

Surrey Lodge Group Practice

Inspection report

Surrey Lodge Group Practice
11 Anson Road
Victoria Park
Manchester
M14 5BY
0161 224 2471
www.surreylodge.co.uk

Date of inspection visit: 06 June 2018
Date of publication: 13/07/2018

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 August 2015 -Good)

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 Surrey Lodge Group Practice on 6 June 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had experienced a change in leadership within the last two years. The practice recruited a new practice manager in August 2017 to lead and support the team to provide a safe and effective service.
- The new management team identified several areas of improvement and implemented a comprehensive plan to improve and develop the practice and service delivery.
- This inspection identified many areas where changes had been implemented and a plan was in place to continue with the implementation of improvements.
- Areas requiring further development including implementing health and safety risk assessments and systems of staff training and support.

- The practice had clear systems to manage safety incidents. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- 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 care and treatment is provided in a safe way to patients.

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

- Continue to identify and support patients who are also carers.
- Review the reception area to seek solutions to improve patient privacy.
- Continue with the planned programme to establish the patient participation programme.
- Continue to implement the strategy to improve achievement in cervical cytology.

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)	Requires improvement	
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 and the team included a GP specialist adviser.

Background to Surrey Lodge Group Practice

Surrey Lodge Group Practice is located at 11 Anson Road, Victoria Park, Manchester, M14 5BY. The practice is part of the NHS Manchester Clinical Commissioning Group (CCG) and provides services under a Personal Medical Services contract with NHS England. It has 8460 patients on its register. The practice website address is www.surreylodge.co.uk

The surgery is provided from a large Victorian building and is in a busy residential and commercial area, close to the university, local hospital and city centre Manchester. The practice offers car parking facilities, and disability access. The practice provides consultation and treatment rooms on the ground floor and first floor. A programme of redecoration and refurbishment is being implemented.

There are three GP partners, (two female and one male) and two salaried GPs, one nurse practitioner, two practice nurses, one health care assistant, one practice manager and a range of administrative and reception staff.

The practice telephone lines are open Mondays to Fridays from 8am to 6.30pm and the practice staggers appointments throughout the day from 08:20 am until 6pm. Extended hours are provided two mornings each week from 7am and appointments are available with the practice nurse team and a GP. The practice can also offer patients a same day appointment at one of Primary Care

Manchester's hub sites. These are local surgeries who offer extra appointments seven days a week for those patients who have an urgent need to see a doctor on the day. They also offer weekend appointments if preferred.

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

The practice has a lower number of patients under the age of 18 years, 15% compared with the CCG average of 24% and England average of 21%. Similarly, there lower number of patients over the age of 65 years (7%) compared with the CCG average (10%). The largest age group of patients registered at the practice are between 15 and 44 years.

The practice has 37.1% of its population with a long-standing health condition, which is lower than the CCG and the England average of 53% and 53.7% respectively. Unemployment at 11.4% is higher than the local average of 8.8% and national average of 5%.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

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

The practice was rated as requires improvement for providing safe services because:

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. Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Training records to demonstrate staff were trained to the appropriate level were not readily available.
- 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 manager had identified that not all the appropriate staff checks had been undertaken at the time of recruitment or updated as staff changed their roles within the practice. The practice manager had an action plan in place to address this and other areas requiring improvement at the practice.
- Evidence that an infection control audit had been undertaken was not available. The practice manager was aware of this and a comprehensive risk assessment and audit plan was available, to be implemented after staff had received training in infection control and prevention and health and safety. This was scheduled for June 2018. A comprehensive staggered refurbishment programme was in place for the practice and the practice manager ensured all materials and equipment complied and facilitated infection control and prevention. Staff were aware of their responsibilities in relation to infection control and prevention.
- 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. 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.
- 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. Regular monitoring of stocks and expiry dates were available; however, oxygen masks were not always subject to the same level of scrutiny.
- 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 acted 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 was implementing a plan of safety improvements.

- The practice had recruited a health and safety support services and comprehensive policies and risk assessments were ready to be implemented. The practice manager had scheduled health and safety training for all staff so that they understood their role and responsibilities in relation to health and safety and the policies and risk assessments pertinent to the practice.

- 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. A protocol so staff could respond consistently to significant events was not in place.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted 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 as good for providing effective services overall and across all population groups except for Working age people (including those recently retired and student population groups) which we rated requires improvement.

The practice was rated as good for providing effective services because:

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.
- The practice had recently introduced software to ensure patients received timely recalls for monitoring of their health condition.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective because:

- Older patients who were frail or 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.

People with long-term conditions:

This population group was rated good for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were monitored 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 in line with local and national averages.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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):

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 52%, which was below the 80% coverage target for the national screening programme. The practice was aware of this low achievement and implemented action to address this.
- The practice's uptake for breast cancer screening was just below 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.

Are services effective?

- 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:

This population group was rated good for effective because:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice provided several examples of where they had supported patients in living in different or difficult situations with their wishes.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice supported a local initiative to provide support to migrants. This initiative ensured patients including asylum seekers, refugees and the homeless were provided with health care and support. The practice provided examples of patients who they supported and were homeless by arranging health care facilities locally. The practice also worked closely with a shelter that provided care to people who had been trafficked.
- 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):

This population group was rated good for effective because:

- 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 provided GP care and treatment to three local care homes who provided residential and nursing care to patients with mental health problems including dementia and challenging behaviours. One GP was the lead for these patients and provided continuity of care for annual health and medication reviews.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with 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 used the Quality Outcomes Framework (QOF) to monitor performance and effectiveness. (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice could demonstrate improvements in their QOF achievement for each year since 2013.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice manager had reviewed the practice's records of training and support and identified improvements were required. They had acted and

Are services effective?

implemented a plan of staff development that included using the monthly practice meetings to provide training and individual support to develop staff member's skills and abilities in their allocated job role. The practice had purchased an online training package that facilitated e-learning of core subjects and maintained a training matrix of staff training.

- The practice provided staff with ongoing support, however records of this support and staff appraisal were not available for all staff. There was an induction programme for new staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records 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 need 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.
- 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.

The practice was rated as good for caring because:

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 the local and national averages for questions relating to kindness, respect and compassion. These views were reflected in 43 out of 45 of the patient feedback comment cards we received.

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 had installed a citizen's advice direct telephone line and staff had received training on how to direct and support patients to contact this support service.

- The practice had recognised that had more work to do to increase their register of patients who were carers and were implementing a plan to improve this. The practice had less than 1% of patients registered as a carer.
- The practice's GP patient survey results were slightly above or in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- The available space for the patient waiting room and the reception desk was limited and this potentially compromised the privacy of patients' conversations with reception staff and on the telephone. The practice manager was aware of this and was seeking solutions to improve patient privacy.
- 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 the population groups, as good for providing responsive services.

The practice was rated as good for responsive because:

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 practice understood the needs of its population and tailored most services in response to those needs.
- The practice was implementing a programme of redecoration and refurbishment and this included upgrading the amenities to ensure patients with mobility issues or parents with babies had access to appropriate facilities.
- The practice made reasonable adjustments when patients found it hard to access services. Patients records provided clear examples of how the practice had ensured interpreters were available to support patients at appointments.
- 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.
- The practice provided services such as ultrasound and audiology services in-house to support their patient population.
- The practice had a dedicated phone line for Citizen Advice.
- 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.

Older people:

This population group was rated good for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who required it.

People with long-term conditions:

This population group was rated good for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good for responsive because:

- 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):

This population group was rated good for responsive because:

- 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 were available from 7am two morning each week and patients also had access to appointments at weekends at specific locations in Manchester.
- Patients could book appointments and order repeat prescriptions online.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- 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.
- The practice supported the Migrant programme. This initiative ensured patients including asylum seekers, refugees and the homeless were provided with health care and support. The practice provided examples of patients who they supported and were homeless by arranging facilities locally. Good evidence was available demonstrating the use of interpreters and telephone interpreters to support patients whose first language was not English.
- The practice worked closely with a local charitable organisation that provided safe house provision for people who had been trafficked.
- The practice was proactive in listening and promoting patients' wishes at end of life and we heard examples where the practice had worked closely with the patient, their families and palliative care services to enable patient to die with dignity in a place of their choosing.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided dedicated support to three residential care homes providing care and treatment patients with mental health illness and patients with challenging dementia type diagnosis.

Timely access to care and treatment

Patients could 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 in line with local and national averages when referring to timely access to the service. One patient we spoke with and two of the 45 returned comment cards stated that they had to wait on occasion for a routine appointment with a GP of their choice.
- The practice manager had implemented a system of monitoring patient demand with capacity and had adapted the appointments system to improve capacity. The practice was also recruiting to provide more GP availability.

Listening and learning from concerns and complaints

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

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

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.

The practice was rated as good for well-led because:

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice management structure including GP partners and practice management had been through a period of significant change within the last two years. The recruitment of a new practice manager in the second half of 2017 and the GP partnership reviewed their service and identified significant gaps in the administration infrastructure of the practice. The leadership had good insight and understood the challenges they faced and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
-
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so.
- There were processes in place to improve practice's systems of support for staff with their development. A planned programme of staff appraisal was in place and ready to be implemented. 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.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- The practice manager was working with the newer GP partners to establish and implement a planned programme of improvement. The practice partners met weekly with the practice manager to review their progress in achieving its improvement objectives.
- The practice manager had worked hard with staff to ensure they were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Planned training for safeguarding and infection prevention was in place.
- 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.

Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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 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 arrangements were in place, 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, the public, staff and external partners to support high-quality sustainable services. The practice was trying to improve involvement from patients.

- The practice manager confirmed that the practice had never had a patient participation group and they were actively trying to recruit patients to join one.
- 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.
- 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. The practice leadership had implemented a full review of the service it provided and had implemented systematic plan of improvement covering all areas of service development including the building and facilities, staffing and training and patients care.
- 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.

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: •Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated; •Implementation of health and safety risk assessments and policies, including one for responding consistently to incidents. The registered persons had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: •Maintaining accurate records of training in health and safety, infection control and children’s safeguarding for all staff. Regulation 12(1)