

The Chowdhury Practice

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires improvement.

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at The Chowdhury Practice on 21 September 2018. This was the first inspection of the practice under its current registration.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. However, incidents were not always adequately recorded or required actions monitored.
- The staff team worked well together and staff reported that they felt supported in their roles.
- The new practice manager had identified several areas where improvements were required, and they were in the process of making a plan to action these.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.

- Staff involved and treated patients with compassion, kindness, dignity and respect. However, patients were routinely asked to bring their own interpreter and there was no process to determine if this was appropriate.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was no focus on continuous learning and improvement.
- Meeting minutes did not contain sufficient detail to guide staff.

The areas where the practice **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Should provide training on the identification of sepsis.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
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 Care Quality Commission (CQC) lead inspector. The team also included a GP specialist adviser and a practice manager adviser.

Background to The Chowdhury Practice

The Chowdhury Practice provides care to 6617 patients under a General Medical Services (GMS) contract. The practice is a member of Oldham clinical commissioning group (CCG).

The practice is located on the first floor of Oldham Integrated Care Centre, New Radcliffe Street,

Oldham, OL1 1 NL. Other GP practices are located in the same building. The practice website address is .

The Chowdhury Practice is open from 8am until 8pm on Mondays and Wednesday and from 8am until 6.30pm on Tuesdays, Thursdays and Fridays.

The practice is situated in an area at number one on the deprivation scale (the scale categorises between one and 10, the lower the number, the higher the deprivation). Approximately 89% of patients are of Bangladeshi origin, and there is a high number of younger patients; approximately 37% of patients are under the age of 16.

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

There are two GP partners (one female and one male). There are also three long-term male locum GPs. There are two part-time practice nurses and a long-term locum nurse practitioner. The practice manager, who had been with the practice for several years, had recently retired. A new practice manager had started work five weeks prior to our inspection. There were supported by several administrative and support staff.

Out of hours services are provided by Go to Doc Limited. There is also a walk-in centre in the same building.

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:

- Significant events were not always reviewed and required actions not always monitored.

Safety systems and processes

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

- Staff were able to evidence they had received up-to-date safeguarding and safety training appropriate to their role, although this was not always recorded. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. However, patients were not routinely offered an independent interpreter.
- The practice carried out the majority of the required staff checks at the time of recruitment. However, although the most recently employed practice nurse had provided evidence of Royal College of Nursing (RCN) membership the practice had not checked they were registered with the Nursing and Midwifery Council (NMC). There was no system in place to monitor clinicians' registration with the appropriate professional body, but checks by CQC inspectors showed all clinicians were correctly registered.
- The required information was kept for the three long-term regular locum GPs used. The lead GP arranged for ad hoc locum GPs to attend and they kept their records.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- There were no current arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The new practice manager had identified this and was reviewing the availability of practice staff.
- 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, although there had been no formal training in this.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- 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.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

There was no evidence of learning or making improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. However, of the two significant events recorded in the previous 12 months one had not been reviewed at the review date and the other was waiting to be actioned.

- The practice had a file for external safety events as well as patient and medicine safety alerts. However, one clinician told us there had been no alerts since they started work at the practice. There were alerts from within this timeframe in the file. The new practice manager had identified that a new system was required and we saw that they would disseminate future alerts. Following the inspection the practice informed us that all clinicians were aware of alerts and received emails disseminating these.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall. The population groups older people, people with long-term conditions and working age people (including those recently retired and students) were rated requires improvement and the population groups families, children and young people, people whose circumstances make them vulnerable and people experiencing poor mental health (including those with dementia) were rated good.

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

- Evidence of essential training for clinicians was not always kept.
- The rates for cervical cancer, breast cancer and bowel cancer screening were below the local and national average.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients over the age of 65 were invited for an annual health check with the practice nurse.
- 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 an 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.
- There was no evidence that some staff who were responsible for reviews of patients with long term conditions had received specific training for example for asthma or diabetes.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 66%, which was below the 80% coverage target for the national screening programme. The practice told us the practice nurse who had been trained in cervical screening had been unavailable for three months earlier this year and they were hoping uptake would improve by the end of 2018-19. The second practice nurse was going to be trained in cervical screening.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice had a dedicated staff member to explain to patients in Bengali how to use bowel cancer screening kits as it had been identified that many did not understand the instructions.

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 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

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.

- We saw evidence that clinicians carried out clinical audits where improvements were seen. Where barriers to received appropriate care were identified changes to processes were put in place.
- 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

Evidence was not held to show all staff had the skills, knowledge and experience to carry out their roles.

- Non-clinical staff had the appropriate knowledge for their role. A member of the administrative team had responsibility for informing staff when training was due. However, the system for recording this was not accurate. This had been identified by the new practice manager who was in the process of making changes.
- The practice had evidence of training for one practice nurse. Another practice nurse had started work during 2018. The recruitment process had identified that they would require training and a job offer was made prior to them becoming qualified, subject to them passing their exams. Other than immunisation training we saw no further evidence of clinical training although they carried out long term condition reviews. The practice nurse told us they had received training. They also told us they had sat in with the other practice nurse when they started work, but they were then absent from work for three months so further support came from the lead GP.
- The practice did not hold evidence that the locum nurse practitioner was qualified for their role. During the inspection they were able to obtain some training information from another practice they worked in. The locum nurse practitioner told us they had obtained a master's degree in clinical skills. They were able to show us evidence of a module being completed but we did not see evidence the degree had been completed and the practice also did not hold this evidence. 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 new practice manager had identified that a more robust induction and appraisal process was required for

Are services effective?

the practice. We saw evidence that recently recruited staff had an induction to their role. Annual appraisals had taken place for staff but these had little input from the appraiser and objectives had not been set. Records often did not indicate who the appraiser was.

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

• Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

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

- The recently published patient survey results were below aspects for questions relating to the caring domain.
- The practice routinely used family members to interpret for patients and there was no policy in place to ensure this was appropriate.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- CQC comment card feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. The results were not reflected in the CQC comments cards we received.

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, several staff at the practice, including reception staff, spoke Bengali, which was spoken by the majority of patients.
- The new practice manager had identified that there was no hearing loop and they were investigating how to support patients who had difficulty hearing.
- 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 were below local and national averages for questions relating to involvement in decisions about care and treatment. The results were not reflected in the CQC comment cards we received.

Privacy and dignity

The practice did not always respect patients' privacy and dignity.

- Although an interpreter service was available the practice asked patients who did not speak English as a first language to bring someone with them to interpret during consultations. There was no policy in place to assess if this was appropriate.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Staff telephoned patients to arrange appointments for their long-term condition reviews so a conversation in their own language was usually possible.

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 five were offered a same day appointment when necessary.
- Staff phoned parents the day before baby immunisation appointments as a reminder and as a way to reduce non-attendances.

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.
- The practice was open until 8pm twice a week and telephone appointments were also available.
- Patients could access appointments until 8pm each weekday evening and between 10am and 2pm at weekends at nearby locations.

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):

- 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 mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a staff member.

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.

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Some of the practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. However, one patient said it was difficult to get through to the practice by telephone.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- Policies needed to be organised so staff could refer to them. Some policies required a review.
- Recording of information, for example meeting minutes, needed to be improved so accurate information was available.
- A process for booking interpreters was required to determine if family members were suitable.
- Evidence of medical indemnity insurance for all clinicians working at the practice was required.
- Staff training records were not accurate and evidence that essential training had taken place was not always kept.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care, and were aware that improvements were required.

- The practice manager who had been at the practice had recently left and a new practice manager had started five weeks prior to the inspection. Several administrative issues had been identified since the new practice manager started and they were in the process of planning improvement.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

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

Culture

The new management structure encouraged a culture of high-quality sustainable care, but it had been identified that improvements were required.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Staff told us communication with the new practice manager had been effective and they felt the new team worked well together, supporting each other's needs.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- We saw no evidence that the partners had identified the administrative issues that had occurred prior to the old practice manager leaving. However, the partners were supportive of the new manager and were working together to identify issues and make improvements.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were not clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were set out but were not always effective due to how information was organised and stored.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities but there was no system to ensure staff, including leaders, were aware of which documents were current. The new practice manager had identified that there was more than one version of some policies kept in different folders of the practice's computer shared drive.

Are services well-led?

- Some policies required a review to ensure they contained enough information. For example, the recruitment policy mentioned the need for Disclosure and Barring Service (DBS) checks but the level of check was not mentioned.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, but some needed to be improved.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints, although not all clinicians were aware of alerts.
- The practice had plans in place for major incidents, but the new practice manager had recognised that this required updating and further information adding.
- Processes for providing all staff with the development they needed required improvement. Appraisals were staff-led, did not include objectives, and on the whole the appraiser was not recorded. Information about training clinical staff had received or required was not always requested or retained.

Appropriate and accurate information

The practice partly acted on appropriate and accurate information.

- Quality and operational information was discussed with the partners. Performance information was not combined with the views of patients at the time of the inspection.
- Quality and sustainability were not discussed in relevant meetings where all staff had sufficient access to information.
- There had been a lack in monitoring performance information which the new practice manager had identified. Plans were in place for this to be improved.
- The information used to monitor performance and the delivery of quality care was accurate and useful. A member of the administrative team had responsibility for monitoring Quality and Outcomes Framework (QOF) performance and feeding back to the partners.
- 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 had started to involve patients, to support high-quality sustainable services.

- The practice had relaunched their patient participation group (PPG) in order to include patients views when planning their services. They were aiming to meet every two months and were looking at ways to encourage more members to join.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had discussed the most recently published national GP patient survey results. They had an action plan in place to improve the three areas most below the local and national averages.

Continuous improvement and innovation

There was little evidence of systems and processes for learning, continuous improvement and innovation.

- The new practice manager had identified areas where learning and improvement was required and was in the process of putting the necessary plans in place.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements. However, meeting minutes where these discussions had taken place did not contain full information.
- We saw no evidence that leaders and managers had encouraged staff to take time out to review individual and team objectives, processes and performance. However, a new practice manager had started five weeks prior to the inspection and was in the process of making changes to how objectives and performance was measured and improved.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not always do all that was reasonable practicable to mitigate risks. In particular:</p> <ul style="list-style-type: none">Significant events were recorded but further required action was not monitored. <p>The registered person did not ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">The practice did not have confirmation that the nurse practitioner was qualified as such.The practice had no assurance that a clinician had received training relevant to the care they were providing.Appraisals were led by the employee and staff were not assessed against objectives. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have established systems or processes to ensure compliance with the regulations. In particular:</p> <ul style="list-style-type: none">Policies were not well-organised, so staff could not determine which were current and should be followed. Some policies required updating to include full information.

This section is primarily information for the provider

Requirement notices

- Meeting minutes lacked detail so discussions, for example relating to significant events, could not be referred to for learning purposes.
- Staff training information indicated there were gaps in training. However, recording was not accurate and not all training was coordinated.
- Although the practice had sought assurance from clinicians that they had medical indemnity insurance evidence of this was not always held.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.