

Chineham Medical Practice

Inspection report

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Chineham
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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

Requires improvement 

Are services safe?

Requires improvement 

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 Requires Improvement overall. (Previous rating February 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

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 Chineham Medical Practice on 21 June 2018 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.
- Several mandatory training modules were not up to date for some members of staff.
- 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.
- Patient outcomes data was below local and national average in some areas. For example, Quality and Outcome Framework (QOF) data had not been fully addressed with regards to clinical indicators for diabetes and mental health outcomes.
- 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 for urgent reasons.

- The practice scored higher than local and national averages in the National GP Survey for treating their patients with kindness and compassion.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- Staff had been supported to develop their professional skills and remained at the practice in their new roles which benefited the patient population.

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure care and treatment is provided in a safe way to patients.

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

- Review arrangements for identifying and registering patients who are also carers.
- Review practice policies to ensure all contain up to date information and feature an appropriate review date.
- Continue to review patient feedback regarding access to appointments and the experience of making appointments.
- Review how Quality and Outcome Framework (QOF) data is monitored to improve clinical indicators in diabetes, mental health and uptake of cervical screening.

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, a practice nurse specialist adviser and a practice manager adviser.

Background to Chineham Medical Practice

Chineham Medical Practice is in Chineham, a suburban area of Basingstoke, Hampshire. The premises building is owned and managed by the partners of the practice.

Chineham Medical Practice is located at:

Reading Road

Chineham

Basingstoke

RG24 8ND.

The local clinical commissioning group (CCG) is NHS North Hampshire CCG. Chineham Medical Practice is registered with the Care Quality Commission to provide regulated activities for the treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, surgical procedures and family planning. The practice provides health services to approximately 13,220 patients.

The practice has seven GP partners and three salaried GPs. There are two advanced nurse practitioners, four practice nurses, and two healthcare assistants. There is one practice manager, five receptionists and an administrative team of seven. The practice is a training practice and had two GP registrars attached to the practice at the time of inspection.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours is available via the Primary Care Home from 6.30pm to 8pm Monday to Friday and 9am to 11am on Saturdays. Chineham Medical Practice operates the Primary Care Home alongside Whitewater Health and Clift Surgery providing extended access to the patient populations of all three practices. The practice has opted out of providing out-of-hours services to their own patients. Patients can obtain out of hours care using the NHS 111 service.

Are services safe?

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

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents 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 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 checks for permanent staff at the time of recruitment and on an ongoing basis.
- The practice confirmed they did not perform these checks on temporary staff, such as GP registrars (GP registrars are qualified doctors who are training to become GPs). The practice stated this was instead done by Hampshire Hospitals NHS Foundation Trust (HHFT) who employed the GP registrars, and who were then attached to the practice for a short time only.
- There were systems to manage infection prevention and control. However, we saw evidence of gaps in the infection control training that the practice's policy stated must be completed on a yearly basis for clinical staff. Out of the 18 permanent clinical staff at the practice, one had no record and two had not completed their annual update.
- 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 within the practice. Clinical waste was stored in a locked bin once it had been removed from the building. However, the bins were not securely stored. The practice has since reported this was due to vandalism and they have contacted a locksmith to resolve the situation.

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 permanent and 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 systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.

Are services safe?

- 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.
- However, the safe storage of prescription stationery was not assured.

Track record on safety

The practice had a good track record on safety.

- There were 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. However, the practice had no system for ensuring all safety alerts had been acted upon once the practice had received them.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall. We rated the population groups as good, except for people with long-term conditions and people experiencing poor mental health which we rated as requires improvement.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had employed its own clinical pharmacist on a part-time basis. The clinical pharmacist completed medicine reviews for all patients, as well as assisting in the review of hospital discharge summaries and performing polypharmacy reviews.

We rated Older people as good for effective:

- 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.

We rated People with long-term conditions as requires improvement for effective:

- 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. Two of the practice nurses had been trained specifically in asthma, chronic pulmonary obstructive disorder and diabetes.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to 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 asthma was above local and national averages.
- The practice's performance on quality indicators for long-term conditions was broadly in line with local CCG and national averages. One indicator was below.
- The practice reported they were aware of this and had introduced new strategies to address this issue. However, the impact of these new strategies had not had enough time to demonstrate an improvement.
- The practice reported one reason for their low-quality indicator for diabetes was likely due to the practice relying on the local hospital, who lead on the care of type 1 diabetic patients. The practice did not expect patients to attend the practice for a second review for a data collection exercise. The communication between the practice and the local hospital with regards to quality indicator data was an ongoing project.
- The practice has since provided unverified data from a recent clinical commissioning group Diabetes forum that showed they had risen from 16th to 9th position with regards to their performance following the National Diabetes Audit 2016/17.

We rated families, children and young people as good:

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

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

We rated working age people (including those recently retired and students) as good:

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme. The practice was aware of their current uptake and reported they were participating in the local Cervical Screening Incentive Scheme to increase the uptake.
- The practice's uptake for breast and bowel cancer screening was above 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.

We rated people whose circumstances make them vulnerable as good:

- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

We rated people experiencing poor mental health (including people with dementia) as requires improvement:

- 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 performance on QOF indicated for mental health conditions was broadly in line with local CCG and national averages. One indicator was below.

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 confirmed they were aware that the QOF data was below the local clinical commissioning group (CCG) and national averages and reported they had already discussed ways in which they would rectify it. However, these plans had only recently been implemented so any improvements had not yet been analysed.
- 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 some 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.

Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills and qualifications were maintained. Staff were encouraged and given opportunities to develop.
- However, the training records of staff members were seen to contain gaps in Information Governance, Equality & Diversity and Mental Capacity Act training.
- Post inspection, we were informed that a face-to-face session for Mental Capacity Act training had been arranged for 10 September 2018 for all staff to attend.
- Staff who had been identified as fire marshalls were reported to have received specialist training in December 2012.
- 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. However, we saw evidence of eight staff members who had not received regular annual appraisals in the last year.
- 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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. We saw evidence of consent forms being used for minor surgical procedures.
- 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. Some non-clinical staff reported they were not 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) but stated they helped patients access information whenever they requested support.

- 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 semi-private area away from the reception and waiting 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 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 web GP consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice had implemented eConsult since December 2016 and reported it was a popular service.
- The practice had recently employed two nurse practitioners to join the 'duty team' to improve access to clinical care.
- The facilities and premises were adequate for the services delivered. However, the practice reported they felt the premises were too small to provide their services effectively and were liaising with the local clinical commissioning group about their options.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice had access to a designated geriatrician based at the local hospital that they could contact for advice as required.
- The practice participated in the Bluebird Care JET (Joint Emergency Team) pilot scheme in partnership with the local clinical commissioning group (CCG) to avoid potential bed-blocking situations and to prevent acute hospital admissions.
- 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.

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 held regular diabetic multi-disciplinary team meetings with the lead GP, diabetes practice nurse and local consultant to discuss complex diabetic cases.
- Patients with asthma could use the practice website to submit an online questionnaire about their current condition which is reviewed by a practice nurse specially trained in asthma care.
- Practice nurses had access to a local chronic leg ulcer clinic for complex cases to be referred.

Families, children and young people:

- The practice offered online booking for smear appointments to enhance access.
- 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 practice participated in the local Primary Care Home as part of the Improved Access scheme for patients to access more convenient appointments.
- 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.

People whose circumstances make them vulnerable:

- The practice was in the process of becoming a Learning Disability Friendly practice.

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The lead GP at the practice is the link with Loddon School, a local independent school for children with learning disabilities.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend appointments were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were generally 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 National GP patient survey results were above local and national averages for questions relating to getting through to someone at the practice on the telephone and being satisfied with the practice's opening hours.
- However, the practice's National GP patient survey results were below the local and national averages for questions relating to being able to access appointments or felt that the experience of making an appointment at the practice was positive.

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 effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

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

Culture

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

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

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. However, there were eight staff members who had not received regular annual appraisals in the last year. Staff reported they were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff. However, managers and administrative staff were needing to share offices due to lack of space.
- The practice actively promoted equality and diversity. However, there were four out of 31 permanent staff members, had not received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- Staff confirmed they had been supported by the practice to progress in their professional careers. For example, a healthcare assistant had trained to become one of the practice nurse's, and two receptionists had trained to become either a healthcare assistant or an administrator within the practice.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management, but they were not fully embedded.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The practice confirmed there was no clinical lead or effective oversight regarding QOF, but they reported they did have a strategy to address this issue and were considering sourcing external support to help in improving their QOF figures.
- Practice leaders had established policies, procedures and activities to ensure safety but had not always assured themselves that they were operating as intended. For example, the arrangements for the actioning of safety alerts were not reviewed fully so managers were not able to provide assurances that all safety alerts had been actioned and closed.

Are services well-led?

- Some policies seen during the inspection were found to have not been updated or reviewed since 2014.

Managing risks, issues and performance

There were some 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. The practice reported the premises of the practice was now too small for the services it delivered for the patient population, so the practice reported they were liaising with the local clinical commissioning group about their options.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints, but not for safety alerts.
- 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 generally acted upon 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 but not fully utilised. However, the practice reported they had introduced new strategies to address the identified weaknesses, but it had not been implemented long enough in order for any improvement to be analysed in time for this inspection.

- 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 a virtual patient participation group, led by a chairperson who held regular face-to-face meetings with the practice management.
- 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 knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The security of prescription stationery was not fully assured.• The security of clinical waste was not in line with national guidelines.• There was no evidence for the actioning of safety alerts received by the practice. <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Mandatory training was not updated according to the practice's own guidance with regards to infection control, information governance, equality and diversity and Mental Capacity Act training.• Appraisals for eight members of staff had not been completed within the previous 12 months. <p>This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |