

Bury Road Surgery

Quality Report

Gosport War Memorial Hospital
Bury Road
Gosport
Hampshire
PO12 3PW
Tel: 02392 580363
Website: www.buryroadsurgery.co.uk

Date of inspection visit: 13 March 2018
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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 service	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection of Bury Road Surgery on 13 March 2018, as part of our CQC inspection programme.

At this inspection we found:

- The practice was supported by a proactive patient reference group who met three to four times a year and there was also a virtual representation of nearly 400 patients.
- Patient feedback on the day was mainly positive regarding all aspects of care provided by the practice.
- Appointment times had been extended from 10 to 15 minutes to allow for more time for GPs to address the needs of their patients appropriately.
- The practice had a designated lead for prescriptions and there were effective procedures to ensure all prescription requests, including medicine changes following hospital discharges, requests for repeat prescriptions or acute medicines requests were handled efficiently and in a timely manner.
- 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.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was not a clear training schedule or records of mandatory training and updates needed for all staff.

Summary of findings

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.

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

- Review how the practice is assured that all premises checks, electrical calibration testing dates and maintenance of equipment at the practice are in place
- Continue to promote an increased uptake of cervical screening to be in line with the national average.
- Review how all medicines stored at the practice are monitored including for the management of medicines expiry dates.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Bury Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser.

Background to Bury Road Surgery

The provider for Bury Road Surgery is Dr Carl Wyndham Robin William Anandan since a change of legal entity in July 2017 with one of the previous partners taking on the sole legal responsibility of the practice.

The practice is purpose built and based within Gosport War Memorial Hospital and has approximately 3,872 patients on its register.

The practice population is in the fifth least deprived decile for deprivation. In a score of one to ten the lower the number the more deprived an area is. The practice has a higher than national average proportion of patients who are aged over 65 years, and the overall population is predominantly from white British ethnicity, averaging 97%.

The practice has one principal GP, one salaried GP, an advanced nurse practitioner, three practice nurses, and a healthcare assistant. The practice also uses locum GPs to provide cover for annual leave, one of whom is a previous partner of the practice.

The administrative team comprises of one practice manager, one assistant practice manager, and a team of administrative, secretarial and reception staff members.

The practice is open on Mondays from 8.30pm to 7.45pm and Tuesdays to Fridays from 8.30pm to 6.30pm. Out of hours services (OOH) are provided by the GP Extended Access based within Gosport War Memorial hospital from 6:30 pm to 8pm Monday to Friday as well as 8am to 4.30pm on Saturdays and Sunday mornings. Patients can access the OOH service via the NHS 111 number and is provided by Partnering Health Limited.

The address of the practice is:

Bury Road Surgery

Gosport War Memorial Hospital

Bury Road

Gosport

Hampshire

PO12 3PW.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The staff training log provided by the practice prior to inspection, showed that safeguarding training appropriate to staff members' roles was not consistently up to date but staff demonstrated they knew how to identify and report concerns. The training log indicated that only four out of 20 members of staff had received safeguarding children training, and not all staff had a record of safeguarding adult training documented. The lead GP was documented as having received Safeguarding Children Level 3 training in last 12months. The training history of one clinician was not included in the training log as the training had been completed at another place of work and the certificates had not been provided to the practice.
- Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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).

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. DBS checks were undertaken where required.
- There was an effective system to manage infection prevention and control (IPC) with a designated member of staff recognised as the practice's IPC lead. The IPC lead had implemented a cleaning regime for the patient touch screen devices in the waiting room following results of an external IPC audit.
- There were systems for safely managing healthcare waste. As the practice was located within Gosport War Memorial Hospital which itself was run by Southern Health Foundation Trust (SHFT), the overall disposal of healthcare waste from the practice's premises we were told was managed by SHFT.
- The practice also told us that SHFT was responsible for ensuring facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The practice reported not holding any records to confirm equipment safety.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. The practice used regular locum GPs who were familiar with the practice and the patient population to cover GP annual leave effectively.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies.
- Staff spoken with told us they understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However not all had recorded training to demonstrate this. From the training log provided by the practice that was requested as part of the inspection, 16 out of 20 staff members had a record of completing Basic Life Support (BLS) training. Only three staff members were documented as having received fire safety training.
- The practice confirmed that a fire drill has taken place in the previous six months, and fire alarms were tested

Are services safe?

every Thursday, but records of fire drills were held by Southern Health Foundation Trust, from whom the practice's premises was leased from. As a result the practice could not provide any documented evidence of previous fire drills or any resulting action plans.

- 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate 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, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. During inspection, we found two medicines kept in a fridge that were out of date, these were promptly removed and disposed of during the inspection. The practice was not clear who was responsible for the ordering or disposal of medicines. As when asked, one of two members of staff identified as being responsible for medicines ordering, denied having this responsibility.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice's designated prescription lead provided

evidence of effective step-by-step procedures that ensured all medicines changes, either following hospital discharge or from prescription requests, were actioned promptly so delays to medicines changes were minimal.

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- A recent two-cycle audit, completed in February 2018, focusing on the promotion of patient safety using a specific evaluation tool demonstrated a clear reduction in the risks to patients previously prescribed medications now considered to be high-risk. For example, the initial cycle audit from August 2017, twelve patients were not having regular test for liver function and full blood count testing whilst being prescribed Methotrexate, and in the second cycle of the audit, all patients were now being appropriately tested on a regular basis.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice reported they were in the process of updating their procedures as they had recently signed up to the Bluestream Academy and were adapting the procedures accessed via Bluestream to be relevant to the practice.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons with relevant staff. Themes were identified and action was taken to improve safety

Are services safe?

in the practice. One example of improvement to safety highlighted by nursing staff was the introduction of a double-checking system for some immunisations, following two incidents of the incorrect immunisations being administered to patients. The new system required two clinicians to check the immunisations prior to administration and the nurses had also created a checklist for each patient to ensure the correct immunisations would be used. This checklist was being used just for babies receiving their immunisation up to the age of one.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. A practice action log was maintained of all the safety alerts received. This demonstrated what action the practice had taken, when the alert was relevant to the practice. The practice manager oversaw this process to ensure it was completed and relevant learning and actions had occurred and were monitored if needed.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services overall

As the legal entity changed in 2017 there was not a full year of published Quality and Outcome Framework (QOF) data for this practice. However the practice were able to provide some unverified QOF data for the year 2017/18. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

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 used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice's designated prescription lead provided evidence of effective step-by-step procedures that ensured all medicines changes, either following hospital discharge or from prescription requests, were actioned promptly to ensure patients had the correct medicines in a timely way.

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. The practice followed up all patients within a week of being discharged from hospital to ensure patients were comfortable and their needs were being met, including any medicine changes required.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions 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.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice followed up all failed attendances with a telephone call, and a new appointment time. The practice stated the telephone call also included a discussion around the importance of attending immunisations.

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

- The practice provided unverified data from March 2018 demonstrating the practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme, but the practice provided evidence of an action plan to increase the uptake within its practice population.

Are services effective?

(for example, treatment is effective)

- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had a system to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice had contacted all eligible patients for the meningitis vaccine, whether they were planning to attend university or not, to promote better immunisation for their practice population.

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, which was a total of 15 patients. At the time of inspection, the practice did not have any patients registered who were homeless or who were travellers.
- The practice is situated in an area heavily populated with military veterans and they had a total of 117 patients on their register of veterans.

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

- The practice were able to provide unverified QOF figures to show that 82% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented. This was higher than the national average of 79%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a 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. Following a recent audit of palliative care records, the lead GP proactively

arranged for a palliative care consultant talk to take place and invited local GPs to attend and to share information on topics such as the management of oncology emergencies.

- 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. For example, 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 had not ensured all the learning needs of staff had been met. Up to date records of skills and qualifications were maintained, however, a training log provided by the practice prior to inspection, showed that mandatory training was not consistently up to date for all staff. In particular for Basic Life Support, Fire, Mental Capacity Act 2005 awareness and infection control. The practice reported they had recently signed up to the Bluestream Academy, an online training matrix that supports health care providers organise and supplement staff training, to ensure training was undertaken in a more structured way.
- Staff were encouraged and given opportunities to develop. Several members of staff were reported to be undertaking further training to expand their current role, including a practice nurse who was undertaking a prescribing and triaging course.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. During inspection, the practice confirmed the completion of all but one staff appraisal. The one appraisal not completed was to be arranged in due course.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

(for example, treatment is effective)

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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 health. A recent audit of the diabetic treatment for patients with type 2

diabetes indicated low engagement with the practice by patients to review their care, despite repeated efforts by staff to contact patients. The practice had since placed alerts on patient records to notify all staff that a diabetic review was required so that patients were prompted whenever they contacted or attended the practice.

- 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. However, the practice provided evidence of only three out of seven clinicians having completed Mental Capacity Act (MCA) 2005 training. (MCA training is designed to support the assessment of an individual's mental capacity to make decisions for themselves).
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All but one of the 27 Care Quality Commission comment cards we received from patients were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Comments from patients included being made to feel welcome by all staff, feeling safe and comfortable in the practice, with friendly, helpful and professional staff, and good care that is considerate and accommodating.

Results from the July 2017 annual national GP patient survey related to the previous legal entity when Dr Anandan was in a partnership. We have therefore not included the results for this new legal entity for Bury Road Surgery. However the practice said they were aware of the previously low satisfaction scores achieved via the national GP patient survey and as a result they held a practice meeting to discuss the responses and for staff to make suggestions on how they felt they can improve these results.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and clinicians were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The electronic sign-in device the reception area displayed multiple language options.
- Staff communicated with patients 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 patients who were carers. The practice were able to record on patient records those patients that were carers or had a carer. The practice's computer system alerted staff if a patient was also a carer. The practice had identified 42 patients as carers (1% of the practice list). Carers were offered health checks and a seasonal flu vaccine.

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room and the receptionists had use of a quiet room next to the waiting room if a patient required more privacy to discuss any issues.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice reported that the lead GP was known to offer patients approaching end of life care direct telephone contact details to be used by relatives at any time for support.
- The text messaging reminder system was reported to have been reintroduced, via funding from the local clinical commissioning group, after the number of appointment not being attended increased following the initial stoppage of text reminders.

Older people:

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

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.

There were signs visible in the waiting room advising patients to request a double appointment if required.

- 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 on a Monday evening and the practice reported that GPs were willing to be flexible with appointments and would offer, when required, earlier appointments prior to the start of their usual clinical slots.
- Telephone consultations were also available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. At the time of inspection, the practice had no patients registered as homeless or as travellers.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- On the day of inspection, there were appointments available on the day with the advanced nurse practitioner and emergency appointments with two of the practice nurses. The next available routine appointment with a GP was less than a week's wait.

Results from the July 2017 annual national GP patient survey did not relate to the current legal entity at Bury Road Surgery. However the practice said they were aware of the previously low satisfaction scores and as a result they held a practice meeting to discuss the responses and for staff to make suggestions on how they felt they can improve these results. One suggestion was the increase to appointment times from 10 to 15 minutes to allow for more time for GPs to address the needs of their patients appropriately. The new appointment time arrangement had started the day before inspection so there was no evidence available to assess if any improvements had been achieved.

Patients' satisfaction with how they could access care and treatment was supported by observations on the day of inspection and completed comment cards. Comments received from patients regarding access to care and treatment included good access and patients being able to access care that they required.

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. Five complaints were received since the practice became a single-legal entity. We reviewed all five complaints and found that they were satisfactorily handled in a timely way.

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. An identified common theme of recent complaints indicating low patient satisfaction and the practice had responded to this by implementing the an extension to appointment times..

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice and all of the population groups 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 had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They 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.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 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 by their colleagues. 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. All staff reported an 'open door' culture existed in the practice.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. However the lead GP had not ensured all staff had completed mandatory training updates relevant to staff roles.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. A training log provided by the practice prior to inspection demonstrated that not all staff had received recent equality and diversity training, but staff, when asked, were able to explain how they promoted equality and diversity with the practice population. 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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Two members of the practice team had been identified as the safeguarding

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

administration lead and the infection prevention and control lead. Both individuals confirmed it was their responsibility to ensure the rest of the practice were informed of any updates.

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. When starting employment with the practice, all staff were issued with an employee handbook that contained all relevant policies including confidentiality, diversity, internet use, harassment and bullying. A signed copy from this handbook was retained in the employees' personnel records.
- However governance arrangements had not ensured that all training was completed

Managing risks, issues and performance

There were clear and effective around 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 had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local 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 implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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 some staff had sufficient access to

information. During inspection, staff reported they felt practice meetings could be more regular which the practice plans to act upon to ensure all staff felt informed about matters relating to the practice.

- 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 reference group (PRG), with 10-12 members meeting with the practice three to four times a year. There were approximately 400 patient members via a virtual PRG who could be contacted via email or text message for their feedback.
- 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.

- The practice reported they had recently signed up to the Bluestream Academy, an online training matrix that supports health care providers organise and supplement staff training, to optimise the training of practice staff.
- 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.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18(2) 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.</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that all staff are up to date with training. There was not a clear record of training and no training programme was provided for topics such as safeguarding children and adults, equality and diversity, infection prevention and control, fire safety and Mental Capacity Act 2005.</p> <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>