The Gainsborough Practice

Inspection report

Warfield Green Medical Centre
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Bracknell
Berkshire
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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?	**Good**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. (Previous rating October 2014 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Gainsborough Practice on 14 November 2018. We undertook this inspection as part of our inspection programme.

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. However, not all incidents were reported using the practice's own process.
- The practice had high exception reporting for some areas of patient care. They had not routinely reviewed the effectiveness of their recall processes, to ensure they engaged with patients appropriately and reduced the number of patients who failed to respond to invitations for reviews.
- Care and treatment was delivered according to evidence-based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Complaints were well handled and in line with guidance. We noted there was no record of verbal complaints.
- Governance processes were established and embedded, although they were applied inconsistently. For example, the practice had not identified high exception reporting or considered the risk associated with patients not attending for review appointments.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

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

- Improve how staff identify events and incidents to be reported through the significant events pathway.
- Review staff training requirements and improve how training records are maintained.
- Consider how verbal complaints could be documented and included in complaints analysis.

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	Requires improvement
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)	Requires improvement

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 CQC inspection manager.

Background to The Gainsborough Practice

The Gainsborough practice is located in a purpose built medical centre which is shared with the branch surgery of another practice in Bracknell, Berkshire. The practice belongs to East Berkshire clinical commissioning group (CCG). Approximately 10,000 patients are registered with the practice. The practice does not have a large number of patients in the older and younger age groups compared to the rest of the CCG and nationally. The practice does have a larger number of working aged patients than the national average.

Two GP partners (both male, whole time equivalent (WTE) 2) operate the practice and there are four salaried GPs (3 female, 1 male, WTE 2.5).

The nursing team consists of a nurse practitioner (female, WTE 1) and two practice nurses (both female, WTE 1.65). There is a practice manager and a team of reception, administration and secretarial staff. Services are provided via a General Medical Services (GMS) contract.

The practice provides the following regulated activities:

Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

All regulated activities are offered from:

Warfield Green Medical Centre

1 County Lane

Whitegrove

Warfield

Bracknell

Berkshire

RG42 3JP

The practice is part of a federation of Bracknell and Ascot GPs who provide extended hours appointments to all patients in the Bracknell and Ascot area from a dedicated surgery. GPs and nurses from across the area work for the federation to offer a variety of appointments on weekday evenings, Saturday mornings and Sunday mornings.

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the website.

Good

Are services safe?

We rated the practice as good 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 were available to staff. We noted the safeguarding lead was not aware of all safeguarding referrals that had been made by staff at the practice.
- 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 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 an effective system to manage infection prevention and control. However, we noticed a damaged item of furniture in one of the treatment rooms that had not been identified as an infection control risk on the latest infection control audit. The practice told us they had taken action on this after the inspection.
- 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 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.

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. The infection control lead nurse had undertaken a cold-chain audit in October 2018 to identify any issues with the fridges or medicines stored in them.
- 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 was aware of the need for antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations. E-consultation was restricted to specific patients. The practice had a policy outlining which patients could access e-consultation and only one GP offered this service from the 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.

Good

Are services safe?

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 were aware of how to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We noted not all incidents and events had been identified to be reported through the significant events process. For example, an emergency in the practice. The practice informed us they would offer additional training to staff after the inspection.
- 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.

Requires improvement

Are services effective?

We rated the practice and two population groups (people with a long-term condition and people with a mental health condition) as requires improvement for providing effective services. All the other population groups were rated as good.

The system operated by the practice to recall patients was not operated effectively. This resulted in fewer patients in these groups attending for their tests and appointments than the local and national averages.

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.
- One of the GP partners offered an e-consultation service for specific patient groups, such as those requesting test results or queries about existing conditions management.
- 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 an 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 commenced anticipatory care planning in September 2018 and had reviewed 21% of all eligible patients.
- 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 were offered an annual review to check their health and medicines needs were being met. The practice offered second and third recall letters to patients who did not attend for their review. We were told after the third recall letter the patients were exception reported without a clinical review. (Exception reporting is the removal of patients from the data who have been invited to attend for review and did not attend, or it would not be appropriate to carry out the review). We saw an example of a patient who had not been reviewed for six years. Some patients had formally declined to attend and had signed a disclaimer. The practice did not follow up on these patients or attempt to engage with them to understand their concerns.
- The practice's performance on quality indicators for long term conditions was in-line with local and national averages for many indicators.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (an irregular heart beat) were assessed for stroke risk and treated as appropriate. However, we noted high exception reporting figures for some of these indicators. The practice was unaware of this.
- For patients with the most complex needs, the GPs 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.
- 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. One of the GPs had commenced a project to identify patients who were at risk of developing metabolic syndrome (a combination of high risk factors including raised blood pressure and raised cholesterol that could put the patient at risk of developing a long-term condition such as diabetes, or a life changing/limiting condition such as stroke).

Requires improvement

Are services effective?

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice looked after pupils from two local private schools. The practice offered a weekly visit to the school where appointments were made for young patients to see a GP.

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

- The practice's uptake for cervical screening was 79.7%, which was in line with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual health checks to patients 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 practices performance on quality indicators for mental health was in line with local and national averages. We noted high exception reporting for this group of patients. By being excepted, these patients did not have access to a review of their condition or other risk factors such as alcohol intake. The practice was unaware of the figures and had not reviewed their recall processes to ensure they were effective.
- 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.

Monitoring care and treatment

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

- Practice performance was above average against national quality indicators included within the QOF national scheme. However, the practice had failed to identify that the system used to invite patients for tests and review was not working effectively. A higher than average number of patients were not attending for their long-term condition or mental health reviews despite the practice offering three reminders. The third reminder letter contained a disclaimer the patient could sign to state they declined their offer of a review. The GPs were not involved in the final decision to exception report a patient and there was little patient engagement to improve uptake.
- 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.

Requires improvement

Are services effective?

- 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. Staff were encouraged and given opportunities to develop. The practice kept yearly logs of skills, qualifications and training undertaken. However, the logs did not include the previous date of training and it was unclear if a member of staff was overdue an update or had not undertaken any training at all. We found an example of two GPs who had not received annual fire safety training in 2017 or 2018. After the inspection, the practice showed us a merged staff training log with clear indication of any required training. There were still a few gaps in training requirements, across all staff groups, which the practice manager was following up.
- 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.
- GPs held regular referral meetings where all patient referrals were discussed and shared. This enabled GPs to remain up to date with referral guidance and offer peer support in decision making.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. However, the high exceptions for patients diagnosed with a severe mental health condition showed 49% of these patients had not had a care plan discussed and documented in the preceding 12 months.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health. The reception team had been trained to offer active signposting to patients who required additional support through social prescribing. We saw examples of staff informing patients of a “green gym”, a locally run outdoor facility, where patients with mental health conditions can enjoy outdoor activities including gardening.
- 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.

Requires improvement

Are services effective?

- 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 above 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 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 had arrangements in place to help support them. For example, carers could access an annual health check and flu vaccination.
- The practices GP patient survey results were above 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.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and email 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.
- 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Staff were trained to offer flexible appointments to older patients to specifically reflect their needs. For example, checking bus timetables to ensure a patient could make their journey to and from the practice in daylight hours.
- The reception team had been trained in active signposting to offer additional areas of support for patients to help prevent feelings of isolation or loneliness.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Where appropriate, multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- All patients with a long-term condition had a named GP and the practice endeavored to offer patients appointments with their named GP to ensure continuity of care.
- The practice held regular meetings with the local multi-disciplinary teams 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, telephone consultations and email consultations were available.
- Working patients who could not attend the practice during core opening hours could access a local extended hours service which operated weekday evenings and Saturday and Sunday mornings. Appointments could be made via the practice reception.

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):

- All patients with mental health conditions had a named GP.

Good

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

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 practices GP patient survey results were above local and national averages for questions relating to access to care and treatment. The practices own survey aligned with these findings.

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 also from analysis of trends. It acted as a result to improve the quality of care.
- We noted there was no record of verbal complaints and the practice had not considered including these in analysis of themes and trends. The practice decided to review this after the inspection.

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 good-quality, sustainable care.

- Leaders were knowledgeable about most 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. The practice was actively trying to recruit additional GP partners to 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 of staff where it 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Some 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. However, these were not always operated effectively.

- Governance oversight had not identified that the recall system for patients with long term conditions and mental health conditions was not working effectively. This gave rise to a higher than average number of patients in these groups not attending for regular reviews, tests and treatments.
- Structures, processes and systems to support good governance and management were clearly set out, understood and in the majority of areas of activity, were 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 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.

Good

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, 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 mostly 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. However, the practice was unaware of the high exception reporting for patients with some conditions and did not have effective oversight of the failure of patients in these groups to respond to invitations to monitor their care. The practice reviewed this after the inspection and told us they had implemented a new process where all patients would be clinically reviewed prior to an exception being made on their record.
- 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 who undertook patient surveys and promoted the practice to the public, through health information stands at the local supermarket and at local fetes.
- 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 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. There was a team meeting structure in place and staff felt encouraged to attend team meetings to share their views, ideas and concerns.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Care and treatment of service users must be appropriate, meet their needs and reflect their preferences.** **How the regulation was not being met:** **Care and treatment was not being designed with a view to achieving service user preferences or ensuring their needs were met. In particular:** • The system used to recall patients with long term conditions and mental health conditions were not always operated effectively. Higher than average numbers of patients in these groups were not accessing care when invited to do so. • The practice had no oversight or monitoring processes to identify the higher than average numbers of patients with long term conditions and mental health conditions not accessing the care and treatment offered.