

# Vine Medical Group

## Inspection report

Forest End  
Waterlooville  
Hampshire  
PO7 7AH

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www.vinemedicalgroup.co.uk

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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?

Requires improvement 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Requires Improvement overall.** (Previous rating May 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Vine Medical Group on 14 and 15 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had successfully undertaken and completed a second merger since their last inspection and were now a four-site practice.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect; however, the practice's National GP patient survey results did not reflect this.
- Patients reported the appointment system was easy to use and reported that they were able to access care when they needed it.
- There was a clear management and leadership structure in place.

- The practice created and implemented numerous innovations in their practice to improve patient outcomes and to support staff.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvement 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 specified information is available regarding each person employed.

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

- Review how high-risk medicines are monitored in line with national guidance.
- Review how risk assessments for emergency medicine stocks are recorded.
- Continue to improve the uptake for cervical screening to achieve the national target of 80%.
- Review policies to ensure they reflect practice procedures appropriately.
- Continue to review patient feedback with regards to access to appointments, contacting the practice via the telephone and overall patient experience received at the practice.

**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

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector, an assistant CQC inspector, a GP specialist adviser, and a practice manager adviser.

## Background to Vine Medical Group

Vine Medical Group is based in Waterlooville, Hampshire. Since our last inspection, the practice had undertaken a second merger with a local practice so the practice is now spread across four sites in and around Waterlooville.

The Forest End site is located at:

Forest End  
Waterlooville  
Hampshire  
PO7 7AH

The Stakes Lodge site is located at:

3a Lavender Road  
Waterlooville  
Hampshire  
PO7 8NS

The Westbrook site is located at:

1 Aintree Drive  
Waterlooville  
Hampshire  
PO7 8NE

The Health Centre site is located at:

Dryden Close  
Waterlooville  
Hampshire  
PO7 6AL

The local clinical commissioning group (CCG) is the NHS South Eastern Hampshire CCG. Vine Medical Group is registered with the Care Quality Commission to provide the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures
- maternity and midwifery services
- surgical procedures
- family planning

The practice has approximately 27,700 registered patients.

Vine Medical Group employs a total of 110 staff members. This is made up of ten GP partners, and six salaried GPs. There are seven male and nine female GPs. There are 11 practice nurses, four advanced nurse practitioners, five paramedic practitioners, two paramedics and seven health care assistants. The practice also employs two pharmacists. The practice employs a business manager, a team of practice site managers, supervisors and a team of reception and administration staff. The practice also employs a team of call handlers, supported by call handler mentors who are based within the practice's telephone hub. The practice is a training practice for doctors training to be GPs. At the time of inspection there were two GP registrars attached to the practice.



The practice is open Monday-Friday 8.00am-6.30pm, apart from the Westbrook site which is open Monday-Friday 8.30am-1.00pm. Extended hours appointments are available at the Forest End site on Mondays until 7.30pm, and Wednesdays from 7.20am.



Both pre-bookable and on the day appointments are offered. Opening times information is provided in the practice leaflet and on the surgery website. Out of hours services can be accessed via the NHS 111 service.

# 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:

- Staff had not consistently received safe-guarding training appropriate to their role.
- Disclosure and Barring Service checks were not obtained for relevant staff members.

### Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse but there were inconsistencies in safeguarding training, policies and seeking satisfactory confirmation that staff were fit and proper persons.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Not all staff had received up-to-date safeguarding and safety training appropriate to their role. When spoken to, most staff knew how to identify and report concerns. Some staff were unaware with regard to who the safeguarding lead at the practice was. 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 staff checks at the time of recruitment and on an ongoing basis. However, we found evidence that showed some Disclosure and Barring Service (DBS) checks had not been recorded despite some staff being identified as requiring one.
- Since inspection, the practice has provided an update on staff DBS checks. For example, the practice applied for a further three DBS checks to be undertaken, as of 11 January 2019, for those staff members that required one.
- There was an effective system to manage infection prevention and control, with the exception of training.
- 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. During inspection, we noted two sites had not secured the external clinical waste bins in line with national guidance. Since inspection, the practice has confirmed that contractors have been sourced to ensure the security of their external clinical waste bins.

### 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. We were informed of an incident that occurred at the Health Centre during our inspection. It was reported to have been well-managed by staff in attendance, and the patient was successfully transferred to a local hospital for further emergency treatment.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

## Are services safe?

- 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.
- We were told the practice's prescribing team, made up of two pharmacists and a team of prescription clerks, as part of their role, monitored the practice's prescribing rates for antibiotics, controlled drugs and other high-risk medicines.
- A two-cycle audit on Methotrexate (a high-risk medicine commonly used in the treatment of rheumatoid arthritis) was completed in November 2017 and August 2018. It demonstrated the processes undertaken by the practice had improved slightly, but it also showed further improvement to maintain patient safety for those receiving this medicine was still required.
- We saw limited evidence of the monitoring of other high-risk medicines. For example, six out of 24 patients receiving Lithium (commonly used in the treatment of severe mental health conditions) had no evidence of up to date blood tests.
- We were told there was minimal monitoring of non-medical prescribing (NMP) which was undertaken by the nurse practitioners and paramedic practitioners. But these members of the Same Day Care Team confirmed individual consultations were discussed within the team with a GP on an ad-hoc basis and during regular SDCT meetings. We invited the practice to provide evidence of non-medical prescribing audits, but we did not receive any further evidence.
- Since inspection, the practice has provided additional evidence which demonstrated the practice were monitoring NMP appropriately. This included an audit on prescribing rates by NMP practitioners and minutes from NMP meetings, dating back to April 2018.
- We reviewed the practice's security and monitoring of blank prescription stationery during the inspection. We

found stationery was being stored securely away from clinical areas but the monitoring of the stationery when in use was limited. The practice has since confirmed they have amended their monitoring of blank prescription stationery to be more in line with NHS Counter Fraud guidance.

- There were effective protocols for verifying the identity of patients during remote or online consultations.
- 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 had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. The practice had a designated member of staff who monitored and actioned all safety issues at all four sites. We saw evidence of a comprehensive 'faults log' which was reviewed regularly. Faults were reported by staff and then prioritised based on the impact to staff and patients.
- 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 requires improvement for providing effective services overall.**

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

- Staff had not consistently completed training, or had not received the required appropriate updates, in safeguarding adults and children, infection prevention and control, fire safety, equality and diversity, information governance, basic life support and the Mental Capacity Act 2005 training modules, in line with the practice's own policies. These issues effected all population groups.

## 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.

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.
- The practice had created a Home Visiting Service (HVS) with another local practice which was staffed by the paramedics employed by Vine Medical Group. (HVS aims to provide faster NHS response and treatment for

housebound patients with an urgent but non-emergency medical need, with the intention of reducing unnecessary admissions to local hospitals). All home visit requests were triaged by a GP at the practice prior to being referred to the duty paramedic.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- 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 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 long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with or significantly above 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):

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme but in line with local averages. The practice were aware of this and reported appropriate actions to address it and improve the uptake rate.

## Are services effective?

- 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The 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's performance on quality indicators for mental health was in line with 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 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. However, the completion of recommended training was not fully embedded.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills and qualifications were maintained. Staff were encouraged and given opportunities to develop.
- A training log provided by the practice demonstrated that staff members were not consistently completing the training that the practice had deemed necessary for their roles.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

## Are services effective?

- 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.
- The practice had installed a 'podium' at the Health Centre, staffed by volunteers and members of practice staff, which supplemented the practice's involvement with 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 requires improvement 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.
- However, the practice's National GP patient survey results were below local and national averages in three out of four questions relating to kindness, respect and compassion. The practice was aware of these results and we saw evidence that demonstrated the practice were considering their steps on how to improve these results. For example, they were engaging with the patient participation group to complete a patient survey to assess what their patients felt were the main issues.
- Out of the 170 Care Quality Commission (CQC) comment cards we received, 114 were positive about the practice. Of the remaining cards, 49 contained mixed comments, and the final seven contained negative comments. None of the cards contained mixed or negative comments about patients not being treated with kindness, respect or 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 National GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.
- However, out of the 170 Care Quality Commission (CQC) comment cards we received, patients reported a variety of opinions with regards to being involved in their decisions about care and treatment. Some stated they were involved and had their needs listened to, while other patients stated they did not feel looked after nor listened to.

## 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 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 facilities and premises were appropriate for the services delivered. The practice had recently upgraded their telephone system in response to patient feedback and complaints about waiting times.
- 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:

- 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, practice nurses and paramedics also accommodated home visits for those who had difficulties getting to the practice.
- The practice had recently implemented a Care Home link alongside another local practice and were undertaking visits to every care home in the local area to review the information they had on record for their registered patients.

### 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.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

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

### People whose circumstances make them vulnerable:

- 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.

### 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.
- The practice reported a close working relationship with MIND and now offers a weekly surgery at one of the practice's sites with a MIND practitioner.

# Are services responsive to people's needs?

## Timely access to care and treatment

Patients were varied in their reports of being 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. The practice confirmed the Health Centre site housed the practice's Same Day Care Team. Patients could attend the Health Centre on the day or be advised to attend if they had contacted the practice by telephone initially. Appointments at the Health Centre were not pre-bookable and were designed for 'on the day' issues.
- The practice now had a 'hub' staffed by call handlers which managed all incoming calls to the practice. The call handlers were supported by call handler mentors and a Duty GP for all clinical issues. The call handlers also had access to a catalogue of protocols via The Tree which provided clear steps on how to respond to patient queries or reports of symptoms.
- However, the practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. The practice was aware of their results within regards to patient satisfaction in

accessing the practice via telephone and making an appointment. The practice confirmed they had changed their telephone system in June 2018 to improve this issue. An audit completed by the practice in September 2018 regarding patient experience using the telephone system demonstrated an improvement was being reported by patients.

- Comments received from patients via the CQC comment cards confirmed that the appointment system had not been easy to use in the past but recent changes to the practice's telephone answering system was starting to improve things.

## 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, we found evidence that showed not all staff had received their appraisal in line with the practice's own recommendation. 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. Out of the 110 staff, 106 members of staff had a record of completing equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The practice's internal intranet resource, The Tree, ensured governance arrangements were easily accessible to all staff at all four sites in the practice.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and but had not assured themselves that they were operating as intended. For example, the inspection raised concerns regarding prescription stationery security. However, once the issue had been raised, the practice was prompt in amending its processes to ensure they were more effective.
- Practice leaders had also not ensured that staff were consistently up to date with their recommended training.

## 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

### Please refer to the evidence tables for further information.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

##### **How the regulation was not being met:**

- Evidence demonstrated that not all staff had completed training, or had not received the appropriate updates, in safeguarding adults and children, infection prevention and control, fire safety, information governance, equality and diversity, basic life support and Mental Capacity Act (2005) training modules, in line with the practice's own policies.

**This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

#### Regulated activity

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

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

##### **How the regulation was not being met:**

- Disclosure and Barring Service (DBS) checks had not been consistently recorded for relevant staff.

**This was in breach of regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**