

Chalgrove and Watlington Surgeries

Inspection report

The Chiltern Surgery
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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 November 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 inspection at Chalgrove and Watlington Surgeries on 15 October 2018 as part of our inspection programme.

At this inspection we found:

- 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 found the appointment system easy to use and reported that they were able to access care when they needed it. The practice provided a responsive appointment system that resulted in short waits for both urgent appointments and appointments booked in advance.

- The practice worked closely with local charities and community organisations to encourage patients to access social and support networks when it was appropriate to do so.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Patient feedback about the services offered was consistently positive.
- The practice had 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, monitoring of safety had not identified that the cold chain policy, in place to maintain medicines at appropriate temperatures, had not always been followed. Also, the practice had not completed the necessary authorisation for all nurses to administer vaccines without the need for individual prescriptions.

The area where the provider must make improvement is:

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

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

Comprised a CQC Inspector and a CQC GP advisor.

Background to Chalgrove and Watlington Surgeries

Chiltern Surgery in Watlington was purpose built in 2004. There is accommodation for district nurses and health visitors in this surgery. The Brooks Surgery in Chalgrove was built in 2006 and is situated at the edge of the village. There are approximately 7,400 patients registered at the practice. The practice serves a high number of patients living in local villages and rural locations. There is a higher proportion of patients between 45 and 70 years old. Data shows that there is a low incidence of income deprivation among the registered population. The registered population is also predominantly white British with only 2.5% of the population originating from other ethnic groups.

The practice has six GPs (four females and two males). Of these four work part time thus making a total of 4.75 whole time GPs. There are four practice nurses whose working hours make up two whole time nurses. The four health care assistants are equivalent to just over one full time member of staff in this group. The clinical team is supported by a practice manager and a team of 13 reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Although one the two sites closes on different days at 2pm, one site was always open until 6.30. Extended hours appointments are provided on Saturday mornings between 8am and 10.50am at one of the sites and this was alternated between sites each week. One weekday from 7.30am. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

Chalgrove and Watlington Surgeries is registered to provide the regulated activities of: Treatment of disease, disorder and injury; Surgical procedures; Diagnostic and screening procedures; Family planning and Maternity and midwifery services from both the following sites:

The Brook Surgery, High Street, Chalgrove, OX44 7AF and
The Chiltern Surgery, Hill Road, Watlington, OX49 5AF

We visited both practice sites during the inspection.

Are services safe?

We rated the practice as requires improvement for providing safe services because the systems to manage medicines did not always keep patients safe.

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. 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 we spoke with were able to give an example of following up a safeguarding concern with the appropriate authority.
- 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. These were appropriately and clearly documented.
- 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 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. All non-clinical staff had also received training in what symptoms may indicate 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 did not always have reliable systems for appropriate and safe handling of medicines.

- Prescribing data showed the practice followed local prescribing guidelines and reviewed their prescribing practices.
- The systems for managing and storing medicines, medical gases, emergency medicines and equipment, minimised risks.
- Vaccines were not always stored at the correct temperature at the Watlington site. Review of the records of vaccine fridge temperatures showed that staff had not reported when the maximum temperature exceeded eight degrees. Staff had not followed the practice cold chain policy. However, within two days of the inspection the practice told us they had followed guidance from the fridge manufacturers. This resulted in the practice correctly recording the fridge temperatures and not air temperature. Two days of recordings showed maximum temperatures had fallen by over one degree.
- Patient group directions (used to enable qualified nurses to administer vaccines without individual prescriptions) had not always been appropriately signed off for the most recently appointed practice nurse.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in

Are services safe?

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.

- 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.
- We were told that a fridge in which flu immunisations were held was also used to hold specimens awaiting collection. Guidance states that vaccine refrigerators should not be used to store any other materials. The practice confirmed within two days of inspection that a separate refrigerator had been purchased to avoid mixing specimens with immunisations.

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.
- 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 overall.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- One of the GPs also worked with the National Institute for Clinical Excellence. This enabled them to brief other clinicians on how to apply new guidance.
- 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 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. Longer appointments were available, on request, for older patients with either complex or multiple problems to give additional time to assess and meet their needs.
- The practice worked with local charities to identify patients in need. This assisted in identifying elderly housebound patients.
- The Flu immunisation provision was specifically arranged for the needs of elderly patients and included visiting the local drop in centre to administer these immunisations at the lunch club and maintain the highest possible uptake of flu immunisation for this group of patients.

- When appropriate digital care plans for older at risk patients were put in place.
- The practice encouraged older people to join the local walking group and provide information on how to take part.

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. Each of these patients has a named GP. 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. The practice provided the majority of care for patients with long term conditions and consequently had a lower than average hospital admission rate for patients diagnosed with 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 above average.

Families, children and young people:

- Childhood immunisation uptake rates were better than the challenging target percentage of 95%.
- If a child failed to attend for their immunisations the practice nurses made a telephone call to the parent or carer and reminded them of the importance of immunisations and re-booked the appointment.
- 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):

Are services effective?

- The practice's uptake for cervical screening was 78%, which was below the 80% coverage target for the national screening programme. The practice was aware that the target uptake was not being achieved. Whilst staff we spoke with opportunistically reminded patients who had not attended screening of the benefits of the programme there was no formal system of follow up in these situations.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- 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 considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. The practice identified that offering home visits to traveller families was often more effective than an appointment at the practice.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- One of the GPs had undertaken additional training to work with patients with a learning disability. Staff were briefed in how to support this group more effectively. For example, in helping these patients with their check in for appointments. There was strong focus on providing health checks and 23 out of 25 patients had received a health check in the last year.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice held formal shared care agreements with the local mental health team to support patients in this group who were prescribed high risk medicines.
- The practice's performance on quality indicators for mental health was above local and national averages.

Monitoring care and treatment

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

- The practice results for indicators relating to provision of care to patients with long term conditions was above average. Where the number of patients removed from monitoring of their long term conditions was above average the practice took action to review the exceptions and bring more patients into the monitoring measures.
- The practice used information about care and treatment to make improvements. A broad programme of continuous clinical and internal audit was ongoing within the practice even when care outcomes already showed high quality of care.
- 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.

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. 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.
- The practice had a programme of one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

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

- The practice ensured that end of life care was delivered in a coordinated way which 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 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.

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 practice's 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 supported them.
- The practice's 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.

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 provided 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. This included recruiting a physiotherapist to work at the practice and referring to local private services such as osteopathy and podiatry. This assisted patients who found difficulty in travelling to hospital clinics located in major towns nearby.
- 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. Whenever possible the practice organised reviews for patients with multiple long term conditions at one appointment. This reduced the number of visits the patient needed to make to the practice.

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 organised home visits to ensure the named GP for elderly patients undertook their home visit whenever possible.
- The practice was responsive to the needs and offered urgent appointments for those with enhanced needs.
- There was a service that transported older patients to their appointments at the surgery's when the patient did not have access to transport. The voluntary driver service also included taking older patients without access to transport to hospital and clinic appointments.

- Older patients were offered, with no limits, telephone calls and online access for medication requests.

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.
- The practice provided continuity of care for this group of patients with 84% of the patients seeing the same nurse or GP compared to the national average of 50%
- Patients attending for a review of their long-term condition could book an appointment for a day and time that suited their needs. Attendance for reviews was not restricted to clinics held on set days and times.

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.
- The practice worked closely with the family centres in Chalgrove and Watlington
- The practice liaised with local secondary school nurses in providing urgent school hour appointments. For example, for immediate contraceptive issues.
- The practice provides a specific flu immunisation clinic for children and young patients that need this immunisation.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- On line access for booking appointments and repeat prescriptions.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice identified a group of traveller families who were offered home visits when they found it difficult to attend the practice.

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 practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Longer appointments provided as required
- The practice provides accommodation for local counselling services reducing the need for patients to travel into major towns to access counselling services.
- The practice held regular meetings with the local mental health team to coordinate the care of patients with long term mental health problems.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were consistently above local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

Please refer to the evidence tables for further information.

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 processes in hand 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 plan embedded within their vision statement 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 their strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff, teams and the local community.

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.
- Management of the clinical input to the local nursing home was clearly set out and time was allocated to offer the support people living at the home required.
- 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. The majority of these processes were monitored to enable leaders to assure themselves that they were operating as intended. However, leaders had not identified that authority for a recently appointed practice nurse to administer vaccines had not been completed in full.

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. However, we noted that staff had not followed one of the practice procedures when one of the vaccine refrigerators temperature readings were marginally above the recommended range.

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. We noted that staff had implemented the plan when services had to be transferred from Chalgrove to Watlington surgery when Chalgrove surgery was subject to a flood.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, by providing access to a website that included a wide range of advice on how to access appropriate services, support groups and self-manage health conditions.
- The practice submitted data or notifications to external organisations as required.
- There were relevant 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 practice worked with local community groups to provide patients with access to social opportunities, transport and healthy activities.
- Information about practice activities and health promotion was shared with the community by posting articles in local parish publications.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Staff had access to necessary training and other training relevant to their role. Management encouraged staff to undertake relevant training. For example, one of the nursing staff had been trained to support the care of patients with COPD. This member of staff was being supported in putting their training into action.
- 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. A programme of whole team meetings had been instituted. The records of the meetings held in August 2018 showed that all staff were involved in the management of the practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: 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:By ensuring all nurses were practicing within their sphere of competence when administering vaccines.By ensuring medicines requiring refrigeration were appropriately monitored at all times in accordance with practice policies and procedures.