

The Andover Health Centre Medical Practice

Inspection report

Charlton Road
Andover
Hampshire
SP10 3LD
Tel: 01264321550
www.andoverhealthcentre.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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. (Previous inspection 27/10/2014 – Good) The key questions are rated as: Are services safe? – Good Are services effective? – Requires Improvement Are services caring? – Good Are services responsive? – Good Are services well-led? – Requires Improvement We carried out an announced comprehensive inspection at The Andover Health Centre Medical Practice on 11 April 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 but learning was not shared widely with all staff.
- There were policies, procedures and activities to ensure safety however there was a lack of management oversight and assurances that these were operating as intended.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice used clinical audit and improvement programmes to drive quality improvement.
- Not all staff had received the necessary training and appraisals.
- 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 urgent care when they needed it. Patient feedback was positive other than the waiting time to get a routine appointment.
- There was evidence of continuous learning and improvement at all levels of the organisation.

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

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

- Pro-actively identify carers and meet their health needs.

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

Population group ratings

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

Our inspection team

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

Background to The Andover Health Centre Medical Practice

The Andover Health Centre Medical Practice is situated at Charlton Road, Andover, Hampshire, SP10 3LD. The practice website is www.andoverhealthcentre.co.uk. The practice has approximately 14,000 registered patients. Data from Public Health England shows that the practice has a similar population to local and national figures for all age groups. This data also shows that the practice's highest number of patients is in the 15 to 44 years age range. The index of deprivation shows the practice to be in the second least deprived decile nationally. There are eight GP partners (five female and three male) and one salaried female GP. The partners are supported by four practice nurses and two health care assistants and an administrative team led by the practice manager. The practice is a training practice for medical students and qualified doctors. When the practice is closed patients are directed via the practice website to NHS 111. Out of hours services are provided by the Hampshire Doctors on Call Service (HDOCS).

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Not all staff had received up-to-date safeguarding and safety training appropriate to their role. However staff we spoke with knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who could act as chaperones were trained for their role but not all had received a DBS check and there was no risk assessment in place. (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.) This contravened the practice's chaperone policy which stated that all staff who undertook chaperone duties were to have had a DBS check. However we spoke with staff who told us that whilst they would chaperone if asked they had not previously done so at the time of the inspection.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patient Group Directions (PGDs) were in use by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. We found that PGDs had not always been appropriately signed by an authorising prescriber and/or by the nurses who were working to the PGDs. Patient Specific Directives had been appropriately adopted. (PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.) Post inspection we received information that stated that there were two folders for PGDs, an old one and an up to date one and that in error the old one had not been disposed of. This demonstrated a lack of processes to ensure good governance. We were also told that there were only two PGDs that had been incorrectly authorised and that this would be amended to immediately.
- 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.

Track record on safety

The practice had a good track record on safety.

- There were some risk assessments in relation to safety issues, however these were not comprehensive. Additionally outcomes from risk assessments carried out by the landlord had not been shared with the provider.
- The practice monitored and reviewed clinical activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

- 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. However we were told that staff were only invited to meetings where significant events were discussed, if they were directly involved in the incident. This meant that learning from incidents were not widely shared with other staff.
- 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 and all of the population groups as requires improvement for providing effective services overall. The issues identified as requiring improvement overall affected patients in all the population groups. There were, however, examples of good practice.

(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 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 initiated a text messaging service to patients inviting them for cytology screening and for reminders of appointments.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2016 – 2017 showed that the practice's exception rating was 14% which was above the local average of 11% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was an outlier for QOF exception rating for a number of clinical areas. For example, exception reporting for asthma and mental health.

- Exception reporting for patients diagnosed with asthma who had received an annual review in the previous 12 months was 25% compared to a local average of 10% and a national average of 6%. Investigation by the practice showed that a number of these patients had in fact received a review after an exception code had been applied to the patient notes. On the day of the inspection the GP specialist advisor looked at three clinical records where patients had been excepted to determine whether care was in line with the National Institute of Clinical Excellence (NICE) guidelines. One of these records demonstrated that this was not the case. Following inspection we received evidence that an audit had been completed to identify those patients who had not attended for review and had received a high number of reliever inhalers, which may indicate poor control of their condition. Of the 26 patients identified, 16 had already received a review and the exception code had not been removed from the patient record or patients had received personalised calls to encourage attendance and ten patients had actively declined to attend.
- Exception reporting for patients diagnosed with a mental health condition was 27% compared to a local average of 13% and a national average of 11%. Investigation by the practice again showed that a number of these patients had in fact received a review after an exception code had been applied to the patient notes. Additionally a further cohort of patients had not received medicines in relation to mental health for a number of years and in order to ensure completeness of medical records these diagnosis codes cannot be deleted from the patients medical record. This left a small number of patients (11) who chose not to attend for review. A sample of medical notes looked at by the GP specialist advisor on the day of the inspection found that these patients were involved with the local mental health services who managed their treatment for this condition.

Older people:

Are services effective?

- 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.
- If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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 ensured patients were assessed for clinical deterioration using a nationally recognised assessment tool (National Early Warning Score). The tool had been embedded into the practice's clinical system to ensure consistent use by clinical staff.
- Clinical staff had received training on frailty and the practice were assessing patients for frailty opportunistically. At the time of the inspection 25% of assessments for the 239 identified patients had been completed.

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.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- Patients diagnosed with high blood pressure were able to access annual self-monitoring of their blood pressure.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. The percentage of children aged 1 with completed primary course of vaccine was 97%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- 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 73%, compared to a local average of 76% and a national average of 72%. However there was an exception rate of 16% compared to a local average of 5% and a national average of 7%. When we raised this with the practice we were told that the introduction of a new system to invite patients who had not previously responded had resulted in an exception coding being applied to patient records inappropriately. Following investigation the practice were able to demonstrate that their correct exception rate was 2%.

Are services effective?

- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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 homeless people, travellers and 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.
- 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.
- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the local and national average.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. However 29% of patients had been excepted for this indicator.
- The practice had investigated the high exception rates by reviewing patient records. This showed that a 15 patients had in fact received a review after the exception code had been applied; 11 patients had received no medicines relating to mental health for several years and were therefore incorrectly coded for this indicator.
- 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, patients who were over the age of 75 and taking aspirin were assessed to ensure they had also been prescribed a gastroprotective medicine as recommended by guidelines. Where appropriate, clinicians took part in local and national improvement initiatives. For example antibiotic prescribing monitoring to ensure good antimicrobial stewardship was being adhered to.

Are services effective?

- The practice used information about care and treatment to make improvements. For example, an initial audit by the practice identified that 200 patients who had been diagnosed with chronic kidney disease had not been prescribed a cholesterol lowering medicine as recommended by guidelines. Following intervention a follow up audit demonstrated that the number of patients had been reduced by 75%.

Effective staffing

- Not all staff had completed training in a number of areas. For example, fire safety, information governance, safeguarding.
- 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. Regular role specific training was undertaken by clinical staff in relevant areas.
- 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.
- Not all staff had received an appraisal in the previous 12 months. However we saw that these had been booked to take place in the following month.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children 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 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.

Are services effective?

- Not all staff had received Mental Capacity Act training however 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 not treat 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.

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 those 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 had identified 124 carers (0.8%).

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.

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 practice had recently increased the number of telephone consultations available with each GP in an attempt to accommodate demand.
- 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.

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 GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice worked closely with the clinical commissioning group initiated proactive care team to ensure holistic care was offered to older patients to maintain independent living where possible.

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. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- When children do not attend for an appointment to receive immunisation the practice nurse telephoned the parent on the same day to gain clarification on why they did not attend and to rebook the appointment. Children who did not attend on two occasions were referred to the health visitor.

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 appointments at the local improved access hub provided by the local federation of Mid Hampshire Healthcare.

Are services responsive to people's needs?

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 able to register with the practice, including those with no fixed abode.
- Patients living with a learning disability were invited for an annual 30 minute health review.

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.
- 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. However some patients commented that there were long waits before being able to get a routine appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However the evidence we were shown at the inspection did not demonstrate practice-wide learning from complaints.

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.

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 care.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the deputy practice manager was undergoing formal practice management training to ensure effective succession planning and so that capabilities were developed to deputise effectively when the practice manager was absent.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve 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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Staff told us that nurse meetings were held three monthly and they were not invited to the monthly practice clinical meeting. The lead nurse met with the senior GP partner weekly however there were no formal arrangements to feed information back to the nursing team and this was done in an ad hoc manner. We saw minutes from these meetings detailed topics covered but were not comprehensive regarding discussions that had taken place.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations... Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. However not all 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 responsibilities, roles and systems of accountability to support governance and management. However these were not always effective.

Are services well-led?

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had policies, procedures and activities to ensure safety however they had not assured themselves that they were operating as intended. For example:
- Risk assessments and actions undertaken in respect of health and safety by the landlords of the premises.
- There was a lack of management oversight to ensure correct patient group directions were in place and not all been appropriately adopted meaning that nurses did not always have the correct authorisation to administer medicines.
- The records of skills, qualifications and training were not maintained in a way that gave management the necessary oversight to ensure all staff had completed necessary training.
- Practice policies were not always adhered to. For example the chaperone policy.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints. However we were told that staff were only invited to meetings where significant events and complaints were discussed, if they were directly involved in the incident. This meant that learning from incidents were not widely shared and the management team had not done all that was possible to minimise the same thing happening again.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example changes had been made to the systems by which letters received about patients were processed, in order to improve efficiency. The changes had been audited by the practice to assure that patient safety was being maintained.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance in relation to clinical and non-clinical audit.
- Performance information was combined with the views of patients. For example feedback from patients regarding long waiting times for routine appointments led to an increased number of telephone consultations being offered.
- 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. However staff training and appraisals were not up to date.
- Most of the information used to monitor performance and the delivery of quality care was accurate and useful. However there were coding and data management anomalies in relation to the quality outcomes framework (QOF) exception rates. There were plans to address any identified weaknesses.
- 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

Are services well-led?

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 in order 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.
- Staff knew about improvement methods and had the skills to use them.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. They had not ensured that:</p> <p>There was oversight of external risk assessments.</p> <p>Practice risk assessments were comprehensive.</p> <p>Learnings from incidents and complaints had been widely shared in order to minimise risk of reoccurrence.</p> <p>Management oversight of data in relation to QOF exception reporting.</p> <p>Patient group directions had been appropriately authorised.</p> <p>There was oversight and adherence to practice policies in relation to chaperone duties.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met...</p> <p>The registered provider had not ensured that staff had received such appropriate support, training and appraisal as is necessary to enable them to carry out the duties employed to perform.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.