Thorpe Hesley Practice

Quality Report

The Surgery
Sough Hall Avenue
Thorpe Hesley
Rotherham
S61 2QP
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Website: www.thorpehesleysurgery.nhs.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 service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Thorpe Hesley Practice on 29 November and 7 December 2017 as part of our inspection programme.

At this inspection we found:

- There were processes for managing risks, issues and performance. We found management of health and safety and recruitment procedures required improvement. The practice had recognised most of the areas for improvement prior to the inspection and had employed external companies and implemented recognised improvement tool kits to assist them. However, they had failed to monitor progress to implement action plans and some actions had not been completed to address shortfalls.
- 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.
- 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 focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

The areas where the provider must make improvements are:

- Assess monitor and mitigate risks relating to health safety and welfare of patients and others who may be at risk.
- Ensure recruitment procedures are established and operated effectively.
- Maintain records relating to the management of the practice.
- Ensure persons employed are registered with the relevant professional body where such registration is required in relation to the work they perform or the title they take.
- Ensure staff have the qualifications, skills, competence and experience which are necessary for the duties performed by them.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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**

Thorpe Hesley Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and an expert by experience.

Background to Thorpe Hesley Practice

Thorpe Hesley Practice is situated in Rotherham. The service registered with CQC in May 2017. Dr Jason Page is the provider. The practice provides services across two sites at The Surgery, Sough Hall Avenue, Thorpe Hesley, Rotherham, S61 2QP and the branch site, Bellows Road surgery, Bellows Road, Rawmarsh, Rotherham, S62 6NF. Car parking and disabled access is provided at both sites.

The practice provides Personal Medical Services (PMS) for 5,752 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

The patient population is comparable to the England average and is situated in one of the fifth more deprived areas nationally.

There is one male GP, who is also the provider, and a female salaried GP. The practice employs two regular locum GPs to support as required. There are two advanced nurse practitioners, one practice nurse and a health care assistant. There is a practice manager and a team of reception and administrative staff.

Opening times:

Thorpe Hesley surgery:

Monday, Tuesday, Thursday and Friday 8am to 6pm and Wednesday 8am to 12pm.

Bellows road surgery:

Monday 8.30am to 8pm and Tuesday to Friday 8.30am to 6.30pm.

Every Wednesday at 12pm telephone calls to Thorpe Hesley surgery diverted and answered at the Bellows Road surgery.

Patients are directed to call NHS 111 when the practice is closed.

The practice is closed for protected learning one Thursday in every month, during this time calls are taken by the Rotherham out of hours team. There is a poster in the waiting room advising patients of the Thursdays in the year when they will be closed.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because risk management and recruitment procedures were not adequately developed and implemented.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse although some of these required improvement.

- The practice conducted safety risk assessments. A fire risk assessment had been completed by an external company in February 2017. We observed not all areas identified for improvement had been addressed such as provision of all the required fire exit signs. The management showed a lack of understanding as to the progress made to complete the required action and completion dates had not been recorded on the action plan to enable progress to be monitored. The practice manager told us they would review the outstanding areas and ensure these were addressed as soon as possible.
- The practice had a health and safety policy statement which was reviewed and available to staff. Records showed Health and Safety training had last been completed by staff in 2015 by the previous provider. The practice manager told us refresher training was provided every 3 years. Training in health and safety matters was included in induction for new staff. The practice manager had completed accredited health and safety training and they completed a monthly review of both sites which included recorded health and safety checks.Written health and safety risk assessments and associated policies, other than for fire and Legionella, had not been completed. For example, general environmental risks, risk related to slips and trips and use of work equipment had not been assessed. There was some awareness of improvements required and the practice had employed an external company to assist them in risk assessment and policy development related to staff safety.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out some staff checks on recruitment, such as employment history. However, checks of professional registration where relevant, had not been completed and there was no system to regularly check professional registration had been retained. A check to ensure staff were on the relevant register was completed during the inspection. We also found a practice nurse who had been in post for two weeks did not have the required medical indemnity insurance cover. The practice addressed this on the day of the inspection and provided evidence to show the practice nurse was covered after the inspection. The practice cancelled the practice nurse clinics until cover was obtained. They also informed the CCG of this issue at our request.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- The practice recruitment policy and procedure did not include all the checks that were required prior to employment. The practice had identified they needed to improve their recruitment policies and procedures and had employed the services of an external company, prior to the inspection, to assist them to improve this area. An initial review had been completed and the practice was in the process of developing new procedures and transferring data to new systems to enable the procedures to be implemented.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control (IPC). The practice lead in infection prevention and control had recently retired and a new practice

nurse was to take on this role. However, action completion dates had not been recorded and there was a lack of understanding as to the progress that had been made to complete all the action for both IPC and Legionella. The practice manager told us they would review the action plan and ensure outstanding areas were addressed.

- Although there was a lack of formal risk assessment the practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice employed two regular locums to provide cover as required, this ensured continuity for the patients. The practice had recently employed a practice nurse to support the nursing team.
- 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, for example, sepsis. However, training and clear guidance had not been provided to support reception staff who showed a varied level of understanding of their role in the management of these patients when they contacted the practice.
- Emergency equipment and medicines were provided at each site and these were checked regularly. However, the practice did not have a paediatric pulse oximeter as part of their emergency equipment at the Thorpe Hesley site. (This equipment is used to assist staff to monitor a child who is having difficulty breathing and monitors oxygen levels in the blood and heart rate). The practice did not provide some of the medicines which may be used in an emergency such as atropine, analgesic and anti-emetic. A risk assessment had not been completed to evidence the reason for the non-provision of the equipment or drugs and no rationale was given by clinical staff we spoke with. One member of the clinical staff we spoke with lacked knowledge on how to use the defibrillator at the branch site. Annual training was provided which the practice manager told us included how to use the equipment provided by the practice.
- 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. Systems were in place to monitor urgent referrals.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines and medical gases minimised risks.
- The practice kept prescription stationery in secure storage. However, arrangements relating to access to, and monitoring of, blank prescriptions did not meet NHS Protect guidance. For example, access to storage and arrangements to transport blank prescriptions from one site to the other was not limited to named staff and this area had not been risk assessed. Records of blank prescriptions were not maintained to enable these to be tracked through the practice.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Requires improvement

Are services safe?

Track record on safety

The practice had a good safety record.

- There were some comprehensive risk assessments in relation to safety issues although not all actions for improvement had been implemented.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The provider told us where there was any learning would share this as appropriate.
- There was a system for receiving and acting on safety alerts managed by the GP. Relevant alerts were discussed at clinical meetings. The practice learned from external safety events as well as patient and medicine safety alerts. A central log of alerts received and any actions taken was not maintained to enable this area to be monitored and to provide an audit trail of actions taken.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff 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. Those identified as being frail had a clinical review including a review of medication. This included telephone medicines reviews for patients who were unable to travel to the practice due to their poor mobility or frailty and fortnightly advanced nurse practitioner visits to local care homes.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had carried out 40 health checks since May 2017.
- 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.

People with longterm conditions:

- Patients with longterm conditions had a four month review and 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 some specific training. However, following retirement of a member of staff the provider had identified they did not have a person trained in spirometry testing. (Spirometry is a test that can help diagnose various lung conditions, most commonly chronic obstructive pulmonary disease (COPD). The provider told us they had employed a new practice nurse who would be trained in this area.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. As the practice had only registered with us in May 2017 we did not have data relating to uptake rates for the vaccines. However, the practice were able to provide data collected by the clinical commissioning group (CCG) which showed the CCG target for uptake was 91% and the practice had achieved 90.9%.
- Baby clinics were held for baby vaccinations at both sites weekly. Locum practice nurses were employed to provide the vaccination and immunisation programme to ensure babies could receive their vaccines in the practice. The provider told us they had employed a new practice nurse who would be trained in this area.

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

- As the practice had only registered with us in May 2017 we did not have data relating to uptake rate for cervical screening. However, the practice were able to provide data collected by the clinical commissioning group (CCG) which showed the CCG target for uptake was 75.3% and the practice had achieved 79.1%. The provider told us they had employed a new practice nurse who would be trained in this area as the previous staff member had retired.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- All learning disability patients were requested to attend the surgery annually for an in-depth assessment on their social, physical and mental health needs.
- The practice provided weekly substance misuse clinics for seven patients.

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

- The practice hosted improving access to psychological therapies (IAPT) a national programme to increase the availability of 'talking therapies' on the NHS. (IAPT is primarily for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post-traumatic stress disorder).

Monitoring care and treatment

The practice had a 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.

- As the provider had only registered with us in May 2017 we did not have data relating to this area such as Quality Outcome Framework (QOF) results. (QOF is a system intended to improve the quality of general practice and reward good practice). However, we saw evidence the GP monitored progress towards the QOF targets.
- The practice used information about care and treatment to make improvements. The practice had completed two audits relating to how the practice monitored patient's taking anti-coagulation medicine. Following the audits, which identified some shortfalls and a small number of patients who required a review, they had taken action to improve monitoring systems and ensured all patients had received the required care and treatment.

Effective staffing

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

- 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 and the practice manager maintained a central log to assist in the monitoring of training.
- The two advanced nurse practitioners (ANP) had worked at the practice for a number of years and had completed a wide variety of training in this time. The ANPs maintained their own training records. However, not all their training was included in the practice manager's central training log used to monitor training. We found there was a lack of knowledge by the management team as to the training completed by the ANPs to enable their skills to be used in the most effective way. For example, both the ANPs were involved in managing patients with long term conditions such as chronic obstructive airways disease (COPD) and diabetes but they told us they had not both completed specific training in these areas. The GP told us they ensured the competence of the staff employed in advanced roles through clinical meetings and case discussion.
- Staff were encouraged and given opportunities to develop. For example, staff whose role included immunisation and taking samples for the cervical screening programme received specific training. The recently employed practice nurse was scheduled to complete this training as this would be part of their role. The practice had been using locum practice nurses to provide the vaccination programme for children as they had not had practice nurse trained in this area following a member of staff retiring.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There were policies and procedures for supporting and managing staff when their performance was poor or variable. The practice had employed an external company to assist them to improve their policies and procedures in this area and was in the process of developing these.

Coordinating care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 longterm condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- We spoke with five patients on the day of the inspection and received 32 patient Care Quality Commission comment cards. The majority of comments were positive about the service experienced. The majority of patients told us staff provided a good service and staff were kind and caring. They also said they were listened to and treated with respect. They told us clinical staff explained their care and treatment. A small number told us they found some of the staff abrupt and not very helpful.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- The practice website was able to be translated into other languages easily. Patients had access to a wide range of information on the website including opening times and the complaints procedure. We were told information could be provided in large print on request.
- Staff told us there was a loop system to assist patients who had a hearing impairment but they were not able to demonstrate how to use this equipment during our inspection.
- Information about access to community and advocacy services was displayed.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (2% of the practice list).

- The practice hosted monthly visits by the Carers Resilience Service to offer advice and support for carers. This service is also involved in meetings to promote information sharing and to ensure patients are referred to the service for support in a timely manner.
- The practice supports recently bereaved patients, for example, staff told us that if families had experienced bereavement, they contacted them by telephone. This call was either followed by giving them advice on how to find a support service.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice provided GP and ANP daily drop in clinics, weekly extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Patients with a learning disability or mental health conditions were able to access longer appointments where necessary to ensure adequate time for the consultation. The Thorpe Hesley surgery held a monthly hearing aid clinic, for any patient from either site to attend with hearing aid problems or for servicing of hearing aids.
- 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 ANPs visited patients in a local care home fortnightly to review care and treatment needs.

People with longterm conditions:

- Patients with a longterm condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular multidisciplinary meetings 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. Drop in clinics were also available every morning.
- Baby clinics were held for baby vaccinations at both sites weekly.

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, weekly extended opening hours and daily drop in clinics.

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.
- Longer appointments were available for patients who required more time to communicate their needs.

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

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted improving access to psychological therapies (IAPT) a national programme to increase the availability of 'talking therapies' on the NHS. (IAPT is primarily for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post-traumatic stress disorder). The practice also hosted monthly visits by the Carers Resilience Service to offer advice and support for dementia patients and their carers.

Timely access to the service

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- Patients had access to daily GP and ANP drop in clinics at both sites and all patients who arrived before 10am for this service were seen. Afternoon pre-bookable appointments were available as were urgent appointments.
- The majority of patients told us they could get appointments when they needed them with a GP of their choice and described the drop in clinics as an excellent service. A small number of patients told us there could be a long wait in the drop in clinics.
- 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.
- The appointment system was easy to use.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. complaints were received in the last year. We reviewed three complaints received since May 2017 and found that they were satisfactorily handled in a timely way.
- The practice reviewed complaints and recorded what had gone well and where there may be any learning from individual concerns and complaints.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice and all population groups as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing safe services because governance arrangements and management oversight and monitoring of risk, staff training and recruitment procedures were not adequate.

Leadership capacity and capability

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

- The provider had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. Some staff told us they did not have much contact with the practice manager and felt communication and staff involvement in the running of the practice could be improved.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

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

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected and supported. 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 demonstrated they were aware of the requirements of the duty of candour although there was no written policy and procedure to support practice.
- 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The safety and well-being of all staff was considered and equality and diversity was considered. An external company had been employed to improve procedures in these areas.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management. However we found some areas for improvement:

- Structures, processes and systems to support governance and management were clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had some policies, procedures and activities to ensure safety although this area required improvement as not all areas had been risk assessed and where risk assessments had been completed not all risk assessment action plans had not been implemented.

Managing risks, issues and performance

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

There were processes for managing risks, issues and performance. Although we found some areas which required improvement the practice had recognised this prior to the inspection and had employed external companies and implemented recognised improvement tool kits to assist them in this area.

- There were some processes in place to assist the practice to identify, understand, monitor and address current and future risks including risks to patient safety. The provider had employed external companies to assist the practice manager in the development of risk assessment for fire and legionella and to audit infection prevention and control processes. However, progress to implement action plans to address shortfalls had not been monitored. We found some areas identified in the assessments and audits had not been addressed such as provision of some fire safety signs. The practice manager told us they would review these and ensure all the required actions were completed as soon as possible.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could not be demonstrated through written audit of their consultations, prescribing and referral decisions. However, the lead GP told us they monitored performance through clinical meetings and case discussion. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- 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. The practice had completed an assessment of their front and back office functions using the productive general practice programme. (This is a programme designed and developed by the NHS Institute for Innovation and Improvement to assist practices to create more effective ways of working). They had improved areas such as the management of correspondence, for example, discharge letters.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored 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.
- 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. The lead GP had completed a survey of patient experience related to their own performance and they used information from the CCG to monitor their performance.
- There was a patient participation group (PPG) which, due to personal circumstances of the members, currently only consisted of two members. We spoke to a member of the PPG who told us they had quarterly meetings. They said the practice listened to them and kept them informed them about changes in the practice such as recruitment.
- The service was transparent, collaborative and open with stakeholders about performance.
- Clinical staff meetings were held but other groups of staff did not have regular meetings. Some staff told us they did not always feel involved in the running of the

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

practice and felt communication was adhoc. The practice manager told us they communicated changes to staff through email and messages in wage slips and conversations during visits to each site.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider had not adequately assessed, monitored and mitigated risks relating to health safety and welfare of patients and others who may be at risk. This was because: • There was no systematic process to ensure all health and safety risks had been assessed and associated policies developed. • Where risks had been identified and action plans developed the progress towards implementing the action plan had not been monitored and all actions had not been completed to mitigate risk. • Training and clear guidance had not been provided to support reception staff to understand of their role in the management of patients with severe infections, for example, sepsis. • A risk assessment of emergency drugs and equipment had not been completed and a paediatric pulse oximeter and some medicines which may be used in an emergency such as atropine, analgesic and antiemetic were not provided. The provider had not maintained securely records as are necessary to be kept in relation to the management of the practice. This was because: • Arrangements relating to access to, and monitoring of, blank prescriptions did not meet NHS protect guidance. For example, access to storage and arrangements to transport blank prescriptions from

This section is primarily information for the provider

Requirement notices

one site to the other was not limited to named staff and this area had not been risk assessed. Records of blank prescriptions were not maintained to enable these to be tracked through the practice.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider had not established and operated recruitment procedures effectively. This was because: • The provider had not ensured persons employed were registered with the relevant professional body where such registration was required in relation to the work they performed or the title they had taken. • The policy and procedure did not include guidance on all the required checks that must be completed before employment. The provider had not ensured staff have the qualification, skills, competence and experience which are necessary for the work to be performed by them. This was because: • Processes were not in place to monitor the training completed by the advanced nurse practitioners (ANP). • The ANPs were involved in managing patients with long term conditions such as chronic obstructive airways disease (COPD) and diabetes but had not completed specific training in these areas. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.