

# Dr Kandiah Pathmanathan

## Inspection report

47 Shorts Gardens

London

WC2H 9AA

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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating 8 August 2017– Requires Improvement).

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We had previously inspected Dr Kandiah Pathmanathan's practice using our new approach methodology on 5 March 2015, when we had rated the service as requires improvement.

We carried out a further announced comprehensive inspection on 8 November 2016. The overall rating for the service was inadequate and the practice was placed in special measures for a period of six months. We had found that patients were at risk of harm because systems and processes were not in place in a way to keep them safe. We served Warning Notices under Section 29 of the Health and Social Care Act 2008 relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a focussed inspection on 18 May 2017 and identified other concerns relating to safe care and treatment.

Following the period of special measures we carried out an announced comprehensive inspection on 8 August 2017. We found that although the practice had achieved significant improvement, concerns remained regarding GP national survey patient satisfaction scores and regarding patient outcomes, such that the practice was rated as requires improvement relating to failure to comply with Regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The improvements were sufficient however, for the service to be taken out of special measures.

We carried out an announced comprehensive inspection on 10 October 2018 to follow up on these identified breaches of regulations. At this inspection we found:

- The practice had acted since our last inspection to improve childhood immunisations uptake and to improve care for patients with long term health conditions, such that performance was now comparable with local and national averages.
- The practice had acted since our last inspection, such that GP patient survey scores were now comparable with local and national averages.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- However, we also noted that systems, processes and practices were not always reliable or appropriate to keep people safe. For example, the service had not introduced a protocol to ensure that its newly appointed Health Care Assistant was working within their professional competency.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Establish effective systems and processes to ensure safe care and treatment in accordance with the fundamental standards of care.

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

- Continue to monitor its new cervical screening uptake 'failsafe' system for identifying where a result has not been logged.
- Review current baby changing arrangements.

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

## Population group ratings

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

## Our inspection team

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

## Background to Dr Kandiah Pathmanathan

Dr Kandiah Pathmanathan's practice, also known as the Covent Garden Medical Centre, operates from 47 Shorts Gardens, London WC2H 9AA. The premises are leased from the local authority and occupy the ground floor of a residential block. The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 3,200 patients. It is part of the NHS Central London (Westminster) Clinical Commissioning Group (CCG) which is made up of 37 general practices. Eight percent of patients are aged under 18 (compared to the national practice average of 21%) and 15% are 65 or older (compared to the national practice average of 17%). Fifty two percent of patients have a long-standing health condition. The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises one male lead GP (working five sessions per week), three long term locum GPs (one male, two female) working seven sessions per week, a practice nurse working six sessions over three days a week, a healthcare assistant, a practice manager and a team of administrative staff.

The practice's opening hours are -

Monday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Tuesday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Wednesday 8.00 am – 1.00 pm 5.00 pm – 8.00 pm

Thursday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Friday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Consultation times are –

Monday 9.00 am – 12.00 noon 3.00 pm – 6.30 pm

Tuesday 9.00 am – 12.00 noon 3.00 pm – 6.30 pm

Wednesday 9.00 am – 12.00 noon 5.30 pm – 8.00 pm

Thursday 9.00 am – 12.00 noon 5.30 pm – 6.30 pm

Friday 8.00 am – 12.00 noon 3.00 pm – 6.30 pm

Appointments with the practice nurse, who works on Monday, Tuesday and Wednesday, begin at 8.30 am and are available up to 6.30 pm. Patients who have previously registered for the service may book appointments and request repeat prescriptions online. The CCG provides an extended hours service which operates at three locations across Westminster. Patients may book evening (up to 8.00 pm) and weekend appointments with the service by contacting the practice.

The practice is closed at weekends. It has opted out of providing an out-of-hours service. Patients calling the

practice when it is closed are connected with the local out-of-hours service provider. The practice's website contains information about the out-of-hours provider and the NHS 111 service.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, and the Treatment of disease, disorder or injury.

# Are services safe?

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

**This was because systems, processes and practices were not always reliable or appropriate to keep people safe. For example, the service had not introduced a protocol to ensure that a qualified prescriber had reviewed dosages and assessed patients, prior to the Health Care Assistant administering medicines to specific cohorts of previously identified patients.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All 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 and had received a 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, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- 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 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 needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

- There was an effective induction system for temporary staff tailored to their role.
- 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 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. There was a documented approach to managing test results.
- 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

We looked at systems in place for the appropriate and safe handling of medicines.

- When we reviewed how staff prescribed, administered and supplied medicines to patients,

we noted that the practice had not introduced a protocol to ensure that its newly appointed Health Care Assistant was working within their professional competency. For example, although Patient Specific Directions (PSDs) documents were kept on file (providing the HCA with dosage and patient assessment information) the documents were only being reviewed and signed by a doctor after the Health Care Assistant had administered medication.

- 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 acted to support good antimicrobial stewardship in line with local and national guidance.

## Are services safe?

- 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.
- 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

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and had acted to improve safety in the practice.
- 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 all population groups except for working aged population group which we rated as requires improvement because of the absence of a 'failsafe' ensuring that a result was on file for each cervical screening test undertaken by the practice.**

### 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

This population group was rated as good for effective services.

- Older patients who were frail or 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:

This population group was rated as good for effective services.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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 could demonstrate how it identified and improved outcomes for patients with commonly undiagnosed conditions. For example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- For example, when we inspected in August 2017, patient outcomes for some long-term health conditions were below local and national averages. At this inspection we noted significant improvement in performance on quality indicators for long term conditions. As of 10 October 2018, unpublished practice data showed that:
  - 86% of patients with asthma had had an asthma review in the preceding 12 months that included an assessment of asthma control.
  - 86% of patients with hypertension had a blood pressure reading (measured in the preceding 12 months) of the required 150/90 mmHg or less.
  - 96% of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more were currently being treated with anticoagulation drug therapy.
  - 75% of patients with diabetes had a total cholesterol level (measured within the preceding 12 months) of 5 mmol/l or less.

Staff spoke positively about how the practice's new patient recall system (resourced by additional clinical staff) had improved patient outcomes.

#### Families, children and young people:

This population group was rated as good for effective services.

- When we inspected in August 2017, childhood immunisation uptake rates were below local and national averages. At this inspection, childhood immunisation uptake rates had improved and were now

## Are services effective?

in line with the target percentage of 90%. Staff spoke positively about how the new patient recall system had impacted on uptake rates and were confident of further improvements.

- 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):

This population group was rated requires improvement for effective because:

- When we looked at systems in place for monitoring cervical smear results, we noted that although the practice's protocol had been updated in September 2018, it did not reference recent updates to Public Health England's cervical screening standards. We also noted the absence of a 'failsafe' allowing the practice to identify where a result had not been logged. Consequently, on the day of our inspection the practice could not confirm that a result was on file for each test undertaken. The practice conducted an immediate review and shortly after our inspection, we were sent an updated protocol and confirmation that results were on file for all tests undertaken in the previous 24 months.

We also saw examples of good practice:

- The practice's uptake for breast and bowel cancer screening was comparable to the national average.
- 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:

This population group was rated as good for effective services.

- 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):

This population group was rated as good for effective services.

- 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.
- Latest published data highlighted that the practices performance on quality indicators for mental health was in line with local and national averages.
- During our inspection, unpublished practice data showed that as of 10.10.18, only 59% (17/29) of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months. The practice told us that the small patient list consisted of several hard to access patients but expressed confidence that the new patient recall system would result in improved performance in this clinical area.

### 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. The practice also used this information drive improvements. For example, compared to our August 2017 inspection, we noted significant performance improvements on long term condition quality indicators.

### Effective staffing

## Are services effective?

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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 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 ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 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 considered 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 might 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 good for caring.**

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- 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 in line with local and national averages for questions relating to kindness, respect and compassion.

### **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.

- When we inspected in August 2017, we noted that national GP patient survey results were below CCG and national averages on the extent to which GPs treated patients with care and concern; and the extent to which tests and treatments were explained.
- At this inspection we noted that GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment. For example, 94% of respondents stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (compared to the 91% local CCG average and equalling the rounded 94% England average).

### **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.
- When we spoke with a receptionist, they stressed the importance of treating each patient with respect and as an individual.

### **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 and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.
- The facilities and premises were generally appropriate for the services delivered although we noted the absence of baby changing facilities.

Older people:

This population group was rated as good for responsive care.

- 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.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated as good for responsive care.

- 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.

Families, children and young people:

This population group was rated as good for responsive care.

- 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.

However, we also noted the absence of baby changing facilities.

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

This population group was rated as good for responsive care.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

This population group was rated as good for responsive care.

- 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?

This population group was rated as good for responsive care.

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

### Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

### 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, 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 good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were encouraged and able to raise concerns; and that they had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.
- There were positive relationships between staff and teams.

## Governance arrangements

We looked at how responsibilities, roles and systems of accountability supported good governance and management.

- Structures, processes and systems to support good governance and management were set out. For example, staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- However, although practice leaders had established policies, procedures and activities to ensure safety, we noted that these had failed to highlight the absence of a HCA protocol governing the use of Patient Specific Directions or to highlight that the absence of a cervical screening 'failsafe' protocol.

## Managing risks, issues and performance

We looked at processes for managing risks, issues and performance.

- The practice had processes to manage current and future performance.
- 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.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Are services well-led?

However, risks associated with the absence of a HCA protocol or with the practice's cervical screening protocol being out of date had not been identified and acted upon.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

We saw evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.  The provider did not have systems in place to ensure the delivery of safe care and treatment. This was because: Dosage and patient assessment information contained in the practice's Patient Specific Directions were not being checked and signed by a registered prescriber prior to their use by the practice's Health Care Assistant.