periods.
- The practice was equipped to deal with medical emergencies and staff were trained in emergency procedures. Each GP had access to emergency medicines in the consultation rooms.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Staff had been provided with information on how to identify and manage patients with severe infections including sepsis.

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 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 staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referrals to other services were made promptly and in line with protocols and information received from secondary care or other agencies was dealt with in a timely manner including the management of test results.

Appropriate and safe use of medicines

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

- Annual medication reviews were carried out for patients. There was a system to ensure the safe issue of repeat prescriptions and patients who were prescribed potentially harmful drugs were monitored regularly.
- Regular medicines audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy team.
- Medicines prescribing data for the practice was comparable to national prescribing data. The practice had made improvements to prescribing in line with best practice guidance and targets to reduce the prescribing of particular medicines.
- One of the GPs held a lead role for medicines within the Clinical Commissioning Group (CCG).

Are services safe?

- Medicines for use in an emergency were readily available to staff and there was a system in place to check that medicines were in date and fit for use.

Track record on safety

The practice had a good track record on safety.

- The provider assessed, monitored and reviewed risks and took action to mitigate risks to the safety of patients and staff.
- Risk assessments had been carried out in relation to health and safety related issues. For example, a fire risk assessment and prevention plan was in place and measures were taken to mitigate the risk of fire.
- A range of health and safety policies were available to staff.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There were systems for identifying and reporting significant events and incidents and for sharing any lessons learned from events so as to improve the safety of the service. We saw some good examples whereby the provider had carried out a detailed analysis of an event and shared the learning from this. However, we found one example of a complaint that had been recognised as a significant event. However, this had not been documented fully at the time of the inspection visit and action taken in response to the event was not timely.
- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt supported to report concerns.
- There was a system for receiving and acting on safety alerts and we saw examples of the actions taken by the provider in response to alerts.
- The practice 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.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current guidance and supported by clear clinical pathways and protocols.

- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- Systems were in place to keep clinicians up to date with current evidence-based practice.
- Clinical meetings were used to discuss best practice guidance and to look at the care and treatment provided to patients with more complex needs.
- The provider monitored performance data and had systems in place to improve outcomes for patients.
- Data showed that outcomes for patients at this practice were comparable to those for patients locally and nationally.
- Prescribing data showed that the practice was in line with local and national averages for prescribing medicines. For example, the average daily quantity of hypnotics prescribed per specific therapeutic group was comparable to other practices.
- The number of antibacterial prescription items prescribed per specific therapeutic group was comparable to other practices.
- We saw no evidence of discrimination when making care and treatment decisions.
- Information on how to respond to suspected Sepsis was displayed in treatment rooms and in the reception area. Clinical staff we spoke with were clear on the guidance for recognising and responding to suspected Sepsis.

Older people:

- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people at this practice were comparable to outcomes for patients locally and nationally.
- Two of the GPs had an interest in elderly medicine and a diploma in geriatric medicine.

- Older patients identified as being frail had a clinical review including a review of their medication.
- Book on the day appointments allowed for rapid access to meet the needs of older patients with co-morbidities.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any changes in their needs.
- The GPs worked in conjunction with community services and secondary care to support patients who were nearing the end of their life.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.
- Patients who lived in care homes had a joint clinical and community care plan.

People with long-term conditions:

- The practice held information about the prevalence of specific long-term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Flu vaccination uptake rates were high across patients with a range of long term conditions.
- The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- GPs followed up patients who had received treatment in hospital or through the out of hours service.
- The practice was taking part in two local initiatives; one of these was to improve the follow-up of patients admitted to hospital following an exacerbation of chronic obstructive pulmonary disease (COPD) and the other was a diabetes audit and learning needs assessment, supported by Diabetes UK.

Are services effective?

- The practice hosted a diabetes dietician to help optimise the dietary management of patients diagnosed with type 2 diabetes.
- One of the GPs had completed additional training in rheumatology and they managed patients with rheumatoid arthritis.
- Data from 2016 to 2017 showed that the practice was performing comparably with other practices locally and nationally for the care and treatment of people with chronic health conditions.
- Clinical staff who were responsible for reviewing the needs of patients with long term conditions had received training appropriate to their role.
- Multi-disciplinary meetings were held to discuss patients with complex needs and patients receiving end of life care.
- The practice provided an in-house phlebotomy service that was convenient for patients especially those requiring regular blood monitoring.
- Patients were provided with advice and guidance about prevention and management of their health conditions and were signposted to support services.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the target percentage of 90%. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they identified to relevant professionals.
- The practice had arrangements for following up failed attendance of children for appointments in secondary care.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk. A designated lead was in place for safeguarding. Staff had undergone regular safeguarding training and those we spoke with had appropriate knowledge about child protection and had ready access to safeguarding policies and procedures.
- Family planning services were provided. Three of the GPs held the Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH).
- The practice hosted a weekly midwife clinic at the surgery, so that pregnant patients could receive their antenatal care close to home.

- The practice hosted a health visitor on a weekly basis to facilitate a baby clinic.
- A weekly meeting was held between one of the GPs and a health visitor where child safeguarding issues or any families where there may be a cause of concern are discussed.

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

- The practice encouraged cancer screening uptake for patients in this age group. Uptake rates were higher than local and national averages. For example, uptake for cervical screening was 77%, which was higher than the local average of 74% and national average of 72%.
- 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:

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required this.
- The practice worked with other health and social care professionals in the case management of vulnerable people.
- The practice had a designated lead GP for safeguarding vulnerable adults.
- Staff had been provided with training in the forms of abuse and how to recognise it in vulnerable adults
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff provided examples of when they had recognised signs of potential abuse in vulnerable adults and how they had acted to report their concerns.
- The practice provided appropriate access and facilities for people who were disabled.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Are services effective?

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected a referral was made for assessment and diagnosis.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were better than local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% (national average 83%). The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 96% (national average of 90%).
- A system was in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Staff had been provided with training in dementia awareness and the practice had initiated the local community (nearby shops and businesses) to become dementia aware through the provision of training as part of providing a 'dementia friendly community'.
- A monthly multidisciplinary meeting was held with a representative from the mental health team. A quarterly meeting was also held with a local consultant psychiatrist.
- The provider was involved in a pilot to discharge stable patients with severe mental illness from secondary care.

Monitoring care and treatment

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

- Data from the QOF from April 2016 to March 2017 showed performance in outcomes for patients was comparable to those of the Clinical Commissioning Group (CCG) and national averages.
- Clinical audits were carried out to improve outcomes for patients. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing

well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed a sample of audits that demonstrated that the provider has assessed and made improvements to the treatment provided to patients.

- An effective system was in place for monitoring patients referred to secondary care for tests or investigations under the two week wait rule.

Effective staffing

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

- There was an induction process for staff tailored to their role.
- Staff had been provided with training in core mandatory training topics and in topics relevant to their roles and responsibilities. For example, those whose role included immunisation and taking samples for the cervical screening programme had received specific training for these roles.
- Staff told us they were encouraged and given opportunities to develop. They were provided with on-going support including; an induction process, annual appraisal and support for revalidation.
- The provider had assessed the learning needs of staff and provided protected time to enable staff to undergo training and to meet their professional development. An up to date record of training was maintained and staff files contained up to date information about their training.

Coordinating care and treatment

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

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet system.
- The practice shared information with relevant professionals as part of their delivery of care and treatment for patients.
- 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.

Are services effective?

- 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff supported 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.
- The practice supported national priorities and initiatives to improve the population's health, for example, by referring patients for smoking cessation or dietary advice.
- Health promotion information and information and advice about how patients could access a range of support groups and voluntary organisations was available in the reception area.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Cancer screening uptake rates were higher than local and national averages.

Consent to care and treatment

Staff sought patients' 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.
- Clinical staff were aware of their responsibility to carry out assessments of capacity to consent for children and young people in line with relevant guidance.

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.

- We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Feedback from patients we spoke with was positive about the way staff treated them.
- Patients we spoke with told us they received 'brilliant' and 'caring' treatment from the practice.
- The majority of feedback from patients in the CQC comments cards we received (51 in total), about how they were treated, was positive.
- Feedback from the national GP patient survey showed that the practice had received scores that were higher than local and national average scores for patients feeling they were treated with care and concern.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and treatment.

- Patients told us they felt listened to and included in decisions about their care and treatment.
- Results from the national GP patient survey for questions about patient involvement in planning and making decisions about their care and treatment were comparable to or higher than local and national averages.
- Staff demonstrated a patient centred approach to their work during our discussions with them.

- The provider was 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.
- A hearing loop system was in place to support people who wear hearing aids.
- Staff had been trained in dementia awareness to support them in supporting patients with dementia care needs.

The practice had coded patients who they knew were carers on the patient record system and there was a range of information available to inform carers of the local support services.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and they told us how they worked to ensure they maintained patient confidentiality.
- Reception staff told us they could offer patients a private area if they wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.
- The practice complied with the Data Protection Act 1998.

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 provider understood the needs of its patient population and tailored services in response to those needs.
- Telephone consultations were available and this supported patients who were unable to attend the practice in person.
- The facilities and premises were appropriate for the services delivered. Reasonable adjustments had been made to accommodate the needs of patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was co-ordinated with other services.
- The clinical team provided home visits for patients with enhanced needs who found it difficult to attend the practice in person.

Older people:

- 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.
- Data showed that the practice was performing comparably to local and national averages in chronic disease management.
- Patients with several long-term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.

Families, children and young people:

- There was a system to identify 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.

- A register of children at risk was in place and this had been reviewed and updated.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

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, extended hours appointments were available until 8.30pm one evening per week.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability.
- Same day appointments supported patients whose circumstances made them vulnerable.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided appropriate access and facilities for people who were disabled.
- Longer appointments were available for patients with enhanced needs.

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

- The practice identified patients who experienced poor mental health in order to be responsive to their needs, for example by the provision of regular health checks.
- Data showed that the practice was performing higher than local and national averages for the care and treatment provided to patients experiencing poor mental health.

Are services responsive to people's needs?

- Patients experiencing poor mental health were referred to appropriate services such as psychiatry and counselling services and were informed about how to access various support groups and voluntary organisations.
- Staff had been provided with training in supporting patients who have dementia care needs.
- Alerts were added to the patient record system if a patient was deemed at high risk of self-harm, and prescribing restrictions were used accordingly for patients at risk of overdose.

Timely access to care and treatment

Patients with the most urgent needs had their care and treatment prioritised. The majority of feedback we received from patients was that they had seen improvements in access to appointments. However, some feedback indicated that there was still some dissatisfaction with waiting times for an appointment and getting through to the practice by phone. The provider had reviewed and made changes to the appointment system in response to this and they were intending to introduce further changes to improve patient experience.

Results from the national patient survey showed that the practice had received scores that were similar to those of

the Clinical Commissioning Group (CCG) and national averages for questions about access and people's experience of making an appointment. The survey was carried out between January and March 2017. The one area where they scored lower was in getting through to the practice by phone. The provider had made attempts to improve this by introducing a new phone system which had been fitted and came into effect on the day of the inspection visit.

Listening and learning from concerns and complaints

- A complaints policy and procedure was in place.
- A complaints information leaflet was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. This contained information about the different stages of a complaint.
- We viewed a sample of complaints and could see what the outcome of the investigation was and that there had been learning from complaints.
- Complaints was an agenda item for discussion and dissemination of learning at practice meetings.

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

The provider had clear oversight of the service provided and there was clear direction from leaders.

- There was good leadership oversight of the systems and processes in place to ensure these were safe and effective.
- Leaders were knowledgeable about issues and priorities relating to the provision of good quality services and the provider understood the challenges to the service.
- Staff told us they felt leaders were visible and approachable and listened to their views and suggestions for improving the service.
- Staff told us they felt listened to and well supported to develop their skills. Staff underwent an induction and periodic review of their performance.

Vision and strategy

The practice had a vision and strategy to deliver good quality care.

- There was a clear vision and set of values.
- 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 patient population.

Culture

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

- Staff told us they felt well supported and valued.
- Leaders and staff demonstrated a patient centred focus to their work during our discussions with them.
- 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.
- Staff told us there were positive relationships across the staff team.

Governance arrangements

Systems of accountability and governance were clear and effective.

- Structures, processes and systems to support good governance were clearly set out.
- There were arrangements in place to monitor the effectiveness of the service.
- Data showed that the practice achieved results that were similar to other practices locally and nationally for the care and treatment provided to patients.
- Clinical staff used evidence based guidance in the treatment of patients.
- Audits were carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The clinical system was used effectively to ensure patients received the care and treatment they required.
- Overall, the system for reporting and managing significant events was effective and we saw examples whereby the learning gained from the investigation of events had been used to drive improvements.
- Records showed that meetings were carried out to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff and staff we spoke with knew how to access these.

Managing risks, issues and performance

Systems were in place for managing risks, issues and performance.

- A safe working practice risk assessment had been carried out and this included actions taken to mitigate risks.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action having been taken to change practice and improve quality in response to the findings of audits.
- A business continuity plan was in place to deal with unforeseen emergencies.
- A system was in place for managing patient safety alerts and for ensuring appropriate action was taken in response.
- Staff appraisals were provided annually and these were up to date across the staff team.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The provider used information technology systems to monitor and improve the quality of care provided.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners in the delivery of services.

- The practice valued feedback from patients and acted upon this. For example, action had been taken to improve patient experience of getting through to the surgery by phone in response to feedback received.
- The provider had knowledge of and incorporated local and national objectives.
- The provider worked alongside commissioners, partner agencies and other practices to improve and develop the primary care provided to patients in the locality.

Continuous improvement and innovation

There was evidence of systems and processes for learning, improvement and innovation being in place or planned for the future.

- There was a focus learning and improvement within the practice.
- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of staff meetings.
- The provider investigated incidents and used the learning from these to make improvements to the service.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively for all persons employed.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	