

Moseley Medical Centre

Inspection report

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Date of inspection visit: 4 December 2018
Date of publication: 28/01/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

This practice is rated as requires improvement overall.

(Previous rating February 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Moseley Medical Centre on 4 December 2018 as part of our inspection programme.

At this inspection we found:

- Feedback from patients gathered during our inspection was positive about the way staff treat people. Staff involved and treated patients with compassion, kindness, dignity and respect.
- There were gaps in the practices processes for managing risks, this including formally assessing and managing risk whilst awaiting the results of Disclosure and Barring Service (DBS) checks for chaperones, gaps in the practices recruitment systems as well as systems for checking staff immunisation against infection diseases.
- At the time of our inspection we found that the monitoring of patients on a specific high-risk medicine had lapsed. The practice did not always effectively utilise their patient record system and in areas coding did not take place. This contributed towards inaccurate information from the practices patient record system. At the time of our inspection we also found that records were not updated to reflect action taken where children failed to attend their hospital appointments, and the practice were not effectively coding these on their system.

- There was no evidence of regular historical practice meetings to support that learning from significant events and complaints was routinely discussed as a practice team.
- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- Staff stated they felt respected, supported and valued. Some staff we spoke with highlighted that they were unsure of who to go to with an infection control concern in the absence of the part-time infection control lead.
- The practice had a programme of quality improvement activity and there was evidence of monitoring of the outcomes of care and treatment that took place. However, performance for cancer screening was below local and national averages across various screening areas.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Population group ratings

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

Our inspection team

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

Background to Moseley Medical Centre

Moseley Medical Centre is situated in a converted residential property in the Moseley area of Birmingham. Public Health England data ranks the levels of deprivation in the area as two out of 10, with 10 being the least and one being the most deprived. Moseley Medical Centre provides services to approximately 3,200 patients.

The service is registered to provide the regulated activities of Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and the Treatment of disease, disorder or injury at Moseley Medical Centre, 21 Salisbury Road, Moseley, Birmingham, B13 8JS. Our inspection was based at this location address.

The practice is led by a male GP partner (also the Registered Manager) and one female GP partner. The clinical team includes two long-term sessional locum GPs (both male). There are two long term locum sessional practice nurses who work part time at the practice. The practice is also supported by a locum phlebotomist on a weekly basis and a locum healthcare assistant who works

under an informal flexible arrangement to support the practice. The practice team includes a practice manager and a team of administrative staff who cover admin and reception duties.

The practice is open between 8am and 6.30pm Monday to Friday, extended hours operate until 8pm on Mondays and Tuesdays. Appointments are available 9am to 12pm Monday to Friday and then from 5pm to 6.30pm, with the exception of Mondays and Tuesdays when extended hours operate. There is a GP on call for emergency appointments between 8am – 9am and during the afternoon between 12pm and 5pm.

The practice is also a member of My Healthcare Hub and was able to offer evening and weekend appointments across six local practice-Hub sites. In addition, the practice offers patients telephone consultations with either a GP or pharmacist based in MyHealthcare's Virtual Hub at West Heath Medical Centre.

When the practice is closed patients are automatically diverted to the GP out of hours service provided by the Badger Out of Hours Group. Patients can also access advice through the NHS 111 service.

Are services safe?

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

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

- There were gaps in the practices employment, competency and immunisation status checks for staff at the time of recruitment and on an ongoing basis, locum and flexible staffing arrangements were mostly informal.
- At the time of our inspection we found that the monitoring of patients on a specific high-risk medicine had lapsed.
- The practice could not demonstrate that they had effectively assessed risk whilst awaiting the results of DBS checks for their non-clinical staff who sometimes chaperoned. 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.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse however these needed strengthening in areas.

- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role. The practice had recently applied for DBS checks for these staff members however on the day of our inspection there was no evidence of any formal risk assessments whilst awaiting the results of the DBS checks. The practice provided evidence of risk assessments shortly after our inspection however, these records outlined the need for chaperones to be DBS checked and did not demonstrate how risk would be managed whilst chaperoning in the absence of DBS checks.
- Following our inspection, the practice confirmed that DBS checks were in place for all non-clinical staff members. We did not receive further evidence to support this however the practice assured us that the DBS checks had been done.
- There was some evidence to demonstrate that the practice had carried out some appropriate staff checks at the time of recruitment, such as for a recently

recruited member of the reception team. However, there were a number of locum and temporary staff that worked for the practice under flexible arrangements without any formal agreements in place to support most of the locum working arrangements.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was evidence to demonstrate that most of the practices systems to manage infection prevention and control were appropriate however we found that there were some gaps in the practices system of checking staff immunisation against infection diseases.
- Arrangements for managing waste and clinical specimens kept people safe and the practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff, including planning for holidays, sickness, busy periods and epidemics.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff assured us that they had the information they needed to deliver safe care and treatment to patients and although most of the evidence viewed during our inspection supported this, we found that improvements in record keeping were required in specific areas.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.

Are services safe?

- Clinicians made timely referrals in line with protocols.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, the practice was unable to demonstrate that child missed appointments at hospital were reviewed and followed up. Members of the clinical team explained that they were regularly reviewed and acted on where necessary however the practice could not evidence this.
- Following our inspection the practice provided evidence of an audit undertaken after our inspection to show that missed appointments were reviewed and appropriately followed up. An action plan was also put in place to ensure this was recorded on the patient record system.

Appropriate and safe use of medicines

The practice had some reliable systems for appropriate and safe handling of medicines however these systems were not fully effective in areas.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote consultations.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. There was some evidence to support that patients' health was monitored in relation to the use of medicines and followed up on appropriately. However, we found that the system for monitoring patients on certain high-risk medicines was not fully effective. The practice could not evidence or assure us that in six out of seven cases viewed, monitoring had taken place for patients in line with national prescribing guidelines. Following our inspection the practice provided evidence of an audit undertaken after our inspection where patients on the specific medicine had been reviewed. We also saw that

an action plan had been developed to strengthen their system for monitoring this area, this included a monthly recall set-up, adding alerts to records where needed and following up on any missed appointments.

- There was evidence to support that, for many other prescribing areas, patients were involved in regular reviews of their medicines.

Track record on safety

The practice demonstrated examples of a good track record on safety in some areas. Although the practice could not demonstrate that learning was routinely or formally shared over time. There were examples of 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 of safety that led to safety improvements.

Lessons learned and improvements made

We saw examples of significant events that had been recorded, investigated and acted on with some learning and reflection in place however, the evidence presented contained gaps in areas, for example:

- Based on the significant events we viewed during our inspection, records did not provide assurance to confirm that all actions had been taken in relation to specific events.
- Formal meetings where significant events were usually discussed had lapsed over the months.
- We saw that an annual review of complaints, significant events and near misses had been carried out in November 2018, minutes were circulated to the locum practice nurses. However, there was no record to confirm if minutes were shared with other locum staff members.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across most of the population groups with the exception of Working age people, which was rated as requires improvement due to below average cancer screening performance.

Effective needs assessment, care and treatment

The practice had systems in place to keep clinicians up to date with current evidence-based practice. These systems reflected current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Most of the evidence viewed as part of our inspection indicated that patient's treatments were regularly reviewed and updated however we did identify during our inspection that the monitoring of patients on a specific high risk medicine had lapsed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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. Although these were not effectively coded, we saw evidence to support that medicines reviews took place for patients with long term conditions.

- The GPs worked with other health and care professionals to deliver a coordinated package of care to patients with complex needs.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice's performance on quality indicators for long term conditions showed no statistical variation in comparison to the local and national averages.

Families, children and young people:

- The practice's childhood immunisation uptake rates were below the target percentage of 90% by 0.3% and conversations with staff during our inspection indicated that the practice were continuing to call and recall their patients in for child immunisations.
- The practice had arrangements for following up failed attendance of children's appointments or for immunisation and would liaise with health visitors when necessary.
- Although staff we spoke with assured us that children's missed appointments in secondary care were followed up and whilst there was no evidence to indicate that this didn't happen, there was no evidence to support this process in the patient record system. Following our inspection the practice provided evidence of an audit completed after our inspection and an action plan to highlight that this system had been strengthened.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 55%, which was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below the national average.

Are services effective?

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease and cancer.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health showed no statistical variation compared to the local and national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and there was evidence of monitoring of the outcomes of care and treatment that took place.

- The practice's QOF results were comparable with CCG and national averages. We observed the practice's exception reporting which was 8% compared to the CCG and national average of 6%. We found the practice followed an appropriate policy when exception

reporting patients. We also noted that some exception reporting happened as part of a national automatic process and this contributed towards the practice's overall exception rate.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

The practice could demonstrate that staff had the skills, knowledge and experience to carry out their roles in some areas, however we noted some gaps in systems and processes operated to support this.

- Although no issues regarding competencies had been raised or found as part of our inspection, we found that the locum support arrangements were mostly informal and the practice could not provide evidence to support that they were assured in terms of competency checks.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood some of the learning needs of staff and provided protected time and training to meet them. However up to date records of skills, qualifications and training were not maintained for all staffing areas.
- The practice provided staff with ongoing support. There was evidence of an induction programme for new staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

There was evidence to support that staff treated patients with kindness, respect and compassion.

- Feedback from patients gathered during our inspection was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were mostly positive and showed no statistical variation compared to the local and national averages for questions relating to kindness, respect and compassion. However, the practice was below average with regards to the GPs treating patients with care and concern. On discussion, staff could not pin point any reason for the below average result and although there was no evidence provided of actions or plans to improve this the practice did provide evidence of a more recent internal survey. This survey indicated that GP performance was rated more positively.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results showed no statistical variation compared to local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered most of its services to meet patients' needs.

- The practice understood the needs of its population and worked to tailor services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice also offered patients telephone consultations with either a GP or pharmacist based in My Healthcare's Virtual Hub at West Heath Medical Centre.
- The facilities and premises were mostly adequate for the services delivered. As the practice was based in a converted residential property they made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice's Advanced Nurse Practitioner had left the team in October 2018. We found that the provision of nursing services and sessions at the practice were limited, staff explained that this was due to members of the nursing team leaving in October 2018. However due to being part of the My Healthcare Hub model, patients could access nursing care across the local practices that formed part of the Hub. Members of the management team explained that the practice was in the process of recruiting a Healthcare Assistant to join the team and were looking to recruit to their nursing team for the future.

Older people:

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

- The GPs accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

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

Families, children and young people:

- We found there were some systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- However, the practice was unable to demonstrate that child missed appointments in secondary care were reviewed and followed up. Following our inspection the practice provided evidence of an audit completed after our inspection and an action plan to highlight that this system had been strengthened.
- 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 in some ways to ensure these were accessible.
- The practice was also a member of My Healthcare Hub and was able to offer evening and weekend appointments across the local Hub sites.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Priority appointments were allocated when necessary to those experiencing poor mental health. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

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.
- The practice's GP patient survey results showed no statistical variation compared to local and national averages for questions relating to access to care and treatment. Patients we spoke with during our inspection described good access to practice appointments and services.

Listening and learning from concerns and complaints

Complaints were listened to and responded to and used to improve the quality of care however we found that the complaint management systems could be better governed in areas.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints we reviewed during our inspection demonstrated that they had been investigated, responded to and managed in a timely way.
- We noted that two of the complaints we looked at were at one stage managed by an external person who was not employed as part of the practice team. Staff explained that the individual supported the practice as consultant offering HR and complaint support. Although complainants had consented to their complaints being investigated by the external party, there was no evidence to assure us that considerations had been made within the practice, with regards to evidence of DBS checks and there was no evidence of any formal agreements in place to support this arrangement.
- We saw some examples of how complaints were used to drive improvement however we noted that governance of this could be improved, there was no evidence of regular historical practice meetings to support that learning was routinely discussed as a practice team.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

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

- The practice could not provide evidence of any formal agreements in place to support most of the working arrangements for their locum staff.
- Some staff we spoke with highlighted that they were unsure of who to go to with an infection control concern in the absence of the part-time infection control lead.
- There were gaps in the practices processes for managing risks, this including formally assessing and managing risk whilst awaiting DBS check results for chaperones, gaps in the practices recruitment systems and in the system for checking staff immunisation against infection diseases.
- The practice did not always effectively utilise their patient record system and in areas coding did not take place. For instance, there was evidence of medicines reviews documented in the patient records but they were not being coded on the practices patient record system. This contributed towards inaccurate reporting from the practices patient record system. We also found that records were not updated to reflect action taken where children failed to attend their hospital appointments, and the practice were not effectively coding these on their system.
- There was no evidence of regular historical practice meetings to support that learning from significant events and complaints was routinely discussed as a practice team.

Leadership capacity and capability

- Practice leaders were knowledgeable about issues and priorities relating to the quality and future of the service, we received assurance following our inspection to support a strategic development approach with regards to the future plans and sustainability of service delivery.
- Leaders at all levels were visible and approachable. They worked closely with staff and others and made sure they prioritised compassionate leadership.
- The practice engaged locum GPs and locum nurses who were described as highly committed to the practice. However, the management team could not provide evidence of any formal agreements in place to support

most of these working arrangements; this posed a potential risk due to lack of formal or official continuity to support the sustainability of these working arrangements.

Vision and strategy

There was a clear vision and set of values and although the vision and values overall prioritised quality, there was little evidence provided during our inspection to demonstrate sustainability. There was no formal evidence provided to support the practices future succession plans and strategy. However, the practice provided further information and assurance regarding future plans following our inspection. This included negotiations with two prospective Federations to help with succession and the running of the practice in the future.

Culture

The practice had a culture of high-quality care.

- Staff stated they felt respected, supported and valued. Staff described the practice team as a close small team who worked well together as a whole.
- Conversations with locum staff during our inspection demonstrated that they enjoyed working with the practice, they had worked with the practice for many years.
- The practice focused on the needs of patients. Staff we spoke with explained how the GPs had formed long standing relationships with their patients and had cared for patient families through the generations.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff. The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally. Staff were supported to meet the requirements of professional revalidation where necessary.

Governance arrangements

There was some evidence of clear responsibilities, roles and systems of accountability to support good governance

Are services well-led?

and management in place however we noted that this could be improved in some areas. Staff were clear on their roles and accountabilities including in respect of safeguarding however some staff we spoke with highlighted that they were unsure of who to go to with an infection control concern in the absence of the part-time infection control lead. Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

The practice had some clear and effective processes for managing risks, issues and performance, however there were gaps in some areas.

- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- At the time of our inspection we found that whilst awaiting the results of the Disclosure and Barring Service (DBS) checks for non-clinical staff who chaperoned, the practice could not demonstrate that they had formally assessed risk.
- There was evidence of gaps in the practices recruitment systems and in the system for checking staff immunisation against infection diseases.
- The practices system for monitoring of patients on specific high-risk medicines was not fully effective.

Appropriate and accurate information

The practice did not have appropriate and accurate information in all areas.

- Although there was evidence of medicines reviews documented in the patient records, they were not being coded on the practices patient record system. This contributed towards inaccurate reporting from the practices patient record system.
- Members of the clinical team explained that they were regularly reviewed and acted on where children failed to

attend their hospital appointments and although there was no evidence to suggest that this process didn't happen, records were not updated to reflect action taken and the practice were not effectively coding these on the practices patient record system.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice submitted data or notifications to external organisations as required.
- There were adequate 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 services. A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group. The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There was little evidence of systems and processes for learning, continuous improvement and innovation. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- We saw some examples of how complaints and significant events were used to drive improvement however we noted that governance of this could be improved. There was no evidence of regular historical practice meetings to support that learning was routinely discussed as a practice team.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Whilst awaiting the DBS results the practice could not demonstrate that they had formally assessed risk in the meantime; for non-clinical staff who sometimes chaperoned. There were gaps in the practices system of checking staff immunisation against infection diseases. For example, there was no evidence provided to confirm that MMR status was checked for one of the practice GPs and one of the locum nurses; for the vaccination against measles, mumps and rubella. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: We saw evidence of structured medicines reviews however they were not being coded on the practices patient record system. This contributed towards inaccurate reporting from the practices patient record system. There was additional evidence of poor governance. In particular: Significant events records viewed during our inspection did not provide assurance to confirm that all actions had been taken in relation to specific events. We saw that an annual review of complaints, significant events and near misses had been carried out in</p>

This section is primarily information for the provider

Requirement notices

November 2018 however there was no evidence of regular historical practice meetings to support that significant events, complaints and learning were routinely discussed as a practice team. Services were limited in terms of the availability of nursing care provided at the practice. Practice performance was below average for cervical, breast and bowel cancer screening. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular: The practice could not provide evidence of any formal agreements in place to support most of the locum working arrangements such as employment history competence, skills and experience before starting work. We saw that a locum nurse had a signed contract in place however there was no evidence provided for the other locum staff members. Our review of practice complaints highlighted some complaints were at one stage managed by an external person who was not employed as part of the practice team. Members of the management team explained that the person offered HR and complaint support as a consultant however there was no evidence to assure us that considerations had been made within the practice, with regards to evidence of DBS checks, employment history and there was no evidence of any formal agreements in place to support this arrangement also. There was no evidence of medical indemnity insurance provided for one of the locum practice nurses. This was in breach of regulation 19(1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.