

Wadhurst Medical Group

Inspection report

Belmont Surgery
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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?	Good 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This practice is rated as good overall. (Previous inspection 22 September 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Wadhurst Medical Group on 11 April 2018 as part of our inspection programme. The details of the previous inspection can be found by selecting the 'all reports' link for Wadhurst Medical Group on our website at www.cqc.org.uk.

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.
- Recruitment procedures kept patients safe.
- 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 had a list of mandatory training that all staff should complete and the practice had systems in place to allow them to do so. The practice could not demonstrate that all staff had completed up to date training that the practice considered mandatory.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.

- Patients reported that they were able to access care when they needed it. Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and phone consultation services were available.
- The practice arranged for frail and vulnerable patients to be visited by appropriately trained health care assistants so that their emotional and social needs as well as their physical needs could be assessed and, where possible, met.
- Staff found the GPs and managers to be approachable and receptive to new ideas.
- Patient survey results were positive and higher than average in some areas in respect of care and treatment.

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

- To review and update the fire risk assessment.
- Update the controlled drugs protocol to remove reference to the dispensary.
- To review and improve the format of response letters to complaints and in particular consider always inserting the contact details of the ombudsman.
- To complete the review of and improve the storage of written records.

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

Population group ratings

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

Our inspection team

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

Background to Wadhurst Medical Group

Wadhurst Medical Group offers general medical services to people living and working in Wadhurst, Ticehurst and the surrounding area in East Sussex on the border of Kent. The current patient list is 8900. It is a practice with four GP partners, two male and two female. There is also one female salaried GP. This equates to 4.4 full time equivalent GPs.

The practice also has a nurse practitioner, two practice nurses, three healthcare assistants and a team of receptionists and administration staff. Operational management is provided by the practice manager and a deputy practice manager.

The CQC registered managers are Dr Andrew Blackburn, Dr Catriona MacIver and Dr Andrew Sikorski. The Registered Activities are:

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder and injury

Services are provided from the following addresses:

Belmont Surgery

St James Square

Wadhurst

TN56BJ

Ticehurst Surgery (Branch)

Newington Court

Pickford Lane

Wadhurst

East Sussex

TN5 7DJ

Only Belmont Surgery was visited during this inspection.

There are arrangements for patients to access care from an Out of Hours provider IC24. They can be accessed via the practice telephone outside the opening hours of 8.00am to 6.30pm Monday to Friday.

Data available to the Care Quality Commission (CQC) shows the percentage of patients over 65 years of age is higher than both clinical commissioning group (CCG) and national averages. Scores for income deprivation affecting both adults and children are below CCG averages and well below national averages.

Further information about the practice and services provided can be found on their website which can be accessed via the following link

Are services safe?

We rated the practice as Good 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 that we interviewed showed an understanding of safeguarding and their role. They knew how to identify and report concerns. Although staff told us that they had been trained to the appropriate safeguarding level for their role, at the time of the inspection the practice could not provide the CQC with the documents to support that in all cases. Post inspection however the practice sent documentary evidence that all staff have now been trained to the appropriate level. 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 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.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- 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. 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.
- The practice had safe systems in place for the management of controlled drugs but the protocol governing their use still included a reference to the dispensary which had recently been closed.

Track record on safety

The practice had a good track record on safety.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. The practice had a fire risk assessment in place, but it was due for review. However all other aspects of fire risk and management, training, role of fire wardens, evacuation drills and log, alarm testing, fire procedure, site plans and servicing of extinguishers were all recorded and in date.
- 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 requires improvement for providing effective services overall and across all population groups.

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

- The practice could not demonstrate that all staff had completed up to date training set out as mandatory by the practice.

Any Quality Outcomes (QOF) data in this report relates to 2016/17. (QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were 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 used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated requires improvement for effective however we saw examples of good practice:

- Older patients who were frail or 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 health care assistants were trained to visit the frail and vulnerable at home and also those who possibly had dementia. They monitored the patient's medical status and reviewed social needs to ensure these were being met.

- 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 looked after patients in a large nursing home, two residential homes and sheltered housing.

People with long-term conditions:

This population group was rated requires improvement for effective however we saw examples of good practice:

- 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.
- The practice ran diabetes, chronic lung disease and asthma clinics, together with hypertension reviews, pre-diabetic checks and NHS Health checks. GPs followed up their own patients with other chronic diseases.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients with long term conditions who had received treatment in hospital or through out of hours services.
- The practice had arrangements that 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

This population group was rated requires improvement for effective however we saw examples of good practice:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with and in one category significantly better than, the target percentage of 90%.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

The practice regularly invited the health visitors to their multi-disciplinary meetings but if there was a family or children causing particular or urgent concern they organized additional meetings for any individual health visitor to come in and discuss particular families or children.

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

This population group was rated requires improvement for effective however we saw examples of good practice:

- The practice's uptake for cervical screening was 79%, which just below the 80% coverage target for the national screening programme but above the clinical commissioning group (CCG) (75%) and national averages (72%)

The practice provided Chlamydia self-testing kits if required and offered patients with suspected urinary tract infection a same day service. Patients handed in a urine sample to be tested and received an appropriate prescription if indicated.

- 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:

This population group was rated requires improvement for effective however we saw examples of good practice:

- 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, the frail and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice looked after patients with learning difficulties including those at a specialist college.

- The practice referred patients requiring chronic wound care into the local tissue viability service as necessary.
- The practice held regular frailty meetings. They also referred into a local mental health support service for further support as well as to adult social care.
- Frail vulnerable patients were included in the HCA home visit service.

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

This population group was rated requires improvement for effective however we saw examples of good practice:

- 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.
- 85.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- 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. Annual reviews were carried out for residents at a local independent residential specialist college for students aged 16-25 with a range of learning difficulties.

Monitoring care and treatment

Are services effective?

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For instance, the practice audited patients on the palliative care register. Results led to an awareness of how important GP rounds of nursing/care homes on a Friday morning were when considering the management of palliative care patients over the weekend. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice hosted a Health Care for the Elderly consultant on alternate weeks at Belmont Surgery.

- The combined overall QOF exception reporting rate was 8.2% which was lower than the CCG average (12.3%) and national average (9.6%). (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.)
- The practice had a low prevalence and high exception reporting rate for osteoporosis (a bone condition). They were concerned about this as they knew that they had quite a few patients on medication for the condition and felt it must be a recording error and informed the inspection team that
- The practice used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, however the practice could not provide CQC with evidence that all staff had completed appropriate training

- Clinical 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. There was a clear list of mandatory training available which included links to the training or further information. Up to date records of skills, qualifications and training were maintained. However, the records showed that several members of staff had not

completed their mandatory training. Areas not yet completed or where training was out of date or at the wrong level for their role included safeguarding, infection control and information governance. The practice did send evidence that staff had completed some of the training since the inspection including safeguarding in all cases. Staff told us that they were recompensed for carrying out on-line training at home if necessary.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by review of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children and families of concern.
- 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. Health care assistants visited vulnerable patients in their homes to assess social as well as medical needs and reported back to the GPs to aid their care planning

Are services effective?

- 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.
- 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.
- Results from the National GP survey showed that 100% of respondents who were asked 'Did you have confidence and trust in the GP you saw or spoke to?' answered positively (sample taken 01/01/2017 to 31/03/2107). This was a positive variation from the norm (clinical commission group average 98% and national average 95.5%)

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, large print and easy read materials were available on request.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers and supported them. Carers were offered annual flu immunisations.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 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.
- If requested by patients, 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 had introduced a digital dictation system that allowed referral letters to be ready to send out by the end of the day, reducing the waiting time for hospital appointments.
- E-referrals had been introduced for non-urgent referrals allowing patients to choose their appointment times at most hospitals. This was convenient and potentially reduced the number of hospital appointments that patients failed to attend.
- 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:

This population group was rated good for responsive because:

- 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.

- The practice had a visiting consultant for Health Care of the Elderly who saw patients at Belmont surgery on alternate Tuesdays. Patients were seen much quicker than by a hospital referral and the practice felt that the system improved their links with their local hospital.
- The practice looked after the patients in a large nursing home and a GP carried out a regular ward round. They also ran pre-Christmas and Easter reviews to try to avoid hospital admissions during prolonged holiday periods.

People with long-term conditions:

This population group was rated good for responsive because:

- 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 where possible and consultation times were flexible to meet each patient's specific needs.
- The practice held regular multi-disciplinary and palliative care meetings to which the community matron, district nurses, health visitors and members of the hospice team were invited.

Families, children and young people:

This population group was rated good for responsive because:

- 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. Minutes of meetings we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

The practice ran weekly post-natal clinics and baby/children immunisation clinics at various times during the week to try to be flexible to their young family's' needs.

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

This population group was rated good for responsive because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to

Are services responsive to people's needs?

ensure these were accessible, flexible and offered continuity of care. For example, on a Friday afternoon all GPs had an additional 'book on the day' surgery so that all outstanding concerns could be resolved before the weekend.

- The practice offered online services and patients could book appointments and order repeat prescriptions via the internet. Telephone consultations were also available.
- Appointment reminders were sent, to patients who opted in to the scheme, by text message.
- The practice had introduced a digital recording system for letters and e-referrals allowing patients to choose their non-urgent hospital appointment times.

The practice had a large number of students away at universities and would see them as temporary residents during their holidays.

- The practice undertook Electronic Prescribing so patients working elsewhere could have their prescription sent electronically to a pharmacy of their choice.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

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

The practice was aware of transgender issues and looked to provide support to the individual and their families as necessary or appropriate.

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

This population group was rated good for responsive because:

Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff had recently undertaken dementia training and wore badges to indicate they were a dementia friendly practice.

- The practice had made the signage around the surgeries dementia friendly where possible.

Patients with mental health concerns had an annual review, which included crisis management and physical well-being.

The practice offered help with dementia diagnosis and referral to their dementia clinic. Each patient living with dementia had an annual review and was highlighted on the computer system.

Suitable patients and their carers were referred to a local dementia café.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported that the appointment system was easy to use. The telephone system had recently been upgraded although a few patients were not entirely happy with the new system.

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 although information on how to complain to the ombudsman was not always inserted in to letters. 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 and all of the population groups 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 described clear supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with staff and external partners.
- 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 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had access to 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 interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, at the time of the inspection the practice could not demonstrate that all staff had completed up to date training in these areas.
- Practice leaders had established proper 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.

Are services well-led?

- The practice had processes to manage current and future performance. Performance of employed clinical staff and partners could be demonstrated through peer review and discussions of their consultations, prescribing and referral decisions at clinical meetings and via the cover system. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. If weaknesses were identified, they were addressed.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and

data management systems. The majority of written records were stored in lockable cupboards, some were stored in a private part of the practice in a room not accessible to patients that was lockable, but was not always locked and recently some were behind reception. Both areas were permanently in use during the day. Staff told us that nothing would be left out at night. The practice were in the process of reviewing their policy in respect of the storage of written records.

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 where appropriate 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 were 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. However not all staff had completed training at the time of the inspection.
- 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered persons had not ensured that persons employed in the provision of the regulated activities had received the appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out their duties. In particular the practice could not provide evidence that all of the staff employed had completed the training that the practice had designated as mandatory. This was in breach of regulation 18(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	