

Parbold Surgery

Inspection report

The Surgery
The Green, Parbold
Wigan
Lancashire
WN8 7DN
Tel: 01257 514000
www.parboldsurgery.co.uk

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement.

(Previous rating 30 March 2016 – *Good*)

The key questions are rated as:

Are services safe? – *Requires Improvement*

Are services effective? – *Good*

Are services caring? – *Good*

Are services responsive? – *Good*

Are services well-led? – *Requires Improvement*

We carried out an announced comprehensive inspection at Parbold Surgery on 10 May 2018 as part of our inspection programme.

At this inspection we found:

- Patients were satisfied with the care and treatment they received. They told us they felt listened to and that staff were friendly. The practice prioritised the delivery of patient-centred care.
- Patients were extremely positive about the access at the practice and felt they could get appointments when they needed them. We were told the appointment system was easy to use.
- The practice lacked clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not always document it had investigated in a timely way and communication channels to disseminate any learning identified were not always effective.
- There were gaps in governance systems which resulted in risks. We saw that staff were not undertaking tasks in line with the documented policy guidance in place.

- 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.
- There was a focus on continuous learning and improvement at all levels of the organisation. Staff were encouraged in developing their careers and the practice supported trainee clinicians and offered work experience placements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- The provider should implement a formal process of monitoring clinical decisions made by staff working in advanced roles is implemented in order to be assured staff are working within their competencies.
- Actions completed on receipt of patient safety alerts should be logged in order to provide a clear audit trail of what has been done.
- Patients should be signposted to appropriate organisations with whom they can escalate their complaint should they be unhappy with the practice's response to issues raised.

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

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 also included a GP specialist adviser.

Background to Parbold Surgery

Parbold Surgery (The Green, Parbold, Wigan, WN8 7DN) occupies a purpose build premises close to the centre of the village of Parbold. Ample car parking facilities are available outside the building. The practice provides services to a patient list of approximately 7000 patients via a general medical services contract with NHS England. It is part of the NHS West Lancashire Clinical Commissioning Group (CCG).

Male and female life expectancy (80 and 82 years respectively) for the practice population is slightly above local and national averages for males (both 79 years) and slightly below local and national averages for females (both 83 years). The practice's patient population consists of a higher proportion of older people, with 25.1% being over the age of 65 (CCG average 22.1%, national average 17.2%), and 10.6% being over the age of 75 (CCG average 9.8%, national average 7.7%). The practice also caters for a higher proportion of patients with a long-standing health condition at 68.5%, compared to the CCG average of 57.7% and national average of 53.7%.

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by five GP partners (two female and three male). The GPs are supported by a practice nurse (female) and two health care assistants, with a further two apprentice HCAs also employed. The clinical staff are supported by a practice manager, office manager and a team of administration and reception staff.

The practice is a training practice for GP registrars.

Outside normal surgery hours, patients are advised to contact the out of hours service, offered locally by the provider Vocare.

The practice was registered with CQC to provide the regulated activities diagnostic and screening procedures, treatment of disease disorder and injury, maternity and midwifery services and surgical procedures.

Are services safe?

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

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

- The practice did not have thorough systems in place for identifying learning from significant events and sharing the learning with the wider team.
- The practice was not adhering to its own protocols to manage incoming mail. There were items of incoming correspondence which were not passed to the GPs. These items were not detailed in the practice's protocols and there was no audit process in place to ensure the clinical staff had sight of all relevant information.
- The practice did not have an appropriate system in place to manage uncollected prescriptions. We found uncollected prescriptions in the reception area dating back to August 2016.

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, although evidence that one of the healthcare assistants had completed safeguarding children training to the required level was not available during the visit. The practice provided assurance following the inspection that this had been completed. Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There 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 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. We noted the previous training around basic life support completed by clinicians had not included dealing with anaphylaxis. However, we saw additional training was booked for the end of May 2018.
- 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

There were shortfalls in systems to assure staff they had the information they needed to deliver safe care and treatment to patients.

- The practice was not adhering to its own protocols to manage incoming mail. There were items of incoming correspondence which were not passed to the GPs. These items were not detailed in the practice's protocols and there was no audit process in place to ensure the clinical staff had sight of all they needed to.
- 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

Are services safe?

There were gaps in the practice's 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 monitored its antibiotic prescribing and had taken action to support good antimicrobial stewardship in line with local and national guidance. The GPs told us they were working to reduce the prescribing rate of broad spectrum antibiotics.
- 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.
- However, the practice did not have an appropriate system in place to manage uncollected prescriptions. We found uncollected prescriptions in the reception area dating back to August 2016.

Track record on safety

The practice's track record on safety could be improved.

- There were risk assessments in relation to safety management. However, we found evidence demonstrating previously identified risks had not been acted upon. For example a risk assessment completed by an external agency in 2016 had identified at the time the practice had no definitive system for bringing uncollected prescriptions to the attention of the prescribing doctor.

- The practice's monitoring and review of activity was not always thorough. This led to managers not consistently having a comprehensive understanding of risks and meant safety improvements were not always maintained.

Lessons learned and improvements made

The practice could not consistently demonstrate how it 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.
- Systems for reviewing and investigating when things went wrong were not always adequate. The practice could not consistently demonstrate how it learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we saw one example of a significant event analysis (SEA) occurring 4 months previously which was still to have any action taken in relation to it. Significant event documentation indicated that learning from SEAs would be shared at practice meetings, and staff informed us that is where they would be told of any changes as a result of SEAs. However, there was no evidence available for us to view to demonstrate such discussions took place during these meetings following the 4 most recent SEAs.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had designed and utilised templates used in the patient electronic record system to facilitate recording of appropriate information during long term condition reviews and consultations to assess acute presentations, including for example suspected sepsis. These templates contained links to the most up to date best practice guidelines for the clinician to refer to.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- 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 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 provided services for a high proportion of patients who were either house-bound or resident in care homes. It had implemented weekly ward rounds for three local homes, with a designated GP visiting each of the homes each week to ensure continuity of care.
- The practice had received an award for achieving the highest rate of flu vaccination in those patients aged over the 65 years.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.
- The practice's rate of emergency admissions to hospital for patients diagnosed with a long term condition was amongst the lowest in the local area.

Families, children and young people:

- Published childhood immunisation uptake rates were lower than the target percentage of 90% or above. However, the practice shared documentation with us referencing more recent uptake rates up to the end of March 2018 which indicated improvements had been made and the 90% target achieved.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was comparable with local and national averages.
- The practice's uptake for breast and bowel cancer screening was higher than the local and national averages.

Are services effective?

- 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:

- 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 those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above in line with local and national averages.

Monitoring care and treatment

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

The practice used information about care and treatment to make improvements. The practice's log of clinical audit activity indicated four audits had been completed to a second cycle in order to monitor the impact of any changes made. Improvements included an increase in appropriate coding of family history of venous thromboembolism (a condition where a blood clot forms in a vein) during medication reviews for females over the age of 40 years being prescribed the contraceptive pill from 6% up to 87.5%.

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 included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Staff working in advanced roles told us they felt supported by the GPs, and could access advice when needed. However, the provider had not implemented a formal audit process by which to assure themselves of the clinical decisions being taken by staff working in advanced roles.

Coordinating care and treatment

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

Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was strongly 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 generally above 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.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were generally above local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs. Patients told us of specific examples where this had occurred and described how this helped them feel their individual needs were acknowledged by the practice.
- 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 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 provided effective 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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was proactive in promoting online services. A total of 2713 of the practice's patients had registered to use online services at the time of inspection, and patients we spoke to told us they found access to online services extremely useful.

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. Nominated GPs carried out weekly ward rounds at three local residential care homes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs, practice nurse and health care assistants (HCAs) also accommodated home visits for those who had difficulties getting to the practice.
- The practice had implemented its own domiciliary phlebotomy service for frail and house bound patients using its increased HCA capacity.

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.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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 available locally at hub surgeries provided by the local GP federation.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were able to register with the practice.

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.

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.

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. Patients were offered a 15 minute slot with a clinician as standard for pre-booked appointments with a clinician.
- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment. Staff told us they felt the ease with which patients could access services at the surgery contributed to the practice having the lowest accident and emergency department attendance rates and lowest admissions rates in the local area.

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, although some of the complaints information available to patients was out of date. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice responded to complaints in a timely manner and we saw patients were offered an appropriate apology. We did note that patients were not made aware of how they could escalate their complaint should they be unhappy with the practice's response when the final complaints letter was sent.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- There were gaps in governance structures, for example documented practice policies were not consistently adhered to.
- Risk management was not consistently thorough. Mitigating actions had not been effectively implemented to address all previously identified risks.
- There was limited evidence of shared learning following identification of significant events.

Leadership capacity and capability

Gaps in appropriately embedded governance structures hindered leaders in demonstrating they had the capacity and skills to deliver high-quality, sustainable care.

- GPs were knowledgeable about clinical 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.
- During our discussions around the management of significant events, management staff informed us they had not been included as agenda items during practice meetings due to time constraints, but that in future the agenda would be managed so that one event could be discussed at each monthly meeting.

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 prioritising the provision of accessible, person centred care.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy, with the provision of an accessible GP service being put forward as a reason for the practice having the lowest rate of A&E attendance and long term admissions in the CCG area.

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, although evidence was not always available to us during the inspection to demonstrate the duty of candour had been followed. The provider did supply additional evidence following the inspection demonstrating how it had complied with the duty of candour.
- Staff we spoke with told us they had means to raise concerns, but had not had reason to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were measures in place to maintain the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The responsibilities, roles and systems of accountability to support good governance and management were not always clear.

- Structures, processes and systems to support good governance and management were not always set out, understood and effective.

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 in an effort to ensure safety. However, they were not always fully familiar with their content and had not effectively assured themselves that they were operating as intended. For example, we found evidence where practice protocols were not being followed.
- While meetings were held in order to communicate changes and disseminate information, meeting minutes were not always clear in documenting who had attended.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effective.

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety in place. For example, a previously identified risk in 2016 around the management of uncollected prescriptions had not been adequately addressed and we identified uncollected prescriptions dating back as far as August 2016 during our inspection.
- The practice processes to manage current and future performance required improvement. The oversight from practice leaders around the management of safety alerts, incidents, and complaints was not always thorough.
- 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.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in some meetings where we were told staff had sufficient access

to information. However, documentation recording these discussions was not always thorough and evidence that learning was shared with the wider team not always available.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. However, we did note that the performance data shown to us around hospital admission rates and A&E attendance was dated 2015/16. Following the inspection, the practice shared more up to date data with us from 2018 demonstrating it continued to have low rates of emergency admissions to hospital.
- 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.

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 a 'virtual' patient participation group which the practice engaged with over email.
- The service was transparent, collaborative and open with stakeholders about performance, and was working with local care homes to improve services for patients resident in them.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation, although these did not encompass all relevant areas of the management of the practice.

- There was a focus on continuous learning and improvement.

Are services well-led?

- Staff knew about improvement methods and had the skills to use them.
- The practice could not consistently demonstrate how it made use of internal and external reviews of incidents and complaints. Learning was not shared effectively to make improvements.
- Leaders and managers encouraged staff to utilise protected time allocated to them for supporting newly qualified staff or those on training placements.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were 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. For example: The practice had failed to act on previously identified risk relating to the management of uncollected prescriptions. We found uncollected prescriptions dating back to August 2016. Practice policies were either lacking in detail or did not appropriately reflect the work being undertaken. For example the practice's managing incoming mail protocol was not being adhered to. The GPs did not have sight of all items of post, and appropriate mitigating actions such as an audit process had not been implemented to provide assurance that post had not been missed. Learning from identified significant events was not disseminated effectively and documentation relating to them was not maintained in a timely manner. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>