

# Addison House - Haque Practice

## 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 September 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 Addison House – Haque Practice on 04 June 2018. This was to follow up on breaches of regulations and provide a new rating for all key questions and population groups.

We previously carried out a comprehensive inspection on 3rd August 2017. This was a comprehensive inspection. At that inspection, we rated the practice as requires improvement overall, with effective and caring rated as requires improvement. This was because the practice had a higher rate of exception reporting and in respect of the caring domain, the practice had not identified a sufficient number of carers. Results from the GP survey showed that patients rated the practice lower than others for some aspects of care.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. The practice had revised their reporting of significant events with a view to promoting an open, accessible and ‘no-blame’ culture. When incidents did happen, the practice learned from them and improved their processes.
- The practice did not record clinician’s immunisation status against measles, mumps and rubella (MMR) nor varicella.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The prescribing of some antibiotics was higher than average. The practice had taken steps to improve performance.

- There were not effective systems to routinely review patients who were prescribed lithium.
- There was not an effective system to manage MHRA alerts.
- The practice reviewed the effectiveness and appropriateness of the care it provided. Some improvements had been made to the number of patients who were excepted from QOF data. Improvements had been made to identified areas of underperformance from 2016/17.
- Carers were now being identified and a carers’ champion had been appointed to signpost carers to avenues of support.
- Childhood immunisation uptake rates were now in line with the target percentage of 90% or above.
- Appraisal records were not present and available for all of the nursing team.
- The practice had improved its uptake for cervical screening. Unverified data for 2017/18 showed the number of women who had had a cervical smear in the last five years had increased to 80%.
- Weekly ‘ward rounds’ were carried out a local care home. Patients had a medicine review once a month with a GP and a CCG pharmacist.
- A number of GPs at the practice had a special interest. Internal referrals for specialist advice were made with a view to reducing hospital referrals.
- A neighbourhood clinic was held at the practice on a Saturday morning and all day on Wednesday. Clinicians saw patients from Addison House and those from another practice in the locality.
- Some feedback in the GP patient survey was low although some steps had been taken with a view to improving performance.
- Where it was identified that staff would benefit from additional training in long-term conditions, other health care professionals were invited to provide training at the weekly educational meeting.

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

- Ensure care and treatment is provided in a safe way to patients

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

# Overall summary

- Record clinician's immunisation status against measles, mumps and rubella (MMR) and varicella and retain information to evidence the discussion during appraisal.
- Continue to review and improve patient feedback around access and the treatment provided by the nursing team.
- Ensure all appraisal records are available for inspection.
- Continue to monitor and improve performance in respect of antibiotic prescribing and exception reporting.

**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

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser.

## Background to Addison House - Haque Practice

Addison House - Haque Practice provides GP services to approximately 15,000 patients who live in Harlow and on the outskirts of Roydon. It is located in a purpose-built location at Hamstel Road, Harlow.

The practice population is ethnically diverse. It is on the fourth most deprived decile on the Index of multiple deprivation decile and the life expectancy of male and female patients is lower than the CCG average by three years.

The practice is provided by a partnership consisting of three full time partners. They are supported by a practice

manager, assistant practice manager, two salaried GPs and two permanent locum GPs. There are three advanced nurse practitioners, two practice nurses and two health care assistants employed, as well as a number of administrative assistants, receptionists and secretaries employed.

We previously carried out a comprehensive inspection on 3rd August 2017. This was a comprehensive inspection. At that inspection, we rated the practice as requires improvement overall, with effective and caring rated as requires improvement.

# 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 appropriate systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, the practice did not record clinician's immunisation status against measles, mumps and rubella (MMR) nor varicella. After the inspection, the practice provided us with an updated protocol which detailed what evidence they required to confirm that staff had the required level of immunity.
- 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.
- 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 number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was higher than CCG and national average. Since the data available to us in inspection was published, the practice had recruited an in-house clinical pharmacist and discussed antibiotic prescribing at regular clinical meetings with a view to making improvements. Further, the practice used deferred prescribing, whereby a prescription was issued to a patient to use in the future if their condition did not improve. However, data from March 2018 showed that prescribing remained high. The pharmacist advised us that they were intending to complete an audit to improve performance.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- We found that there were not safe systems to ensure that patients who were prescribed lithium, a medicine prescribed for certain mental health conditions, were receiving regular reviews in line with guidance. We looked at the records of three patients prescribed this

# Are services safe?

medicine. One patient was found to have not been appropriately monitored as they had last received a blood test in December 2017. After the inspection, the practice completed and sent to us an audit of all patients who were prescribed lithium. This indicated that relevant patients had now been reviewed and provided with blood test forms as required. Other high-risk medicines were being monitored effectively.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues, such as fire, legionella and health and safety.

## 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.
- The practice had revised their reporting of significant events with a view to promoting an open, accessible and 'no-blame' culture. The practice identified that calling all events 'significant' dissuaded staff from

raising them. Incidents were now sent by task and the management team decided whether these were significant or otherwise. All incidents, whether deemed to be significant or otherwise were discussed, analysed and any learning cascaded.

- 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.
- There was not an effective system to manage MHRA alerts. We were informed that MHRA alerts were emailed by the practice manager to clinicians to action thereafter. We completed searches on the patient record system to identify whether relevant patients had been effectively recalled and reviewed. We found that not all patients who were of childbearing age who were prescribed sodium valproate had yet been recalled and reviewed. This was also the case for gabapentin, a medicine used for some seizures and nerve pain. After the inspection, the practice completed audits in which patients who were subject to these alerts were reviewed. A re-audit was scheduled to take place in six months' time.

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

# Are services effective?

## What we found at our inspection of 3rd August 2017

Exception reporting was higher than the CCG and national average.

Data showed that uptake rates for the vaccines given to under two-year olds was lower than the national target in two areas.

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

### 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.
- The practice maintained an up to date Facebook page and Twitter account which they would use to offer health promotion advice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. The practice registered patients from a local care home which was also a rehabilitation unit of the local 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.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. There were weekly multi-disciplinary meetings held at the practice.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Unverified data for 2017/18 showed that the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less had improved since the previous year.
- Unverified data for 2017/18 showed patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, who were treated with anti-coagulation drug therapy had improved since the previous year.
- There were a number of GPs with special interest who worked at the practice. Internal referrals for specialist advice were made as appropriate with a view to reducing hospital referrals.

#### Families, children and young people:

- Childhood immunisation uptake rates were now in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- All children under 5 were offered a same day appointment, irrespective of the symptoms or concerns.

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

- The practice had improved its uptake for cervical screening. Unverified data for 2017/18 showed the number of women who had had a cervical smear in the last five years had increased to 80%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:



## Are services effective?

- The practice registered patients from a local homeless charity. They also registered patients from a substance misuse rehabilitation centre.
- 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, travellers and those with a learning disability.
- Weekly 'ward rounds' were carried out a local care home. Patients had a medication review once a month with a GP and a CCG pharmacist.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.
- Unverified data for 2017/18 showed that exception reporting for mental health indicators continued to be high; however, the practice had changed its policy on recalling patients with a view to making improvements.

### Monitoring care and treatment

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

- 2016/17 data showed the percentage of patients with diabetes, on the register, in whom the last blood

pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was below average. Unverified data for 2017/18 showed that improvements had been made as performance had increased.

- 2016/17 data showed the percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more who were treated with anti-coagulation drug therapy was below average. Again, unverified data for 2017/18 showed that improvements had been made.

Unverified data showed that exception reporting overall had significantly reduced in 2017/18 as this had fallen to 14% for clinical indicators, compared to performance for 2016/17 which was 24%. The practice explained that whilst they believed the high exception rate was attributable to the transient nature of the practice population, as they had a number of patients living in temporary accommodation, they had changed their system for excepting patients. Whilst they continued to invite patients three times to attend their health checks, the third invite was now being done by telephone as opposed to in writing.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This



# Are services effective?

included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. However, we identified that appraisal records were not present and available for all the nursing team.

## 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.
- There were a number of GPs with special interest who worked at the practice. This included those with a special interest in gynaecology, gastroenterology, diabetes, endocrinology, general internal medicine, pain management and rheumatology. Internal referrals for specialist advice were made to reduce hospital referrals.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

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

# Are services caring?

## What we found at our inspection of 3 rd August 2017

Data from the national GP patient survey, published July 2017 showed patients rated the practice lower than others for some aspects of care. The practice had identified 134 patients as carers, which was less than 1% of the practice list size. The practice did not have systems to direct carers to the avenues of support.

## We rated the practice as good for caring.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

### Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Carers were now being proactively identified. A carers champion had been appointed who would assist carers with avenues of support.
- In the 2017 GP patient survey, the practice performed below average in respect of the nurse treating patients with care and concern and listening to them. The practice manager explained that there was a period of instability following the departure of a nurse in 2016, which would have influenced patient experience. They told us that they now employed regular nurses.
- As the 2018 GP Patient Survey data had not been published at the time of inspection, we were unable to comment on the effectiveness of the action implemented. The practice had, however, completed their own in-house survey. The in-house survey evidenced that patients were satisfied with the nursing provision.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

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

# Are services responsive to people's needs?

**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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- A neighbourhood clinic was held at the practice on a Saturday morning and all day on Wednesday. An advanced nurse practitioner and a GP saw patients from Addison House and those from another practice in the locality. There were shared computer systems so that clinicians were aware of patient's medical history.
- Appointments were available at the local 'hub' on a Wednesday and Friday evening and all day Saturday and Sunday.

### **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.
- The practice maintained a fragility register and proactively monitored patients.

### **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.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Where it was identified that staff would benefit from additional training in long-term conditions, other health care professionals were invited to attend the weekly educational meeting.

### **Families, children and young people:**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 5 were offered a same day appointment, irrespective of the concern raised.

### **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 opening hours and Saturday appointments.
- Online and telephone services, such as medication requests and appointments were available.

### **People whose circumstances make them vulnerable:**

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend their reviews were now being proactively followed up by a phone call from the practice.

## **Timely access to care and treatment**

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

# Are services responsive to people's needs?

- The next routine appointment with a GP was in two weeks from the date of our inspection. An appointment for the advanced nurse practitioner was available later that day. A routine appointment with the practice nurse was available in three days' time.
- Whilst some patients raised concern about accessing appointments, on the day of our inspection we found that 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. On the day of our inspection, we saw that a receptionist raised a concern with a GP about a child who had an unexpected accident earlier that day. An urgent appointment was made immediately.
- In the 2017 GP survey, patients indicated that they had difficulty getting through to the practice on the phone and getting an appointment generally.

Since our last inspection, the practice had asked patients to complete surveys with a view to putting actions in place to improve patient experience. These surveys indicated that some patients continued to experience issues accessing the practice. As a result of patient feedback, the practice had changed their phone system. When there were a specified number of callers in the queue (which could alter depending on circumstances), these would be passed through to a central call centre who would take a

telephone message. The call centre would then pass an email through to receptionists, who would call patients back or manage the query. Further, clinicians had been trained to use the booking system so that they could book patients in for a follow up appointment themselves, rather than asking patients to book an appointment through reception. The practice reported that this had eased the pressure on the appointments system. However, as the 2018 GP Patient Survey data had not been published at the time of inspection, we were unable to comment on the effectiveness of the actions implemented.

## **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 also from analysis of trends. It acted as a result to improve the quality of care.

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

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy to achieve priorities.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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, although evidence of the appraisals themselves were not consistently maintained. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff. The practice operated a zero-tolerance policy on abuse.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

The practice had processes for managing risks, issues and performance, although some improvements were needed in respect of the management of MHRA alerts and medicines monitoring. Whilst the provider had taken decisive steps to improve exception reporting for QOF, this needed to continue to ensure that this was in line with local and national averages.

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

## Appropriate and accurate information

## Are services well-led?

The practice acted on appropriate and accurate information.

- Quality and operational information was used to improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Plans needed to be devised and implemented to ensure the effective management and review of MHRA alerts and patients prescribed lithium.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice had a vision to improve and better utilise the range of special interests that were offered.
- The practice made use of 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.
- There was evidence of shared information and collaborative working. The practice had changed its systems to ensure that it was better able to share information with other healthcare professionals and organisations. The practice held a neighbourhood clinic on a Saturday morning and all day on Wednesday.
- The practice was in the process of becoming a training practice, which would allow it to provide education and training to future GPs.

**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 12 HSCA (RA) Regulations 2014 Safe care and treatment  The provider did not ensure that patients were safe as they did not effectively mitigate the risks highlighted in MHRA alerts. Risks were not mitigated by way of regular review of patients who were prescribed lithium.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	



This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.