Dr Makuloluwe & Dr A S Jones

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement.
(Previous inspection November 2016 – 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? – Requires improvement

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

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement

We carried out an announced comprehensive inspection at Dr Makuloluwe & Dr A S Jones also known as Latymer Road Surgery on 16 January 2018 as part of our inspection programme.

At this inspection we found:

- There had been a recent breakdown in communication between the three partners but they were working through how this might be resolved. This had impacted adversely on some areas of governance.
- No formal practice or clinical meetings were held where practice learning could be shared.
- The practice was not involved in formal multidisciplinary team meetings.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice manager assessed them and informally discussed events with staff in order to improve their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.

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

Summary of findings

- 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

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

- Look at ways to improve patient outcomes for those patients with long term conditions, for example, for those with diabetes.
- Produce a log to monitor prescription stationery within the practice.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

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

Dr Makuloluwe & Dr A S Jones

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Makuloluwe & Dr A S Jones

Dr Makuloluwe & Dr A S Jones (Latymer Road Surgery) is located in the London Borough of Enfield. The practice is part of the NHS Enfield Clinical Commissioning Group (CCG) which is made up of 50 practices. It currently holds a Personal Medical Service (PMS) contract to provide services to 4964 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 37.8% under the age of 18 and 21.4% over the age of 65. The practice operates from a purpose built building. Consulting rooms are situated on the ground level with administrative offices on the upper floor. There is currently one full time GP partner (female) and a second partner who is the practice manager. Another GP partner recently left the practice for personal reasons. There is one female salaried GP and a long term male locum GP. Each GP carries out eight sessions per week. Practice staff also consist of a practice nurse (who works 24 hours a week), and an administrative team.

The practice is open between 8am and 6.30pm each week day, except Thursday when the practice is open between 8am and 1pm. Appointments are from 8.30 am to 12.30pm every morning and 3pm to 6.30pm each day except Thursday when the practice at 1pm. The practice does not offer extended hours surgery. In addition pre-bookable appointments can be booked up to eight weeks in advance; urgent appointments are also available for people that need them. Patients are able to book appointments on-line. The practice has opted out of providing an out of hour's service and refers patients to the local out of hour's provider.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

The practice was inspected in November 2015 and rated good overall but requires improvement for providing a safe service, due to no log of emergency medicines being held. A follow up inspection in November 2016 rated the practice good for the key question safe and overall.

Requires improvement

Are services safe?

Our findings

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

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

- There was lack of clarity between staff in relation to practice policies, a lack of systems for reviewing referrals and a lack of systems for authorising and reviewing prescriptions.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse. However some were in need of review and their contents needed to be communicated to staff members.

- The practice conducted safety risk assessments. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. However the safeguarding policies were not up to date and did not include the name of the current lead for safeguarding adults and children. When asked, staff were unsure who the lead for safeguarding was.
- The practice worked with other agencies to support patients and protect them from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks were undertaken where required. 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns but not to whom. Administrative staff acted as chaperones and were trained for the role. This was in line with the practice policy. However the policy was undated and there was no record of when the policy was to be reviewed.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for temporary staff tailored to their role.
- 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, for example, sepsis.

Information to deliver safe care and treatment

Systems for ensuring that staff had the information they needed to deliver safe care and treatment to patients were not sufficiently robust.

- Referral letters included all of the necessary information, but systems for following up referrals had not been communicated to newer members of the clinical staff. As a consequence, these newer staff had had to improvise their own system to ensure that their referrals were followed up.
- There was no formal system for checking pathology results if a clinician was absent. However, it should be noted that we found no outstanding blood test results.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Requires improvement

Are services safe?

- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The practice had some systems for the appropriate and safe handling of medicines, but they were not sufficiently robust.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely, however there was no log to monitor their use.
- The procedures for following up on repeat prescribing were not sufficiently robust. Prescriptions were being issues despite medication reviews not being undertaken. There was no system for flagging up when reviews were required.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, there was no formal policy or procedure for monitoring patients on high risk medicines. Records we reviewed gave no cause for concern.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity in an informal way, but no record was kept of the informal meetings held.

Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.Staff were informed of events through informal chats during the period between GP sessions. However, formal minutes of meetings were kept as evidence of these discussions.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice during an annual review but not from regular minuted staff meetings. When a prescription was sent to the wrong pharmacist on two occasions, causing significant delay in the patient receiving the medicine, records were checked to ensure that the correct pharmacy was listed, the pharmacy was contacted and practice policy changed to ensure that a further checking system was initiated before prescriptions were sent to the patients designated pharmacy.
- There was a system for receiving and acting on safety alerts. Alerts were sent to the practice manager who would then disseminate relevant alerts to staff. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 1.0 compared to the CCG average of 0.71 and the national average of 0.90.
- The number of antibacterial prescription items prescribed per Specific Therapeutic was 0.87 compared to the CCG average of 0.86 and the national average of 0.98.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 7.9% compared to the CCG average of 5.9% and the national average of 4.7%.
- 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. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/ml or less was 69% compared to the CCG average of 74% and the national average of 80%.
- The percentage of patients with diabetes whose last blood pressure reading was 140/80 mmHg or less was 74% compared to the CCG average of 76% and the national average of 78%.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage who were currently treated with anti-coagulation drug therapy was 95%, compared to the CCG average of 86% and the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 83% compared to the CCG average of 81% and the national average of 83%.
- The percentage of patients with asthma that had a review in the preceding 12 months was 74% compared to the CCG average of 77% and the national average of 76%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness was 94% compared to the CCG and national average of 90%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Good

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 84%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 93%; CCG 91%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 96%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 6.5% compared with a CCG average of 7.4% and the national average of 9.6%. QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity. However, we found on inspection that this was limited. We were presented with one completed audit at the time of inspection. The audit had been undertaken into patients taking Alendronic Acid over the previous 12 months. The practice searched the computer record system in December 2016 and found 42 patients taking the medicine. Twenty four of these patients had an alert on the system to indicate when they should stop taking the medicine. All the patients were reviewed and appropriate alerts placed on the system. Those who no longer needed the medicine were taken off it. The search was repeated in October 2017. This search showed that there were 63 patients taking the medicine. The practice reviewed all the patients in the search and found that seven were in need of alerts to indicate when the medicine should be stopped. This showed that the practice was managing their alert system but it was not clear what improvements were being made.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Good

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured competence of staff employed in advanced roles by audit of their clinical decision making including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff told us they worked together and with other health and social care professionals to deliver effective care and treatment. GPs would call relevant professionals to talk through individual patients care. However, staff told us the practice did not take part in multi-disciplinary meetings due to the availability of the local teams

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice 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 working towards helping patients to live healthier lives.

- We found there was no co-ordinated approach within the practice for following up with patients who had received two-week referrals to secondary care in cases of suspected cancer. Individual GPs would follow up their own patients.
- The percentage of new cancer cases who were referred using the urgent two week wait referral pathway was 37% compared to the CCG average of 44% and the national average of 50%.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Fourteen of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced, the remaining two expressed concerns over making appointments. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and eighty two surveys were sent out and 111 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 81%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 86%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 95%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

Involvement in decisions about care and treatment

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

- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- 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.

There was a carer's notice board in the reception area encouraging patients to identify themselves as carers, and there was a question on the new patient registration form. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (less than 1% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy

Good

Are services caring?

card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example online services such as appointment booking, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example providing translators and ground floor consulting rooms.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Double appointments and annual reviews were available for those patients that needed them.

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

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

Timely access to the service

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and eighty two surveys were sent out and 111 were returned. This represented about 2% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 60% of patients who responded said they could get through easily to the practice by phone; CCG – 64%; national average - 71%. The practice was looking into this area in order to address any issues and provide a plan for improvement.
- 85% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 80%; national average - 84%.
- 85% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.
- 70% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 66% of patients who responded said they don't normally have to wait too long to be seen; CCG - 49%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Twelve complaints were received in the last year. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, many of the complaints reviewed were regarding the telephone system and access to the practice. The practice responded by ensuring more staff were available to answer phones and if there was a problem, for example incoming telephone lines being down, patients were informed on the answer phone message.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- There had been a recent breakdown in communication between the partners at the practice which had impacted on governance. The partners were working to address this.

Leadership capacity and capability

At the inspection we found that there had been a recent breakdown in communication between the two partners that were present at the practice but they were working through how this would be resolved. However practice governance issues had been adversely affected. The two remaining partners had attempted to ensure that their sphere of practice was run effectively. But due to the lack of communication between them, important issues such as two week referral follow ups and no shared policy for monitoring high risk medicines prescribing had been allowed to occur.

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. However this was hampered by the current leadership issues.

- There was a clear vision and set of values
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice was currently attempting to address issues caused by the breakdown of the professional relationship between the partners and was seeking to ensure that the culture of the practice remained stable.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. There had been no recent review of governance arrangements, policies and written protocols.

- There were structures, processes and systems to support good governance and management. However, it was not clear when these had been reviewed and not all had been communicated to staff. There was no formal practice policy and procedure for following up two week wait referrals. Nor was there clarity regarding the arrangements to cover clinician being absent for an extended period of time. For example, who had responsibility for monitoring pathology results.
- Staff were not clear on their roles and accountabilities. The clinical partner assumed that she had taken over the lead for safeguarding when the other clinical partner left. However, this had not been formalised and staff we spoke with were unsure who the lead was.
- There were no formal staff, clinical or multi-disciplinary meetings.

Managing risks, issues and performance

Are services well-led?

Requires improvement

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

There were some processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints were discussed informally with no minutes of meetings kept.
- There was limited evidence of clinical audit and it was difficult to judge whether this led to any improvement in the quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information used to ensure and improve performance was limited due to very few clinical audits being undertaken. Performance information was combined with the views of patients.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

There was an active patient participation group.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and process were established but did not operate effectively. The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Policies and procedures were unclear to staff and were in need of review. There were no clear systems for following up on referral letters and no formal policy or procedure for monitoring patients on high risk medicines. The systems around incidents and complaints were in need of review so that learning was shared and actioned by staff. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice did not participate in clinical meetings or multidisciplinary team meetings. • The practice did not hold minutes of meetings. • No record was kept of meetings held to discuss incidents.

This section is primarily information for the provider

Requirement notices

- There were no clear systems for checking pathology results when a clinician was absent.
- The procedures for follow up op on repeat prescribing were not sufficiently robust.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.