

Longbridge Practice

Inspection report

620 Longbridge Road
Dagenham
Essex
RM8 2AJ
Tel: 02036687497

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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.

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 Longbridge Practice on 18 April 2018. This inspection was carried 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

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.
- The practice had no system or process in place to monitor pathology request forms which remained uncollected by patients.

- COSHH risk assessments were not completed for all hazardous substances held at the practice.
- Complaints received were acknowledged and responded to the patient verbally; this was not in line with the practice's standing operating procedure for dealing with complaints.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff described a positive working environment and told us they felt confident to raise issues.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

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

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

- Review how complaints are responded and consider doing so in line with practice policy.
- Review and increase the number of clinical sessions delivered.
- Continue to review childhood immunisation rates which were below the national target of 90%.

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 a practice manager adviser and an expert by experience. There was also an observer from NHS England in attendance.

Background to Longbridge Practice

Longbridge Practice provides primary medical services to approximately 4333 patients through a General Medical Services contract. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The building is owned by Barking and Dagenham Council with whom the practice has a long term leasehold agreement. Longbridge Road has a variety of local amenities including a supermarket, dentist, pharmacist and various other independent shops. The practice is well served by local buses and is a little over one mile away from Barking Underground and Railway Station.

The practice is part of NHS Barking and Dagenham Clinical Commissioning Group. Data available from Public Health England shows the level of deprivation within the practice population group is rated as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The medical team is made up of one male GP working nine clinical sessions a week, a female salaried GP who

works one session per week, two female nurse prescribers and a female practice nurse all working one weekly session. The clinical team are supported by a female practice manager, a reception supervisor and two reception staff. The practice's opening times are from 8:30am to 6:30pm Monday to Friday. Surgery times are from 9.30am to 1:30pm and then 4pm to 6pm. Extended hours are offered between 6.30pm to 8pm on Tuesday. The Out of Hours service is provided by the GP Out of Hours Hub services and NHS 111 service and can be accessed by ringing the local rate telephone number which is displayed in the practice leaflet, slips at reception and a poster on the practice's front door.

Longbridge Practice is registered as an individual to provide the registered activities of Treatment of disease, disorder or injury; Family planning, Surgical procedures and Diagnostic and screening procedures from 620 Longbridge Road, Goodmayes, Dagenham, RM8 2AJ.

Are services safe?

We rated the practice as requires improvement for providing safe services. This was because:

- **The practice had no system or process in place to monitor pathology request forms which remained uncollected by patients.**
- **Not all hazardous substances held on site had been COSHH assessed.**

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. 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 carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage most risks to patient safety, however some areas of practice needed strengthening.

- 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 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.
- On the day of inspection we found that the practice did not have a safe system or process in place to manage hard copies pathology request forms awaiting collection. We found 57 forms that were uncollected by patients which were not followed up by the practice to ascertain the reasons for failing to collect test forms. Examples of uncollected tests requested by the GP included urine sample, microbiology and Hepatitis B immunity. Following the inspection the practice provided us with evidence that all 57 patients were contacted and steps were taken to mitigate any further risks to patient by embedding processes to ensure uncollected pathology scripts were monitored.
- 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.

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, administered or supplied medicines to patients and gave advice on medicines in line with

Are services safe?

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.

- 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 track record on safety was demonstrable in most areas, however better oversight was needed to ensure all chemicals in the building were risk assessed in line with control of substances hazardous to health (COSHH) requirements.

- There were risk assessments in relation to safety issues, however not all COSHH risk assessments were not in place for some of the chemicals held on site such as bleach and surface cleaner.

- 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 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

QOF data used throughout the report and in the evidence table relates to the previous provider. The practice was previously registered as a partnership; however an application was submitted to the Care Quality Commission to change the entity to an individual. The service was registered as an individual by CQC on 30 May 2017.

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.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice 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.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 64% compared to the CCG average of 72% and national average of 80%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Uptake rates for the vaccines given were below the target percentage of 90% in three out of four indicators. The practice was aware of this and initiatives were put in place to improve uptake rate.
- The practice's uptake for cervical screening was 71% compared to the CCG average of 67% and national average of 72%. This was below the 80% coverage target for the national screening programme; however information from Public Health England (PHE) stated that coverage had declined in recent years. In 2015/16 coverage was defined at 73%. The cervical cytology report undertaken by the practice identified this has an area which needed improvement and we saw that actions were implemented to drive uptake rates.
- Sexually transmitted diseases advice was offered by the GP.

Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practices' uptake for breast and bowel cancer screening was below the national average. Staff we spoke to were aware of the practice's below average performance and we saw documented evidence of actions to drive improvements.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Risk registers were in place for at risk children and vulnerable adults.
- 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.

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the local CCG and national averages.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local CCG and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the local CCG and national averages.
- 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; all 14 patients on the learning disability register have had health checks in the last year.

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. This was done mainly through peer review meetings, clinical and non-clinical audits. Where appropriate, clinicians took part in local and national improvement initiatives. For example, they had recently signed up to the Diabetes Local Enhanced Service (LES).

- The most recent published Quality Outcome Framework (QOF) results were comparable at 97% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 95% and national average of 96%. This was achieved with an exception reporting rate 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.)
- The practice used information about care and treatment to make improvements.

Effective staffing

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.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice maintained an end of life register and ensured that 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. For instance the practice worked alongside community health champions who provided patients with health and lifestyle initiatives.
- 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.

Are services caring?

We rated the practice as good for caring.

GP patient survey data used throughout the report and in the evidence relates to the previous provider. The practice was previously registered as a partnership, however an application was submitted to the Care Quality Commission to change the entity to an individual. The service was registered as an individual by CQC on 30 May 2017.

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.

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.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. 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.

GP patient survey data used throughout the report and in the evidence relates to the previous provider. The practice was previously registered as a partnership, however an application was submitted to the Care Quality Commission to change the entity to an individual. The service was registered as an individual by CQC on 30 May 2017.

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, however the building was in need of modernisation in some areas.
- 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.
- Audits were undertaken in response to patient feedback.
- Patients had access to both female and male clinicians.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The influenza vaccine was offered to this patient group and home visits were undertaken for those unable to attend the practice.

- Regular multi-disciplinary meetings were held to discuss individual patients who were deemed to be at risk.

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 and Integrated Care 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 appointments.
- Telephone consultations were available for patients who could not attend during normal working hours.
- Patients who were unable to make an appointment at the practice can make appointments at local GP hubs where same day GP appointments were available including on the weekends.

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.

Are services responsive to people's needs?

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.
- The GP reviewed patients experiencing poor mental health. Patients who failed to attend were proactively followed up by a phone call from a GP.

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.
- Results from the patient survey showed patients satisfaction with how they could access care and treatment were in line with national and local averages for most questions.

Patients were generally happy with how they could access treatment and care, however some patients told us they had to wait long (about four weeks) to get a routine appointment. We spoke to the management team about this and we were told patients could get appointments as appointments availability outnumbered booked appointments. Appointments were audited and it showed that there was a 44% increase in appointments offered to patient compared to the previous year. They told us clinical sessions had increased since they recruited the Nurse

prescribers; however they told us patients did not understand their roles and as such would prefer to see the GP. It was documented in the succession plan that the practice had plans to recruit additional clinical staff members, although this was in the long term.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously, however we found that responses were not done as per practice policy. Annual complaints review was used 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 also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice took appropriate action to resolve the complaint from a patient who had been de-registered. An investigation into the matter found de-registration was caused by a system error. The practice contacted the registration department who advised the practice to accept the patient on the system manually. This resolved the issue and staff were made aware of what to do should this recur in the future. The patient was spoken to by the GP; however the service did not provide a written response to the patient. We discussed this with the practice manager who told us the patient was happy the issue had been resolved.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice 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.
- This was a small establishment which meant that 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 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 using audits, benchmarking and key performance indicators.

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.
- The management team challenged behaviour and performance which was 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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. The establishment used a hierarchical structure which was used to depict individual staff role and function.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. Governance arrangements were shared between the GP and practice manager who worked in partnership and promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing most risks, issues and performance excepting those associated with COSHH and uncollected pathology request forms.

- The process to identify, understand, monitor and address risk to most risks were effective, however we

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found uncollected pathology request forms posed a degree of risk to patients. Following the inspection, the practice took action which reassured the CQC that risks to patients had been mitigated.

- The practice had not carried out COSHH assessments for all substances used on the premises such as bleach and surface cleaner.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints. The individual GP met monthly with other local GPs to discuss clinical matters.
- 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.

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 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

There were 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 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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:</p> <ul style="list-style-type: none">• COSHH risk assessments were not in place for some hazardous substances held on site.• There was no system or process to monitor pathology forms which remained uncollected by patients. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>