

The Westgate Practice

Inspection report

Greenhill Health 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 February 2015 – Good)

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 at The Westgate Practice in Lichfield on 30 October 2018 as part of our inspection programme under section 60 of the Health and Social Care Act 2008. 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 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 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 and reported through surveys that they sometimes had difficulty making appointments. Some patients reported they found it difficult to access care when they needed it.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had developed a large virtual patient participation group (PPG) which they involved in practice developments and feedback.
- The practice provided a GP service to seven care/nursing homes in the area. One of the homes reported that GP's were respectful of their protected meal times and ensured visits avoided meal times.
- The practice clinical rooms were all on the ground floor with level access and wide corridors.
- The practice gained Research Ready accredited status in 2016.

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

- Establish effective Infection prevention and control systems and processes.

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

- Improve the patient safety alert process.
- Improve clinical audit processes.
- Improve the consent process for minor surgery.
- Update the safeguarding policy.
- Review the investigate process for incidents and serious incidents.
- Review the auditory privacy in reception.

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, and a practice manager adviser.

Background to The Westgate Practice

The Westgate Practice is located within Greenhill Medical Centre. It has one branch at Shenstone which is run as “an extension” with most staff rotating through it. Shenstone Surgery is in Shenstone Lichfield. We did not visit Shenstone as part of our inspection.

Patients registered at the practice may visit either location to receive services.

In December 2017 The Westgate Practice merged with The Cloisters Practice which was in the same building. The merged practice has reorganised the space available to them to offer clinical treatment on the ground floor of the building.

The practice has 10 partners and 10 salaried GP's, 13 of whom are female. They have seven GP registrars, four of whom are male. The practice is a training practice for GP registrars. GP registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. The practice also participates in the training of student doctors from two local universities.

The practice has four nurse practitioners; ten practice nurses and three health care assistants. There are both male and female nursing staff. The practice now supports nursing students from a local university.

The practice also has a management and support team of 13 and a reception/patient services team of 30 staff.

The practice offers a GP service to 28,500 patients. Over 25% of the practice population is 65 years of age or older.

The practice had a commercial pharmacy available within the building but is not a dispensing practice.

The service is registered with the Care Quality Commission for the following regulated activities: treatment of disease, disorder or injury; maternity and midwifery services; family planning; diagnostic and screening procedures and surgical procedures.

The Westgate Practice is registered with the Care Quality Commission (CQC) as a


partnership and holds a General Medical Services (GMS) contract with NHS

England. A GMS contract is a contract between NHS England and general practices for

delivering general medical services and is the commonest form of GP contract. The


practice is part of the NHS South East Staffordshire and Seisdon Peninsula Clinical

Commissioning Group (CCG).



The practice is open from 8am to 6.30pm Monday to Friday. They offer extended hours

Mondays, Wednesdays and Fridays 6.30 pm until 8pm, through the Lichfield five practices



network. Out of hours service is provided by Staffordshire Doctors Urgent Care via NHS

111.

Further information can be found on the practice website: www.westgatepractice.co.uk

Are services safe?

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

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. 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. 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.) Staff knew how to identify and report concerns of potential abuse and could share an example of how they had worked with external agencies in safeguarding a vulnerable patient, the action taken and the outcome. Staff had access to information on female genital mutilation (FGM) and this had been incorporated into the safe guarding policy. Staff we spoke with were aware of modern slavery and how to report concerns about this. However, modern slavery had not been included within the safeguarding policy.
- 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 was not an effective system to manage infection prevention and control. The infection control policy did not inform practice. The infection control audit was not available at the time of inspection although we requested it. The infection control audit was sent on to us within 48 hours of inspection. The infection control audit was not comprehensive, did not include the branch surgery, missed many of the rooms at the practice and failed to consider hand hygiene. There was no external infection control audit available. The practice had a dedicated infection control lead, and they had recently identified two additional members of staff to support this role.
- 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.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of incidents, and complaints.
- Although senior clinical staff managed alerts from the Medicines and Healthcare products Regulatory Agency (MHRA alerts) there was a general lack of oversight and follow up on how alerts were shared and recorded. There was no oversight on actions taken or how alerts which related to equipment or the environment were managed.
- 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. Emergency equipment to support patients requiring urgent medical attention was located centrally within 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.

- The care records we saw showed that 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.
- Clinicians made timely referrals in line with protocols.

Are services safe?

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The local hospital had a protocol for prescribing a specific antibiotic which impacted on the prescribing of this medicine across all local GP practices.
- There were effective protocols for verifying the identity of patients during remote or online consultations. The practice was still in the first phase of a trial of online consultations at the time of inspection and had not yet evaluated the trial or identified any learning points. They had considered patients' identity, and recording of consultations.
- 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. Flexible appointments were encouraged for people who had complex needs and more than one condition.

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 monitored and reviewed safety using information from a range of sources.

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. Staff we spoke with told us that it was easy to use the incident reporting system and that they were encouraged to report all concerns.

There were systems for reviewing and investigating when things went wrong. However, there was no record of any root cause analysis being undertaken. Consequently, there was not a suitable investigative method in place to support learning to reduce the risk of reoccurrence.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups 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. For example, clinicians could access on-line guidance and regularly participated in protected learning training meetings organised through the clinical commissioning group (CCG) in addition to personal learning.

- 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.
- 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 a clinical review including a review of medication. The practice had a dedicated frailty lead who led the reviews and provided guidance and support within the practice.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The Practice was an early adopter/implementer of Phase One of the Integrated Frailty Pathway developed by Partner organisations across South East Staffordshire. From August 2018, 30 adult patients over the age of 50 years had been identified for support.

The programme supports frail individuals with their multiple co-morbidities, which could include, reduced mobility, memory problems, susceptibility to polypharmacy, loneliness and low mood. These individuals

are referred by the Practice to the SPOC (Single Point of Contact). A Care Navigator from the SPOC arranged a holistic assessment by an Elderly Care Facilitator. A recognised frailty tool was used to signpost the individual to the most appropriate service, including a voluntary sector representative

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 could 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 broadly in line with local and national averages. At the time of inspection, the data we had for: the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (Quality Outcomes Framework - QOF) was 70.6% and comparable with other practices. The latest QOF data now indicated a 5% drop in achievement and consequentially a negative variation with other practices. We asked the practice about this variation after the inspection. The practice confirmed that they were aware of the variation and following the practice merger they had employed a locum nurse specifically to concentrate on this area. Additionally, they had reviewed the recall process for all diabetic patients. They were also able to demonstrate that the figures for the current year had improved.

Are services effective?

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results for 2017/18 showed the practice had achieved 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and the national average of 96%. The practice exception reporting was 3.6% compared to the local and national averages of average of 5.8%.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% with 96% and 95% achievement rates. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 75.7 %, which was slightly below the 80% coverage target for the national screening programme. The practice was working to improve this and providing information to women opportunistically at other appointments to encourage improved uptake.
- The practice's uptake for breast cancer screening was slightly below the national average, whilst the uptake for bowel cancer screening was slightly above the national average. The practice was encouraging female patients to accept the offer of breast cancer screening.
- 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. 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

used a traffic light system to monitor those patients receiving end of life care. This system helped them identify when further help and support to those patients was required.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had identified 89 patients on their learning disability register. They had a clear protocol in place to assist clinicians identify and support patients with learning disabilities. All registered patients with a learning disability had received an annual review which included a detailed health check and information on health promotion.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. The practice offered an influenza vaccination to all identified carers within its population.

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 medicines.
- 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. These included a self help leaflet and signposting to well-being schemes throughout the county.
- 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 had a proactive approach to mental health, encouraged patients to book flexible appointments and offered self-help leaflets.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

Are services effective?

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 was actively involved in quality improvement activity and had carried out a range of audits in the last 12 months, which demonstrated some quality improvement. However, there was no dedicated forward audit plan. Audits did not always show clear dates for repeat cycles which could demonstrate improvements. New developments within the practice such as minor surgery and on-line consultations also had reviews planned.
- 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 protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 respected the protected meal times introduced at one care home and arranged visits at the convenience of the home. They shared information 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 considered 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 and patients took part in a local park run. The practice used this scheme to encourage patients to take more exercise.
- 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.

Are services effective?

- The practice supported local community health evening events. The practice had hosted four of these and the most recent was in September 2018. The events encouraged a number of local community stakeholders and residents to adopt healthy living concepts.

Consent to care and treatment

The practice had an inconsistent approach to consent. The consent protocol had not been updated since 2016, and did not reflect current best practice guidelines. For example, skin excisions require a written consent process following clear explanation and choice of other possible treatment options. However, the practice obtained consent

to care and treatment in line with legislation and guidance for family planning procedures. The practice submitted further evidence for minor surgery consent a couple of weeks after inspection.

- 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.

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 mainly positive about the way staff treat people. Some patients reported rude reception staff and we observed some people being greeted without a smile or friendly manner. The practice was aware of this feedback and showed us plans for further training.
- 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 in line with local and national averages for questions relating to kindness, respect and compassion. Two hundred and thirty-seven surveys were sent out and one hundred and nineteen returned. This was a return rate of 50% which represented 0.42% of the practice population.
- Eighty nine percent of patients who responded to the GP patient survey stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them.
- Ninety-four per cent of patients who responded to the GP patient survey stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice had 767 carers on its carers register.

They had invited a representative from the local carers association to talk to them at one of their recent learning events to improve staff awareness of available resources.

- 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. Ninety-six per cent of patients who responded to the national GP survey said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment; compared with the local average of 94% and the national average of 93%.

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. The practice had two rooms available for patients to use when required.
- There was a wide reception desk and patients were asked to form three separate lines to book in. This was not an equitable system. Auditory privacy was challenged due to the three-line arrangement as this meant that at least three people would be at the reception desk at any one time during busy periods. We observed this system and could over hear personal details when there were three lines in operation. Background music was not available in the waiting room to help prevent conversations being overheard at the reception area. The practice told us they were considering the use of televisions within waiting areas, and would further review the reception area.
- There were two automated check in desks within the reception area. These check ins were provided in English only. We brought this to the attention of the practice and they took steps to correct this during the inspection. We saw that that these desks reflected other languages before the inspection was completed.
- 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 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.
- The practice had commenced a trial for on line consultations. This could be helpful to working patients, or those who were either frail or had young families.
- The practice had identified different coloured waiting areas for zones of the practice. They hoped this would support some less able patients. However, the routes were not clear enough to support the intended zoning. For example a piece of paper with a coloured arrow was on wall to indicate one waiting room. Door ways were not picked out with the corresponding colour to support the intended colour themed initiative.

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 GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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 to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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 on Mondays, Wednesdays and Fridays with some Saturday morning appointments. The extended access appointments were also available every day through the network.

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.

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.
- Patients with dementia were offered an annual care review and screening.
- Patients were encouraged to book a double appointment to be given time to discuss their concerns, health and general mental wellbeing.

Are services responsive to people's 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.

Results from the national GP patient survey, published in August 2018, showed that patients' satisfaction with how they could access care and treatment was in line with the local and national averages.

- Sixty five percent of patients who responded described their experience of making an appointment as good; compared with the local and the national averages of 68%.
- Sixty-nine percent of patients who responded said they were offered a choice of appointment; compared with the local average of 61% and the national average of 66%.

- Sixty-eight percent of patients who responded said they were satisfied with the type of appointment they were offered; compared with the local and the national averages of 70% and 74%.

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 clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social 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 required. This included appraisal and career development conversations. All staff received regular annual appraisals during 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.
- The practice had recognised that the merger would require dedicated work to support the associated culture change. They had commenced this in December 2017 and had further work planned for November 2018 as part of their planned ongoing improvement.

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. Exceptions included, modern slavery and infection prevention and control audits that include the branch site.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, some policies did not inform practice (infection control) and others had not been suitably updated (consent).

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents, and complaints.
- 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 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 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 virtual patient participation group, and a small live patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal 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 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>Regulation 12 Safe Care and Treatment (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated:</p> <p>How the regulation was not being met:</p> <p>{cke_protected_1}· {cke_protected_2}There was not a suitable infection prevention and control policy which informed practice.</p> <p>{cke_protected_3}· {cke_protected_4}There was not a suitable infection prevention and control audit which identified all areas of practice, associated hazards and remedies.</p> <p>{cke_protected_5}· {cke_protected_6}There was not a good level of general cleanliness and tidiness throughout the practice.</p> <p>This was in breach of regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>