



Care Quality Commission assessment

Harris Memorial Surgery

Overview

Overall Rating: Good

The service is performing well and meeting our expectations.

Summary

Safe	Good
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Effective	Good
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Caring	Good
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Responsive	Good
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Well-led	Good
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Overall Service Commentary

Date of Assessment: 14 January 2025 to 22 January 2025. Harris Memorial Surgery is a GP practice providing care to approximately 6,300 patients. The service operates from the main surgery and a branch surgery in Lanner. It is part of the NHS Cornwall and Isles of Scilly Integrated Care Board and delivers General Medical Services (GMS) under a contract with NHS England. The surgery is not part of a wider network of GP services. According to the Office for Health Improvement and Disparities, the service population falls within the 4th decile for deprivation, indicating a relatively higher level of deprivation. A focused assessment was conducted in response to concerns identified during the previous assessment in May 2023, when the service was placed in special measures. This assessment covered all quality statements across the key questions of safe, effective, caring, responsive, and well-led. There was a strong focus on safety, with managers appropriately investigating concerns. Improvements were noted in the maintenance of the environment and the management of Infection, Prevention and Control (IPC). Clear responsibilities, roles, and systems of accountability supported good governance and management. Systems and processes for responding to and dealing with complaints have also improved. Remote clinical searches identified gaps in the required monitoring of patients on certain medicines. The practice addressed this immediately and implemented further systems and processes to reduce the risk of recurrence. The practice was placed in Special Measures on 18 May 2023. At this assessment on the 22 January 2025, the practice demonstrated significant improvements. The practice is no longer rated as inadequate overall or in any of the key questions. Therefore, the practice is no longer in Special Measures.

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Overall People's Experience

Recent survey results, including from the National GP Patient Survey and the NHS Friends and Family Test, showed most people were positive about the quality of their care and treatment. As part of this assessment, we asked the service to share a link with people on their website to enable them to share their feedback with CQC received feedback from 235 patients. A minority of the comments expressed concerns in accessing care, support and treatment in a way that met their needs. There was an active patient participation group (PPG) who represented the views of people using the service. Representatives from the PPG described how managers had made positive changes following feedback, for example improvements to the information shared with patients via the screen in the reception waiting area.

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Safe

Rating: Good

Percentage Score: 63.00 %

► [How do we score this?](#)

Summary

This service is safe

Commentary

The practice had a good learning culture and people could raise concerns. The practice regularly reviewed, analysed, and learnt from events and incidents. The practice had systems, services, and processes to keep people safe and safeguarded from abuse. The practice had systems for the appropriate and safe use of medicines which required additional monitoring. The facilities and equipment met the needs of people and were clean and well-maintained. There was enough staff with the right skills, qualifications and experience. Managers made sure staff received training and regular appraisals to maintain high-quality care. At our last assessment, we rated this key question as Inadequate. At this assessment, we rated the key question as Good.

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Safe

Learning culture

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The practice had a proactive and positive culture of safety, based on openness and honesty. They listened to concerns about safety and investigated and reported safety events. Lessons were learnt to continually identify and embed good practice. Representatives from the Patient Participation Group (PPG) commented the practice took concerns seriously and proactively made improvements. Complaints were shared with the PPG who told us they felt the service was open, honest and transparent in the sharing of information. People felt supported to raise concerns and felt staff treated them with compassion and understanding. Managers encouraged staff to raise concerns when things went wrong, staff understood how to raise concerns and report incidents both internally and externally. Staff told us learning from events and incidents was shared in clinical meetings and in team meetings with the wider staff teams. Staff told us leaders were approachable and promoted an open, non-blame culture. Policies and procedures supported and promoted a learning culture. Significant events and complaints were discussed at meetings. There was a system to monitor incidents and complaints. This included undertaking an investigation into the cause and actions identified to address the concerns.

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Safe

Safe systems, pathways and transitions

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The practice worked with people and healthcare partners to establish and maintain safe systems of care. There was continuity of care, including when people moved between different services. Some partners said access had been challenging and the practice had not always been as responsive as they would like in meeting the needs of individuals. However, the practice had recently implemented a new system and process to improve this. Staff were knowledgeable about their responsibilities to ensure patient referrals to other services were actioned promptly and in line with policies and procedures. Staff we spoke with shared examples of how they worked with other healthcare services to ensure people's needs were met. There were appropriate referral pathways to ensure people's clinical needs were met. A system for processing information relating to new patients, including the summarisation of new patient records was followed. There was a backlog of 333 new patient records waiting to be summarised. The service was aware of this and had taken action to address the backlog. Referrals to specialist services were documented and contained the required information. There was a system to monitor referrals and follow up on any delays

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Safe

Safeguarding

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The practice worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve that. They concentrated on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The practice shared concerns quickly and appropriately with relevant partners. Staff were trained to appropriate levels for their role and were able to identify vulnerable people. They were aware of the systems and processes to keep people safe and safeguarded from abuse. Staff felt confident in raising concerns. Staff knew who the safeguarding lead was and how to access them. We saw the practice had implemented policies and procedures which demonstrated partnership working with other agencies and local safeguarding teams. Electronic systems alerted clinical staff to any potential safeguarding concerns when accessing patients records. There were regular meetings and discussions between the practice and other health care professionals, such as social workers, to support and protect vulnerable adults and children from risk of harm.

Safe

Involving people to manage risks

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

People's needs were discussed during telephone and face to face consultations. Staff informed people about risks, for example in relation to medicines, and documented this on their patient record. This ensured they had an opportunity for their views to be listened to. Staff were confident in the systems and processes to enable them to respond to a deteriorating patient. There were adequate systems to assess, monitor and manage risks to patient safety. These had been shared with staff. Appropriately trained staff completed consultations and provided specific advice to people.

Safe

Safe environments

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff were aware of their responsibilities to ensure the environment was safe for people, including their role in responding to an emergency. Staff had completed appropriate safety training. For example, health and safety, fire safety and information governance. The facilities and premises were appropriate for the services being delivered. Equipment was fit for purpose and in good working order. Environmental risks had been assessed and, where necessary, appropriate actions taken. Clear signage around the building supported people and staff in the event of an emergency evacuation. Fire evacuation grab packs were in specific areas of the building, containing the business continuity plan, fire evacuation procedure and a high visibility vest. The practice had made reasonable adjustments when people found it hard to access services. The practice was responsive to the needs of people in vulnerable circumstances. Health and safety risk assessments had been carried out and appropriate actions taken.

We saw safe systems and processes were in place to support a safe environment.

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Safe

Safe and effective staffing

Overall Score

1 2 3 4

This score has been adjusted by CQC.

Read about why we adjusted scores (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

This assessment has been carried out using an updated CQC process whereby moderation has been used. This involves assessment teams reviewing sufficient evidence to review a complete Quality Statement (i.e. all applicable evidence categories) and recording this in our system using a single evidence category. We have used our scoring moderation process to ensure the correct quality statement score is given and have provided a full report for our findings for each quality statement. This will be available for providers in the draft report under a single evidence category. When we publish this, it will be displayed under the quality statement only.'

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The practice made sure there was enough qualified, skilled and experienced staff, who received effective support, supervision and development. They worked well together to provide safe care that met people's individual needs. Staff told us there was enough staff to meet patient needs and prevent staff from working excessive hours. However, a small number of staff commented that the recent restructure in the service had placed increased pressure on clinicians. Leaders were aware of safe staffing levels and responded

appropriately to meet demand. Staff were given protected time to complete mandatory training. The practice was able to demonstrate staff had the skills, knowledge and experience to carry out their roles. An induction programme was in place to support all newly appointed staff. Recruitment checks had been completed for all newly appointed staff prior to commencing in their roles. However, we found that some staff inductions had not been signed off by the person responsible for overseeing the induction. Some staff files did not contain references from previous employment. There was no evidence a risk assessment had been completed or evidence references had been requested. Following the on-site visit the practice provided assurances that references had been received for those files that did not contain this information and where this information could not be provided a risk assessment had been completed. There was a process to record staff immunisations status in line with national guidance. However, we found there were gaps in some files in the monitoring of staff immunisations. The practice provided assurances following the on-site visit that staff had been requested to provide the missing data and they had updated the recruitment process to include a request for staff vaccinations at the time of appointment. There was a system to ensure triaging was carried out by suitably qualified and trained staff and appointments allocated to appropriate clinicians.

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Safe

Infection prevention and control

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff were aware of their infection prevention and control (IPC) responsibilities and who the IPC lead was should they need additional support. Staff raised IP C concerns in team meetings. Staff knew how to manage clinical waste and specimens. Cleaning schedules were in place and the premises were visually clean. However, we found there were gaps in the auditing and oversight of the areas being cleaned. High level cleaning in clinic rooms had not been consistently carried out. Sharps bins inside all clinical rooms were appropriately managed. Personal Protective Equipment (PPE) was available to staff. However, during the on-site visit, we found clinical waste bins were not stored securely. We requested the practice to provide further information on this, however, this was not provided. Staff had received training on infection prevention and control. Policies and procedures were available to staff. An up-to-date infection prevention and control audit had been carried out. However, the actions following the audit, identified areas that were still in progress, and these had not been reviewed since November 2024.

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Safe

Medicines optimisation

Overall Score

1 2 3 4

► How do we score this?

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Prior to this assessment, some people reported difficulties with ordering repeat prescriptions and receiving the correct medicines. We found that concerns about medicine management were investigated and addressed appropriately. Staff identified people needing monitoring based on their medicines. Non-medical prescribers could consult with GPs daily (healthcare professionals who have undergone additional training and can prescribe medicines but are not GPs). Regular checks were conducted on emergency medicines and equipment, and medicines were stored securely at appropriate temperatures. However, the controlled drugs cupboard key was accessible to all staff. This was immediately addressed with a new system to improve security. There was no risk assessment for external cleaning staff accessing the dispensary with confidential patient medication history. We requested further information on this, but it was not provided. Prescription stationery was stored in an unlocked cupboard but was relocated to a secure location after our assessment. The service had effective systems for managing safety alerts and medicine recalls. Remote clinical searches identified shortfalls in patient monitoring for certain medicines. For example, 38 out of 218 people prescribed a direct oral anticoagulant (DOAC) had not received appropriate monitoring. Of 5 records reviewed, 3 patients were potentially overdue for monitoring. Additionally, 97 people were prescribed an SGLT-2 inhibitor (a medicine used to lower blood sugar) and 4 out of 5 records reviewed lacked information on associated risks of taking these medicines. The practice reviewed and strengthened their systems to ensure appropriate monitoring and review.

Effective

Rating: Good

Percentage Score: 67.00 %

► [How do we score this?](#)

Summary

This service is effective

Commentary

Staff involved people in the assessment of their needs, and support was provided where needed, to maximise their involvement. Staff worked with all agencies involved in people's care for the best outcomes and smooth transitions when moving services. Staff made sure people understood their care and treatment to enable them to give informed consent. Staff involved those individuals important to them in making decisions in people's best interests where they did not have capacity. At our last assessment, we rated this key question as Requires Improvement. At this assessment, the rating has changed to Good.

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Effective

Assessing needs

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

People felt involved in the assessment of their needs and felt confident that staff understood their individual and cultural needs. Staff were aware of the needs of the local community. Digital flags on patients records highlighted additional support, such as the requirement for longer appointments or for a translator to be present. Staff identified opportunities to refer people to social prescribers (a service that connects people to activities, groups, and services in their community) to help improve health and wellbeing, for example, to support individuals experiencing mental health related condition

such has anxiety, stress and depression. Our clinical searches identified 449 people on the asthma register, 32 of those people had been prescribed 2 or more rescue steroids (treatment for severe asthma episodes) in the last 12 months. We reviewed 5 patient records and found 5 people had not been reviewed appropriately in line with national guidance, including an assessment at the time of prescribing and a timely follow up to check the response to treatment. Following our on-site visit, the service acted swiftly and implemented a new process to ensure people received the appropriate assessment and follow up. We reviewed the appointment diary and saw appointments were available to book the same day for urgent appointments and in the following few days for routine appointments.

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Effective

Delivering evidence-based care and treatment

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Systems were in place to ensure staff were up to date with evidence-based guidance and legislation. Clinical records we reviewed demonstrated care was provided in line with current guidance.

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Effective

How staff, teams and services work together

Overall Score

1 2 3 4

This score has been adjusted by CQC.

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff had access to the information they needed to appropriately assess, plan, and deliver people's care, treatment, and support. The practice worked with other services to ensure continuity of care, including where clinical tasks were delegated to other services. People received consistent person-centred care when they moved between services. On the day of our site visit, there were 144 incoming clinic documents that required processing. The oldest document being actioned was from the 20 January 2025.

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Effective

Supporting people to live healthier lives

Overall Score

1 2 3 4

This score has been adjusted by CQC.

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff focussed on identifying risks to patients' health, including those in the last 12 months of their lives, patients at risk of developing a long-term condition and those with caring responsibilities. For example, the practice arranged a 'Super Sunday' diabetes day to support those individuals with a diagnosis of

who find it difficult to attend planned reviews during normal practice opening times. Over 80 appointments were attended, supported by service nurses, Diabetes UK, Retinal Screening and Primary and Community Care (PCN) nurses.

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Effective

Monitoring and improving outcomes

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

There was a system in place to review health conditions such as diabetes and chronic kidney disease (CKD). However, our remote clinical searches identified some people had not been monitored appropriately. Following this being identified, the practice told us they had reviewed the people who required further monitoring and invited them in for review. For example, our clinical searches identified 122 people with a potential missed diagnosis of chronic kidney disease stage 3-5. We looked at a sample of 5 patient records, and all 5 had a missed diagnosis of CKD 3-5. Following our feedback, the practice told us they had reviewed 122 people's notes and coded them appropriately. The practice was observed to be achieving 70.7% below the expected minimum target of 80% for cervical screening, however, an action plan was in place to increase the uptake of cervical screening, which included extra clinics at evenings and weekends.

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Effective

Consent to care and treatment

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff understood and applied legislation relating to consent. Capacity and consent were clearly recorded. Staff had completed Mental Capacity Act Training. Policies, protocols and guidance were in place to support people to consent to care and treatment. Clinicians supported people to make decisions..

Caring

Rating: Good

Percentage Score: 70.00 %

► [How do we score this?](#)

Summary

This service is caring

Commentary

Staff treated people with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people They treated them as individuals and supported their preferences. People had a choice in their care and treatment. The practice supported staff wellbeing. At our last assessment, we rated this key question as Good. At this assessment, the rating remains the same.

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Caring

Kindness, compassion and dignity

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing

and communication needs with them.

People's Experience

Score: 1 2 3 4

Prior to this assessment, some people told us they had experienced rudeness from reception staff making it harder for them to access medical care and treatment to meet their needs. However, responders to the GP survey and friends and family feedback found reception and administration staff helpful. During the on-site assessment, we observed staff were helpful, polite and kind to patients on the telephone and those attending the service. Staff were aware of the needs of the patient population and were able to offer a holistic approach to support them. Staff displayed understanding and a non-judgemental attitude towards people. Staff understood and respected the personal, cultural, social, and religious needs of people. Staff told us they gave people appropriate and timely information to understand their care, treatment, or condition.

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Caring

Treating people as individuals

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Processes

Staff told us they gave people time and space to explain their symptoms and offered treatment in a person-centred way. People's personal, cultural, social, religious and equality characteristics needs were understood and met. People's records were personal, and wishes were recorded on their care record. There was a process to share electronic care records with other local health and care professionals where required. The practice carried out its own survey, including, a friends and family survey sent to people following an appointment.

The practice monitored this for reoccurring themes and acted depending on the nature of the concern. While some people had commented that access could be challenging, the service had developed their systems for triaging and prioritising patients.

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Caring

Independence, choice and control

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff had completed training to support and promote independence. Staff told us they gave people information and supported them to make informed choices. Staff respected the choices and decisions people made. The service displayed posters and leaflets containing information to support people to make healthier choices. The practice website detailed how to access information in alternative formats (such as large print, easy read, audio recording or braille) or if an interpreter or advocate was required. The service has disabled access and hearing loops.

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Caring

Responding to people's immediate needs

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

There was a system for appointment triage that ensured people with immediate needs had access to services. Staff carried out reviews and monitoring for people and altered their medicines to meet their changing needs. Leaders told us they regularly reviewed staffing to ensure there were enough clinicians to meet the needs of people. Staff we spoke with knew the process for referral to emergency support, including mental health crisis teams.

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Caring

Workforce wellbeing and enablement

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff were positive about working at the service. They felt supported by colleagues and leaders both professionally and personally. Leaders were conscious of staff wellbeing. Team meetings gave staff the opportunity to raise concerns

Responsive

Rating: Good

Percentage Score: 64.00 %

► [How do we score this?](#)

Summary

This service is responsive

Commentary

Staff treated people equally and without discrimination. There was a process to clinically review and triage patients and refer them to the appropriate service to meet their clinical needs. The practice had a system which alerted staff to any specific safety or clinical needs of a person using the service. The practice took complaints and other patient feedback seriously and learnt from them to improve the quality of care. People were involved in planning their care and understood options around choosing to withdraw or not receive care. At our last assessment, we rated this key question as Requires Improvement. At this assessment, we rated this key questions as Good.

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Responsive

Person-centred Care

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

Staff treated people as individuals and with respect. They offered care and treatment with a person-centred approach and re-direction to other services that best met the person's needs.

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Responsive

Care provision, Integration and continuity

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff and leaders worked together in a multi-disciplinary approach to ensure people received the appropriate support at the right time. Some staff told us they had completed specialist training and had additional responsibilities linked to their role. For example, the clinical pharmacist had training and experience in diabetes management and was working on a quality improvement project regarding the monitoring and treatment of microalbuminuria (a small amount of protein found in urine which can sometimes indicate the incorrect functioning of the kidney and can sometimes be a sign of kidney disease), in people with type 2 diabetes. The importance of flexibility, informed choice and continuity of care was reflected in the services provided. The practice had a system which alerted staff to any specific safety or clinical needs. The practice made reasonable adjustments when patients found it hard to access the service.

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Responsive

Providing Information

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff told us they provided people with advice and information in a way that helped them to understand their health needs. Where people’s needs could not be met by the service, staff referred them to the appropriate service. There was a system for staff to access interpretation services to support people who did not have English as a first language. The service website contained information about accessibility. For example, how to request large print or easy read documents or if there was a requirement for a British Sign Language interpreter.

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Responsive

Listening to and involving people

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff demonstrated their understanding of the importance of listening to people during their appointment. They helped patients to be involved in decisions about care and treatment. We reviewed a sample of complaints received by the service and evidenced they had been responded to and acted upon in a timely way in line with the providers complaint's procedure. Complaints were reviewed regularly, and learning was shared amongst staff to drive continuous improvement. Information about how to complain was readily available via the service website. Complaints were listened to and responded to appropriately and acted upon to improve the quality of care.

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Responsive

Equity in access

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The practice undertook patient surveys to review the quality of care provided. Although the practice did not question patients directly about equity in access, most patients were satisfied with the overall service. However, feedback from people indicated access was challenging and people were not always able to get an appointment for their care and treatment needs. Since the last assessment the practice had reviewed and developed their systems and processes for prioritising people presenting with the highest need. Staff had access to guidance to support decision making. Staff and leaders explained how they understood the needs of the local population and had developed the service in response. Staff told us they provided opportunities and support for different groups of the patient population to overcome health inequalities.

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Responsive

Equity in experiences and outcomes

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Feedback provided by people using the service, both to the provider and to CQC, was varied. Some people's experience was positive, however, some people told us they did not feel they got the right support at the right time to meet their needs. Staff treated people equally and without discrimination. Staff understood the importance of providing an inclusive approach to care and made adjustments to support equity in people's experience and outcomes. Staff had completed training in equality, diversity, and inclusion. The practice had processes to ensure people could register at the service, including those in vulnerable circumstances such as homeless people and Travellers. Staff used appropriate systems to capture and review feedback from people using the service, including those who did not speak English or have access to the internet.

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Responsive

Planning for the future

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation. We reviewed 3 patient records, 1 of these records indicated within a person's hospital discharge letter details of a DNACPR, however, this had not been reviewed by the practice and was therefore not immediately apparent on the person's clinical records for clinicians to access. End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. People's wishes were recorded on their patient record which were available to local health providers who may need to access them.

Well-led

Rating: Good

Percentage Score: 64.00 %

► [How do we score this?](#)

Summary

This service is well-led

Commentary

The practice had a clear vision and strategy to deliver high quality care and promoted good outcomes for people. Staff were clear on their individual responsibilities and knew who was accountable for each aspect of the service. Leaders had oversight to ensure the effective running of the service and were capable, compassionate, and inclusive. The practice encouraged the duty of candour, openness, and honesty. Leaders and staff had a shared vision and culture based on listening, learning and trust. Leaders were visible, knowledgeable and supportive, helping staff develop in their roles. At our last assessment, we rated this key question as Inadequate. At this assessment, we rated this key question as Good.

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Well-led

Shared direction and culture

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Leaders had a detailed vision and values for the practice. Some staff told us they felt engaged by leaders at the practice. They told us they were listened to and had contributed to the development of the practice. However, some staff told us they felt communication between staff and leaders could be improved upon and did not always feel listened to. Some staff also told us that confidentiality was an issue in the practice, and they did not feel comfortable sharing personal and confidential information with some leaders. Staff were encouraged to keep their knowledge and skills up to date in line with continued professional development to support the practice. Leaders informed us there was a strong emphasis on the safety and well-being of staff.

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Well-led

Capable, compassionate and inclusive leaders

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff told us leaders were visible, approachable and genuinely cared about them. Leaders were aware of the challenges of delivering good quality care and were striving for improvements. Leaders understood the challenges to quality and sustainability and demonstrated the skills and knowledge required to influence others and understand their role in leadership. Leaders included staff in their planning for the future. The practice had identified the actions needed to address challenges and make improvements.

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Well-led

Freedom to speak up

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff knew what a freedom to speak up guardian was (FTSUG) The practice had staff who had the role of FTSUG and to be a point of contact for any member of staff to raise concerns about colleagues, the practice or leadership. However, not all staff knew the name of the service's FTSUG. There were policies and processes to support speaking up and these were accessible to all staff.

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Well-led

Workforce equality, diversity and inclusion

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The practice actively promoted equality and diversity. Staff had access to an equality, diversity, and inclusion policy and had completed relevant training. Newly recruited staff completed a monitoring form, so the service was aware of the diversity of their workforce.

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Well-led

Governance, management and sustainability

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff and leaders were clear on their individual roles and responsibilities including safeguarding and infection prevention and control (IPC). Patient confidentiality and information security was understood and upheld. Staff told us learning and development opportunities were identified during annual appraisals and appropriate training was sourced. Staff were encouraged to attend meetings where updates and new information was shared. Actions from meetings were recorded and accessible to all staff. There were processes in place for managing risks, issues and performance. There was evidence of systems and processes for learning, continuous improvement, and innovation. Staff had access to all policies and procedures. However, we identified some gaps and areas for improvement from our clinical searches and from our on-site visit. The practice did not always have full oversight to ensure tasks were being completed to keep people safe and in line with national guidance. For example, from IPC audits. Following issues being identified, the practice acted swiftly and implemented new processes to ensure people were not at risk.

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Well-led

Partnerships and communities

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff worked with stakeholders to build a shared view of challenges and of the needs of the population. Leaders told us they engaged with services they referred to regularly for feedback on the quality of referrals. Staff and external partners' views and concerns were encouraged, heard and acted on to shape the service and culture. The practice had regular engagement meetings with both commissioners and partner organisations in the area.

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Well-led

Learning, improvement and innovation

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The practice worked within a multi-disciplinary team to provide the right support for everyone. The practice actively participated in regular meetings where people's care and treatment needs were discussed to improve their outcomes. There was a focus on continuous learning and improvement within the practice. The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.