

Ellis Practice

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as good overall. (Previous rating: April 2015 – 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? – Good

We carried out an announced comprehensive inspection at Ellis Practice as part of our inspection programme.

At this inspection we found:

- Some risks to patients were assessed and well managed, with the exception of those relating to recruitment and medicines prescribing.
- The practice processes in place to learn from and share significant events required improvement. 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 did not always find the appointment system easy to use. The practice had been proactive in improving patient access to the service.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff felt supported and team away days included social events away from the practice as a team.

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

- Ensure care and treatment is provided in a safe way for patients.
- Ensure recruitment procedures are established and operated effectively.

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

- Take action to ensure all completed induction records are stored in staff files.
- Consider adding safety alerts and significant events as standing agendas in clinical meetings.
- Provide Gillick competency training to junior clinicians.
- Continue to improve and monitor cancer screening uptake.
- Continue to monitor and improve exception reporting.
- Continue to monitor and improve access to the service.
- Continue to monitor and improve on patient satisfaction scores on nurse consultations.

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 included a GP specialist adviser and a practice manager adviser.

Background to Ellis Practice

Ellis Practice is a GP practice located at The Welford Centre, Chalkhill Primary Centre, 113 Chalkhill Road, Wembley. The practice lies within the administrative boundaries of Brent Clinical Commissioning Group (CCG) and provides primary medical services to approximately 9,018 patients. The practice holds a General Medical Services (GMS) contract.

The surgery is situated on the first floor, a wing of the large, modern, purpose-built health centre. It consists of seven clinical rooms, a dedicated reception, a back office and a range of offices in the premises. The centre comprises of another GP practice, a café located on the ground floor and other community health services. The health centre is owned and managed by Metropolitan Housing, who lease the practice building to NHS Property Services. The practice premises are sublet from NHS Property Services. Accessible facilities are available throughout the building and this includes lift access and disabled toilets. There is ramp access from the premises to a large supermarket with parking facilities. There is limited underground parking for staff only. The practice website can be found at ellispractice.co.uk

The practice area is rated in the fourth most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have a

greater need for health services. The practice has a high ethnically diverse population and includes a higher than average proportion of working age and young people and a lower proportion of patients aged over 65.

The practice is open between 8am and 6.30pm on Monday to Friday. Extended hours are offered between Tuesday and Thursday between 7am and 8am. Outside of these hours, patients are redirected to their out of hours provider, Care UK.

The practice team comprises three female GP partners and five salaried GPs (four female and one male), one nurse practitioner and one practice nurse who provide a combination of 31 sessions. The practice also employs a clinical pharmacist, a healthcare assistant, a practice manager, a secretary and 13 reception and administration staff. The practice is an accredited training practice supporting Foundation Year two (FY2) doctors from North West London and medical students from the Imperial College of Medicine.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures; family planning and maternity and midwifery services. Services provided include chronic disease management, insulin

initiation, 24-hour blood pressure monitoring, ECG monitoring, child health surveillance and immunisation, cervical screening, phlebotomy, family planning, joint injections and cryotherapy and smoking cessation.

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:

- There were gaps in appropriate recruitment checks for all new staff.
- Patient Specific Directions (PSDs) had not been completed for two patients.
- Significant events were not shared with all staff and outcomes were not completed for all significant events.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse; however, some required monitoring.

- 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. They 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 did not always carry out appropriate staff checks at the time of recruitment. For example, there were insufficient references obtained for two new members of staff. However, after the inspection, we saw evidence that the practice had taken steps to obtain the outstanding references for these staff. There were no interview summary records in three new staff member records, despite this being a requirement in their recruitment policy.
- 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 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.
- Although we saw a blank comprehensive induction checklist template, we did not see the completed induction checklists for temporary staff and three new permanent staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. We saw evidence that any outstanding emergency training had been organised by the practice.
- 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 systems for appropriate and safe handling of medicines required monitoring.

- The systems for managing and storing most of the 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

Are services safe?

current national guidance. However, there had been no PSDs completed by a prescriber that allowed the healthcare assistant to administer Vitamin B12 medicines.

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. The practice was based in a health centre with round the clock security guards.
- The practice monitored and reviewed 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

The practice processes in place to learn from and share significant events required improvement.

- 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. Although there was evidence of action and learning from significant events, these were not shared with all staff. We saw evidence of meeting minutes where significant events had been discussed with the clinical team but no evidence of discussions with non-clinicians. Some significant event outcomes had not been completed.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, although all alerts were shared with clinical staff via email, there was no evidence that safety alerts were discussed in regular clinical meetings.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services.

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 a website whereby patients had access to their medical records and could also request their medication.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had an alert added to their record and 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.
- We also saw evidence that reception staff knew patients well. There was a lead member of staff for the over 75s who was responsible for their reminders and monthly calls to check on their wellbeing. These patients were given the back-office number for easy telephone access.

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 the local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were mostly in line with the target percentage of 90% or above. However, one indicator for the Meningitis C boosters for children aged two was slightly below average at 89% of the 90% target percentage. The practice had a process in place to enhance immunisation rates and this included a weekly baby immunisation clinic and walk-in immunisation slots.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- There was a lead receptionist allocated to mothers and babies. They kept a record of non-attenders who would be contacted by the practice nurse.
- A GP with expertise in the management of childhood disabilities took the lead in managing these patients and signposting parents to relevant outside sources of help.

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

- The practice's uptake for cervical screening was 56%, which was below the 80% coverage target for the national screening programme. The practice was aware

Are services effective?

of this and had acted to improve uptake rates. They set up a cervical screening campaign whereby they carried out Saturday clinics over a set period of time. Patients who were unable to attend the screening on weekdays could attend at the weekend for screening. They also set up maternity and women's health sessions parallel to the baby immunisation clinic, which allowed them to opportunistically reach young mothers between pregnancies. The latest intelligent monitoring data for June 2018 showed that their cervical screening uptake had increased to 71%.

- The practice's uptake for breast and bowel cancer screening was below the national average. The practice had a comprehensive action plan in place to address the low uptake in these areas. Plans included, developing a multi-lingual leaflet and sending an easy to read letter to patients who missed two mammography or bowel screening appointments.
- 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 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. Staff knew these patients well and they were offered immediate appointments. Feedback received from a patient commended staff on their prompt response when the patient's mental health had deteriorated.
- 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 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 most recent published QOF results showed the practice had achieved 99% of the total number of points available, which was above the CCG average of 96% and the national average of 97%.
- The overall exception rate was 10%, when compared to the CCG and national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). Exception reporting rates for clinical areas such as diabetes, coronary heart disease, peripheral arterial disease, cancer and cardiovascular disease, primary disease prevention were above local and national averages. For example, exception-reporting rates for cardiovascular disease was 50%, compared to the CCG average of 18% and the national average of 25%.
- The practice had a detailed exception reporting procedure in place. Every year in March, the practice would carry out a search for patients who had not yet received a review and review the reasons. For example, they explained that the high exception reporting was because they did not exception report the condition itself but rather exception report the sub-sections. For

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example, in the case of a diabetes patient who would agree to a foot check and eye check but declined their flu immunisation, blood pressure check and blood test, the practice would exception code the flu immunisation, blood pressure and blood test, instead of the entire diabetes condition, leading to three different exception reports instead of one. They told us that this was to prevent taking patients off the diabetes register altogether and depriving the highest-risk, least adherent and poorly controlled patients the structured care they required.

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

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided study leave 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.

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

Are services effective?

- Although clinicians understood the requirements of legislation and guidance when considering consent and decision making, further training was required for junior clinicians to understand Gillick competency.
- 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 mostly positive about the way staff treat people, although some patients highlighted some issues with staff attitude. The practice had provided customer service training in response to a complaint raised by a patient.
- 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 mostly in line with local and national averages for questions relating to kindness, respect and compassion. However, patient survey results relating to nurse consultations were below local and national averages and highlighted as outliers. For example, 69% of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them and this was significantly below the local average of 84% and the national average of 91%.
- 79% of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern and this was below the local average of 84% and the national average of 91%.
- The practice was aware of the low patient satisfaction scores relating to nurse consultations. After identifying

the cause, they arranged further development training, as well as monthly clinical supervision sessions with the nurse. They were also in the process of implementing a patient satisfaction survey for the nurse.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. There was an Accessible Information Standard policy in place to ensure that patients and their carers could 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 in line with local and national averages for questions relating to involvement in decisions about care and treatment.
- The practice respected patients' privacy and dignity.
- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations and extended hours opening were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Patients aged over 75 were provided with the practice's back office number for easy access to the service.
- Patients were offered priority pre-booking of appointments. Home visits and urgent appointments were provided for those with enhanced needs.
- 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.
- Hospital transport was arranged for patients who required the service.

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, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team and the local outreach worker to discuss and manage the needs of patients with complex medical issues.
- Smoking cessation advice was offered at the practice.

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 or after school appointment when necessary.
- The practice provided a private area for mothers who wished it and one GP had received additional training in breastfeeding, to provide support for nursing mothers.
- There was a lead receptionist allocated for mothers and babies.
- Baby immunisation clinics were carried out weekly and walk-in immunisation appointments were also offered to enhance vaccination rates.

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.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode, who were able to use the practice's address.
- Home visits were offered to patients with a learning disability, to minimise disruption to their daily routine. This included afternoon, evening and weekend visits. They were also offered longer appointments of up to 30 minutes when required.
- The practice cared for 11 learning disability patients looked after in two local residential homes.

Are services responsive to people's needs?

- The practice premises had use of bright colours to distinguish the different areas of the building; for example, blue for health and yellow for the community centre.
- There was a hearing loop available for patients with hearing difficulties and one GP could converse in sign language.
- Patients were supported with their social care needs and this included benefits applications.

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.
- There was a visiting substance misuse nurse who carried an opiate substitute clinic once a month, in conjunction with the GP partners who had all received training in substance misuse.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The practice endeavoured to keep waiting times, delays and cancellations to a minimal. Delays were managed appropriately and patients were kept informed. Apologies were issued where they were running late and patients were encouraged to contact the practice if they could not attend their appointment.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that they did not always find the appointment system easy to use.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. For example, 55% of patients found it easy to get through to the practice over the telephone and this was below the local average of 65% and the national average of 71%.
- 57% of patients found it easy to get an appointment the last time they tried and this was below the local average of 68% and the national average of 76%.
- The practice was aware of this data and had taken several steps to improve access, in collaboration with their Patient Participation Group (PPG). They introduced a telephone queuing system and the practice promoted online appointment booking via their website. A duty doctor was allocated to carry out on the day appointments for patients with emergencies. Patients could book appointments online with a GP of their choice and extended hours were offered twice a week. These improvements were kept under regular review. The latest GP patient survey results were not yet available to show any improvement.

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.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

The practice had a 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice 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 practice had a governance framework; however, monitoring of specific areas required improvement.

- Some of the structures, processes and systems to support good governance and management, required monitoring. This included ensuring recruitment checks, safety alerts, incidents and prescribing Patient Specific Directions (PSDs) were implemented effectively.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Processes for managing risks, issues and performance had been established. However, they were not always effective.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety; however, further improvement was required to ensure these were established in all areas. For example, the practice had a robust significant event traffic light system in place to identify the severity of the incident; however, three significant events actions had

Are services well-led?

not been closed off. Additional monitoring was required for recruitment checks and ensuring all Patient Specific Directions (PSDs) were in place for the healthcare assistant.

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

Appropriate and accurate information

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.
- 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 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 an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The practice generally re were 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.
- The practice made use of internal and external reviews of incidents and complaints and made improvements. Further action was required to ensure that learning from internal incidents was shared with all staff.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks in particular:</p> <ul style="list-style-type: none">• Patient Specific Directions (PSDs) had not been completed for two patients.• Significant events were not always shared with all staff.• Actions and learning outcomes were not completed for all the significant events. <p>This was in breach of Regulation 12 (1) (2) 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that recruitment procedures were established and operated effectively.</p> <ul style="list-style-type: none">• There were no interview summary records in three new staff member records. <p>This was in breach of regulation 19 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>