Marston Surgery

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. (Previous rating 10 August 2017 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Marston Surgery on 3 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice had 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.
- 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.
- Clinical performance data was comparable to the national and local data.
- The practice maintained a log of the immunisation status of hepatitis B for all applicable staff. However, at the time of our inspection the practice was completing the checks of immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974 (and Public Health England (PHE) guidance).
- Rooms at the Marston practice where clinical practice took place (minor Illness room M008 and HCA room M018) were carpeted. After the inspection the practice told us that funding had been identified through the local clinical commissioning group (CCG) and replacement washable flooring would be installed by end of September 2018.
- Patients we spoke with told us staff had treated them with compassion, kindness, dignity and respect.
- The practice had implemented of improvements to the issues highlighted in the July 2017 annual national GP patient survey and the new GP patient survey published 9 August 2018 had shown improvements. However, the full impact of the improvements made were yet to be demonstrated.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Through merged governance structures (with six other practices in the region of Bedfordshire, Northamptonshire and Derbyshire), processes and systems to support governance and management were clearly set out. The governance and joint working arrangements promoted interactive and co-ordinated person-centred care.

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

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Please refer to the requirement notice section at the end of the report for more detail.

The areas where the provider should make improvements are:

- Demonstrate the impact of the changes made following implementation of improvements to the issues highlighted in the July 2017 annual national GP patient survey and in the new GP patient survey published 9 August 2018.
- Make efforts to improve the uptake of cervical screening so the 80% coverage target for the national screening programme is achieved.
- Continue to identify patients who are carers and improve facilities and services available for this client group.

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 CQC Lead Inspector. The team included a GP specialist advisor a practice manager specialist advisor and a CQC inspector.

Background to Marston Surgery

Marston Surgery also known as Cranfield and Marston Surgery situated at Marston Moretaine Bedford is a GP practice which provides primary medical care for approximately 9,800 patients living in the surrounding areas of Cranfield, Marston, Astwood, Moulsoe, Brogborough and Milbrook, Lidlington, Stewartby and Wootton. There is a branch at 137 High Street Cranfield, parts of which we inspected during this inspection in relation to infection control arrangments. Patients can access services at either practice. The practice offers NHS primary health care services to students at Cranfield University.

There is moderate level of deprivation in the area mainly relating to low income.

Marston Surgery provide primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. At present the registered provider of these services is a single handed GP. The practice population is predominantly white British along with a small ethnic population of Asian, Afro Caribbean, mixed race and Eastern European origin.

The practice is currently under negotiations to join a wider consortium of practices to provide care across Bedfordshire, Derbyshire and Northamptonshire.

The practice has one male lead GP, two regular locums GPs (one female, one male), one female nurse practitioner, a pharmacist, two practice nurses and two health care assistants. There is a qualified physician associate who works as part of the multi-skilled practice team, alongside the pharmacist and advanced nurse practitioners providing consultations and clinical care. The clinical team is supported by the practice manager and a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice is open between 8.00am and 6.30pm Monday to Friday.

When the practice is closed services are provided by Herts Urgent Care via the 111 service.

Requires improvement

Are services safe?

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

- The immunisation checks of applicable clinical and non clinical staff in relation to immunisations (other than hepatitis B) recommended by the Health and Safety at Work Act 1974 (and Public Health England (PHE) guidance) were incomplete.
- The replacement of carpets in rooms at the Marston practice where clinical practice took place (minor Illness room M008 and HCA room M018) with washable flooring was incomplete.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with 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. For example, we saw that the practice had liaised with relevant agencies to ensure the safety of a child. Adult patients could be referred to a domestic violence counsellor who was available on site.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. The practice maintained a log of the immunisation status of hepatitis B for all applicable staff. However, at the time of our inspection the practice was completing the checks of immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974 (and Public Health England (PHE) guidance).
- Rooms at the Marston practice where clinical practice took place (minor Illness room M008 and HCA room M018) were carpeted. After the inspection the practice told us that funding had been identified through the local clinical commissioning group (CCG) and replacement washable flooring would be installed by end of September 2018.
- 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. There was a process to communicate with the district nurse and health visitor.
- There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

Requires improvement

Are services safe?

The practice had 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 acted 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. For example, when discharged from hospital care patient's medicines were checked against their current medicines to ensure they were reconciled. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity for example through review of significant events, complaints and safety alerts. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- The practice had a process in place for managing safety alerts and we saw evidence to demonstrate that alerts were acted on where required. For example, we reviewed a patient safety alert related to an antiepileptic medicine. We found that the practice had acted on the recommendations and ensured women of childbearing potential were prescribed this medicine with caution.
- We saw the practice promoted a shared approach to learning as part of a wider consortium of providers and information was disseminated centrally where possible to ensure risks to patient and staff safety were minimised.

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 systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. For example, we saw that the practice had briefed all staff following a child safety incident.
- 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.**

Good

Are services effective?

We rated the practice good for providing effective services overall including the population groups.

(Please note: Any Quality Outcomes (QOF) data 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 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.
- For patients with long term conditions the practice used templates which aided appropriate monitoring treatment and care provision according to current best practice guidance.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. We found these templates aided appropriate monitoring and treatment and care provision according to current best practice guidance.

Older people:

- Older patients who were frail or may be vulnerable or assessed as at risk of hospital admissions and those with one or more additional diseases or disorders co-occurring with a primary disease received a full assessment of their physical, mental and social needs including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had carried out 258 such checks in the past 12 months.
- 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.
- The practice worked with a community matron to provide care for patients in this group to provide rapid assessment, treatment and monitoring of patients who have experienced a recent deterioration in their physical health and were at risk of admission to hospital. These included patients at risk of falls, and older people with frequent attendance at A&E.

People with long-term conditions:

- The practice had leads supported by a GP for specific conditions including long-term conditions which provided a strong base of specialist knowledge.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice offered support for patients with neurological conditions such as, multiple sclerosis and Parkinson's disease and liaised with specialist nurses as and when needed.
- Diabetic care was coordinated with the locality integrated diabetes nurse who attended the practice monthly to review to support diabetic reviews.
- Patients had access to specialist services such as a dermatology GP and a women's health consultant gynaecologist at a neighbouring practice.
- GPs followed up patients who had received treatment in hospital or through out of hours 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 (01/04/2016 to 31/03/2017) were below the target percentage of 90% or above for three of the four indicators. We reviewed unverified data for the period from April 2017 and found the practice met the target of 90% or above for all the four indicators.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines through shared care agreement with the midwife and appropriate antenatal checks.
- The practice had a close working relationship with midwives, health visitors, the 0-19 team and early years help team in supporting young people for example through appropriate referrals when needed.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Good

Are services effective?

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

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme. We were told that the practice made every effort to follow up patients that did not attend including opportunistically during other consultations with a GP or a nurse.
- The practices' uptake for breast and bowel cancer monitoring was in line the national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Between 1 April 2017 and 31March 2018, 348 patients had been invited for a health check with 245 health checks completed in this period. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice worked closely with social care colleagues and other professionals and updated care plans of vulnerable patients accordingly to keep them safe.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had identified patients who were severe or moderately frail. These patients were offered annual reviews with an emphasis on falls prevention and medicine reviews.
- There was an electronic system to alert staff when vulnerable patients such as those with a learning disability or with safeguarding concerns needed care.

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

- Patients had access to mental health reviews including a review of their medicines which were facilitated through corroborative working with local mental health services.
- Patients diagnosed with dementia had their care reviewed in a face to face meeting.
- Referral to external support services for example, the lifestyle hub, cognitive behavioural therapy and addiction support services were made as appropriate.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, patients experiencing poor mental health had received discussion and advice about alcohol consumption.
- 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.
- A consultant psychiatrist visited the practice monthly for consultations so patients can be seen locally instead of in an acute facility.
- On site counselling services were provided by the local mental health twice weekly
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

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

- Through clinical audits. A programme of clinical audit was in place that included the review of patients who were prescribed high-risk medicines.
- Through joint work with the clinical commissioning group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. The overall exception reporting rate was 4% compared with a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate

decision making that included prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been contacted by telephone before being subject of exception.

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 ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a process 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 information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who had 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- The pathology services could share patient clinical information and results electronically.
- There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Herts Urgent Care.

Helping patients to live healthier lives

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

- The practice identified patients who may need 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, by providing advice and support for healthy living, weight loss programmes, social activities including through social prescribing schemes (referring patients to a range of local, non-clinical services).
- 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 and tackling obesity.
- Patients could access the mental health practitioner from the local NHS trust who was available on site weekly.

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.

Good

Are services effective?

- 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.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the July 2017 annual national GP patient survey were in line with national and local averages for most indicators and showed most patients felt they were treated with kindness, respect and compassion. Lower that national average satisfaction was recorded for GP interaction with patients during consultation. The practice was aware of these lower satisfaction levels and were working with the patient participation group (PPG) on improvements.
- Results from the new GP patient survey (GPPS) published 9 August 2018 showed GP interaction with patients during consultation had improved. Please note the new survey scores are not comparable with the annual national GP patient survey scores in previous years due to the significant changes in the 2018 survey
- All the 19 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice. One comment card noted that the GPs could be a little more helpful during consultations.

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).

- Interpretation services were available for patients who did not have English as a first language.
- Results from the July 2017 annual national GP patient survey showed lower than national averages for patient involvement during care and treatment in relation to the GP explaining tests and treatments and involving patients in decisions about their care. The practice told us that the implementation of the multidisciplinary model of care, changes to the appointment system and the proposed recruitment of additional GPs would release more time for the GP to interact with the patient.
- Staff communicated with patients in a way that they could understand; for example, communication aids were available, such as a hearing loop.
- 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 with flexible appointments assistance with carers assessments, applying for benefits and with advice on advanced care plans. The practice was in the process of improving the way cares were supported by linking with another practice and the PPG.

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.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.

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 and those who had difficulties getting to the practice.
- The local pharmacist provided a same day medicine delivery service for patients unable to collect their medicines.
- The practice provided an inhouse hearing advisory service twice a month.

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. Consultation times were flexible to meet each patient's specific needs.
- A named GP works with relevant health and care professionals to agree and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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 A&E attendances.
- A protocol was in place to ensure children who need an appointment were given access to a clinician on the same day.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance.

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

- The practice offered flexible appointments to maintain continuity of care. Face to face consultations were available on the day as well as pre bookable up to 14 days in advance.
- Late appointments and telephone advice were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to receive travel vaccinations available on the NHS.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients with a learning disability and other vulnerable patients.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients had access through referral to external support services such as the lifestyle hub, cognitive behavioural therapy and addiction support services.
- The practice offered flexible appointments to ensure maximum uptake of mental health reviews.

Good

Are services responsive to people's needs?

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. The practice focused on the needs of patients. Patients we spoke with on the day told us that could get an appointment on the day and that the receptionists were very helpful. Results from the July 2017 annual national GP patient survey showed mixed responses with lower satisfaction in the practice opening times and in the overall experience of making an appointment. The practice told us that they had alerted patients to online appointment facilities as well as the availability of prioritised late appointments for those who could not attend during daytime hours. Reception staff had also been trained signposting which allowed receptionists to navigate patients to the most appropriate source of help including to the most appropriate professional.
- Results from the new GP patient survey published 9 August 2018 showed patient involvement with timely access to care and treatment had improved in some areas. Please note the new survey scores are not comparable with the annual national GP patient survey scores in previous years due to the significant changes in the 2018 survey.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

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. The practice had merged leadership and some back-office functions with six other practices in the region of Bedfordshire, Northamptonshire and Derbyshire. Leaders told us that they were considering merged provider registration with the CQC to further consolidate merged functions.
- Leaders at all levels were visible and approachable. Leaders operated an open-door policy and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

Staff described the vision as making the care of patients their first concern and to provide the highest standard of care treating patients as individuals and respecting their dignity and be honest, open and act with integrity.

- The practice had risk assessed its top five business risks. Identified areas included GP recruitment, management recruitment, retention of staff, financial stability and improving nurse clinical skills. There was also a rolling programme which included key areas such as achieving good clinical outcomes for the patients, clinical audits, review of policies and procedures learning from incidents and working alongside with stakeholders such as the CCG.
- There were supporting business plans to achieve the set 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 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. Following the July 2017 annual national GP patient survey, the practice had implemented several measures to improve patient satisfaction.
- 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 could 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 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 received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

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

- Through merged governance structures (with six other practices in the region of Bedfordshire, Northamptonshire and Derbyshire), processes and systems to support governance and management were clearly set out. This included a partnership board with overall responsibility for governance across merged practices with delegated responsibilities for each practice. The governance and joint working arrangements promoted interactive and co-ordinated person-centred care.

Good

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

We reviewed the processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was a system to manage infection prevention and control. The practice maintained a log of the immunisation status of hepatitis B for all applicable staff. However, at the time of our inspection the practice was completing the checks of immunisation status of applicable clinical and non- clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974 (and Public Health England (PHE) guidance).
- Rooms at the Marston practice where clinical practice took place (minor Illness room M008 and HCA room M018) were carpeted. After the inspection the practice told us that funding had been identified through the local clinical commissioning group (CCG) and replacement washable flooring would be installed by end of September 2018.
- The practice had implemented of improvements to the issues highlighted in the July 2017 annual national GP patient survey and the new GP patient survey published 9 August 2018 had shown improvements. However, the full impact of the improvements made were yet to be demonstrated.
- 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 evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. For example, online repeat prescription requests had increased from 5% in April 2017 to 23% in July 2018 following patient awareness of the availability of the system. 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 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 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.

Engagement with patients, the public, staff and external partners

We reviewed the arrangements to involve 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 were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice operated shared learning arrangement with six other practices in the region of Bedfordshire, Northamptonshire and Derbyshire.
- 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.

Good

Are services well-led?

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: I) The immunisation checks of applicable clinical and non- clinical staff in relation to immunisations (other than hepatitis B) recommended by the Health and Safety at Work Act 1974 (and Public Health England (PHE) guidance) were incomplete. II) The replacement of carpets in rooms at the Marston practice where clinical practice took place (minor Illness room M008 and HCA room M018) with washable flooring was incomplete.