Waterloo Medical Centre

Inspection report

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Blackpool
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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 July 2015 – Outstanding overall; Safe Good, Effective Outstanding, Caring Good, Responsive Outstanding, Well-led Outstanding)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at The Waterloo Medical Centre on 27 November 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice generally had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice was sensitive to the needs of the patient population and tailored services in response to those needs.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The practice was sensitive to the needs of young people. They had appointed a named member of staff as a first point of contact for these patients.
- Clinicians at the practice offered a sexual health clinic for all patients in the local area. This clinic was held at different times in order to maximise attendance and staff offering the service were able to share learning with other clinicians in the practice to increase their skills.

The area where the provider must make improvements is:

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

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

- Review processes used to enrol patients in the practice patient participation group (PPG) to establish and engage with a new PPG.
- Document discussions with new staff members in relation to pre-existing health conditions.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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 Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser.

Background to Waterloo Medical Centre

Waterloo Medical Practice is situated within the South Shore area of Blackpool at 178 Waterloo Road, Blackpool, Lancashire, FY4 3AD. It is part of the NHS Blackpool Clinical Commissioning Group (CCG.) and services are provided under a personal medical service (PMS) contract with NHS England. Information on services offered can be found on the practice website at www.waterloomedical.co.uk.

The practice is situated on a busy main road with limited parking on site for patients but on-street parking is available nearby. The practice is easily accessible by public transport. Services are provided from a purpose-built surgery building with all consultation rooms situated on the ground floor with wheelchair access.

The practice provides services to approximately 11,916 registered patients. The practice patient population profile is similar to the national profile although there are more patients aged between 45 and 60 years of age (22.4%) than nationally (20.3%). There are more patients with long-standing health conditions (61.5%) than the national average of 53.7% and more unemployed patients (10.2%) than nationally (4.9%). Life expectancy for men at the practice is 73.7 years of age compared to 79.2 nationally and for women, 79.6 years of age compared to 83.2 nationally.

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

The practice clinical team is made up of five GP partners (three male, two female), and two salaried GPs (one male, one female). The practice also has four practice nurses, one of whom acts as the nurse manager and two of whom are nurse prescribers, a prescribing pharmacist and two healthcare assistants. The practice administration team is led by the practice manager assisted by an assistant practice manager, a reception supervisor and a team of reception and administration staff. The practice also shares the services of a prescribing nurse practitioner employed by a neighbouring practice. The practice participates in the training of new GPs and teaching medical students. At the time of our inspection, there were two trainee GPs working at the practice and no medical students.

When the practice is closed, a telephone voicemail service directs patients to dial NHS 111 for advice and if necessary, onward referral to the out of hours service provided locally by the urgent care centre.

The practice is registered with CQC to provide treatment of disease, disorder or injury, family planning services, surgical procedures and diagnostic and screening procedures as their regulated activities.

Requires improvement

Are services safe?

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

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. When children were identified as at risk, we saw not all family or household members were always flagged on the online patient health record system to inform clinicians. We were told this had been addressed following our visit. Also, not all vulnerable patients who failed to attend hospital or practice appointments were routinely followed up.
- There were policies in place to indicate staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) However, one trained non-clinical staff member was occasionally acting as a chaperone without the appropriate risk assessment in place. Staff were reminded of the practice chaperone policy following our visit.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. There were conversations with new staff on induction as to whether adjustments to working conditions were needed, although no formal confidential written health questionnaire was used to record this conversation.
- There was an effective system to manage infection prevention and control and we saw action was taken as a result, although this was not documented.
- 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 information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice protocol for the management of incoming post and communications was brief and allowed for staff to remove some items without sight of a clinician and with no GP audit of the process. We saw staff were only removing very few, low-risk items such as patient non-attendance at national screening programme appointments.
- 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 practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance. Staff had worked over a period of time to improve prescribing and we saw evidence of this having improved.

Requires improvement

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks although there was no evidence of checks made on the practice defibrillator.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. There was a process for the management of medicines including high risk medicines with appropriate monitoring and clinical review prior to prescribing. We saw the monitoring of patients taking blood-thinning medicines was not always appropriately documented in patient records. However, we saw patient blood levels were monitored in line with best practice.
- 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 management of safety was not always comprehensive.

- There was a lack of documented risk assessment for staff working conditions, for staff acting as chaperones and for the management of incoming post.
- The practice monitored and reviewed safety using the significant incident process, patient complaints and other premises safety assessments.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Significant incidents were shared with the local clinical commissioning group (CCG).
- 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.

Good

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- GPs reviewed patient attendances at A&E and those discharged from hospital daily.
- 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 were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice clinical pharmacist reviewed all these patients and when appropriate referred them to the nurse practitioner who was shared with the neighbouring practice to ensure all their health and social care needs were met.
- Patients discharged from hospital who were unable to return home immediately could be transferred to an intermediate rehabilitation service until they were sufficiently well.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice could initiate insulin prescribing for those patients newly diagnosed with diabetes. These patients were managed comprehensively and insulin prescribed to optimum levels. Patients were offered written information in the form of starter packs and a named nurse for open access and telephone advice.
- 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 clinical pharmacist used online software to identify patients with potential chronic disease. These patients were reviewed and added to long-term condition registers if appropriate for care and treatment.
- The practice's performance on quality indicators for long term conditions was generally in line with local averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above for children aged two years of age. For those children aged one year of age, the uptake rate was over the world health organisation (WHO) rate of 95%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment for immunisation.
- The practice offered a sexual health clinic at different times during the week for all patients in the local area. This clinic offered a full range of family planning and sexual health services. Staff had trained to offer these services and this had increased the skills and knowledge of all clinicians in the practice.

Good

Are services effective?

- Patients were offered testing for HIV through the practice sexual health clinic.

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

- The practice's uptake for cervical screening was 67.3%, which was below the 80% coverage target for the national screening programme and below the local average. Staff told us they had worked to improve this uptake rate and used every opportunity to encourage patient attendance. They used letters and telephone reminders to encourage patients who did not attend and reminded patients attending the practice for other appointments.
- Cervical screening was offered to patients outside normal working hours for those patients who were unable to attend during practice core opening hours.
- The practice's uptake for breast and bowel cancer screening was below the national average but above or in line with the local average. Members of the local screening services attended the practice to contact those patients who had not attended for screening and encourage them to attend.
- The practice informed eligible patients opportunistically to have the meningitis vaccine, for example before attending university for the first time.
- Staff offered support with smoking cessation and were able to prescribe certain medicines to patients who wanted to stop smoking.
- 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. These patients were discussed regularly with other health and social care services to ensure care was co-ordinated. All patients receiving palliative care were offered written information about their care and treatment.
- Staff regularly audited patients' preferred place of death to determine whether their wishes had been respected.
- The practice offered annual health checks to patients with a learning disability.
- 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.
- 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.
- One GP at the practice held a Section 12 Certificate under the Mental Health Act 2008 and was trained and qualified in the use of the Act. This helped to inform staff at the practice in respect to related issues.
- The practices performance on quality indicators for mental health was in line with local averages.

Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Staff used local information, service developments, incidents and specific clinician interest to determine quality improvement work and ensure it was relevant and meaningful.

Effective staffing

Good

Are services effective?

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. One of the practice healthcare assistants was undertaking training in the management of patients with asthma and the practice manager was training in advanced practice management.
- 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. All new staff were provided with a comprehensive staff handbook and there was an information pack available for any temporary staff.
- 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 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 had 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 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 referred patients to the Blackpool “FYI” website which provided a directory of health and social care services. Patients were also referred directly to the local health and wellbeing service and to the local citizen’s advice bureau.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population’s health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Good

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

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way 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.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Good

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.

- We saw evidence the practice had used information available to analyse and understand the practice population. It tailored services in response to those needs. Staff recognised the challenges presented by the practice population.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Patients benefited from the services of a neighbourhood care team consisting of specialist community services staff including community matrons and a physiotherapist. This enabled patients to receive targeted, integrated care aimed to allow them to remain healthier for longer.
- Clinical staff offered advice and treatment to patients on stopping smoking.
- 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 nurse practitioner who also worked with the neighbouring practice visited older people who were identified as vulnerable to assess their health and social care needs and ensured packages of care were put in place.
- Patients who were assessed as at risk of falling were referred to a service offering patient personal alarms.
- All housebound patients were offered a flu vaccination.
- A rapid response team provided short-term care and treatment for patients experiencing acute episodes of illness to prevent admission to hospital.

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 wherever possible, and consultation times were flexible to meet each patient's specific needs.
- The practice offered dedicated clinics at varying times of the day for the management of long-term conditions however, individual appointments were available for those patients who were unable to attend at these times.
- The practice held regular meetings with the local district nursing team and staff from other health and social care services to discuss and manage the needs of patients with complex medical issues.
- Patients with long-term conditions who were identified as needing extra support to successfully manage these, were referred to an extensive care service for a period of time to provide integrated care for their health and social needs.

Families, children and young people:

- We found there were generally good 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.
- The practice had appointed a named member of staff as a first point of contact for young people. This was advertised to patients on the practice website.
- The practice had access to a family nurse partnership scheme for young people under the age of 18 who were pregnant. A dedicated nurse worked with the young

person for up to two years to provide support and training in life skills. We saw evidence that suggested this helped to prevent a second pregnancy at a young age.

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 weekend appointments through the local seven-day access system.
- Patients could book appointments online as well as access medical records and order repeat prescriptions.
- Telephone appointments were available with clinical staff.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. Staff signposted these patients to relevant local services including community clinics for the homeless.
- There was a high turnover of patients in the area with over 100 patients joining the practice every month and slightly fewer patients leaving. Staff recognised the need to manage the demand this presented and ensure care was co-ordinated with other services where necessary.
- The practice was known locally to be friendly to local gay, lesbian, bisexual and transgender patients who could be registered with the identity they chose to be identified by. The practice had achieved the Navajo Kite Mark in 2010. Although this accreditation lapsed in 2012, the practice continued to display it to indicate its commitment to patients. At the time of our visit, the practice had applied on behalf of Blackpool for funding to be able to be similarly accredited through the Lancashire charter mark scheme.
- The practice had appointed a non-clinical cancer champion to act as a first point of contact for patients diagnosed with cancer.
- Staff worked closely with a dedicated community police officer. This officer identified vulnerable patients and liaised with the practice to arrange health and social care reviews. Patients could be accompanied by the officer to attend the practice where necessary.

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.
- Staff worked to identify patients with dementia to ensure all patients with this condition received appropriate care and treatment.
- All staff had trained in the care of patients with dementia; non-clinical staff were recognised as "dementia friends".
- The dedicated community police officer worked to find missing patients with mental health problems and liaised with the practice to put a package of care in place for these patients.
- There was a single point of access service for patients experiencing poor mental health that enabled patients to be seen by the most appropriate service for their needs.

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.
- The practice's GP patient survey results were generally in line with local and national averages for questions relating to access to care and treatment.

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.

Good

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

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.

- Managers were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders understood the challenges of providing care for the local patient population and were addressing them. There were aware of the high turnover of patients in the area with over 100 patients joining the practice every month and slightly fewer patients leaving. Staff recognised the need to manage the demand this highly transient patient population presented.
- 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 and told us they were meeting shortly to plan for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and regularly monitored progress 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 had recently recruited additional GP capacity to meet the increasing needs of its patient population.

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 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

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

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

Managing risks, issues and performance

There were generally clear and effective processes for managing risks, issues and performance.

- There was generally an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. However, some processes in respect of staff working as chaperones and

the management of incoming post were not comprehensive. Managers were responsive, listened to inspection feedback and took immediate action to improve areas identified for further development.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Quality improvement activity 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.
- 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 used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The patient participation group (PPG) was not active at the time of our inspection.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There 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. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:Not all patients who were family or household members of vulnerable children were identified on the patient electronic record system and there was no system in place to routinely follow up children who failed to attend booked appointments. Systems to record the monitoring results for patients taking blood-thinning medicines were not comprehensive.Not all staff who acted as chaperones had been risk assessed for the role. Actions taken as a result of infection prevention and control audits and checks made on the practice defibrillator were not recorded.Non-clinical staff were removing items of post without sight of a clinician with no comprehensive workflow policy in place and with no GP audit of the process.This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.